

YWCA USA, INC  
CLIENT COPY  
2018  
Year Ending June 30, 2019

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YWCA USA, INC.  
1020 19TH STREET NW, SUITE 750  
WASHINGTON, DC 20036

2018 FORM 990

2018 FORM 990-T

2018 DISTRICT OF COLUMBIA CORPORATION INCOME TAX RETURN

2019 DISTRICT OF COLUMBIA ESTIMATED TAX VOUCHERS

WE HAVE PREPARED THE TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

PLEASE RETAIN ALL TAX RECORDS, CANCELLED CHECKS AND OTHER DOCUMENTS THAT WERE USED IN THE PREPARATION OF THESE RETURNS, AS THIS INFORMATION MAY BE REQUESTED SHOULD A FEDERAL OR STATE TAXING AUTHORITY EXAMINE YOUR RETURN.

YOUR COPY HAS EITHER BEEN INCLUDED IN THIS PACKAGE OR SENT TO YOU ELECTRONICALLY. PLEASE RETAIN FOR YOUR FILES.

INSTRUCTIONS FOR FILING THE ABOVE IS INCLUDED FOR EASY REFERENCE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

DANIEL O'SHEA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

JUNE 30, 2019

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**PREPARED FOR:**

YWCA USA, INC.  
1020 19TH STREET NW, SUITE 750  
WASHINGTON, DC 20036

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**PREPARED BY:**

COHNREZNICK LLP  
7501 WISCONSIN AVENUE, SUITE 400E  
BETHESDA, MD 20814

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

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**RETURN MUST BE MAILED ON OR BEFORE:**

MAY 15, 2020

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**SPECIAL INSTRUCTIONS:**

THE RETURN SHOULD BE SIGNED AND DATED.

PLEASE ENSURE YOU HAVE MET ALL YOUR FILING REQUIREMENTS FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTION OR INFORMATION. FAILURE TO FILE FOREIGN INFORMATIONAL FORMS WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE CONTACT US IF YOU BELIEVE YOU HAVE ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES ACCOUNT THAT NEED TO BE ADDRESSED.

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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

**2018**

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 2018 calendar year, or tax year beginning **SEP 1, 2018** and ending **JUN 30, 2019**

<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>1020 19TH STREET NW, SUITE 750</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b> <b>F</b> Name and address of principal officer: <b>ALEJANDRA Y. CASTILLO</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>23,015,640.</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>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>37</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, line 38	<b>7b</b>	<b>12,174.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,234,869.</b>	<b>Current Year</b> <b>5,333,334.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>104,460.</b>	<b>233,130.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,418,648.</b>	<b>2,057,499.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-22,214.</b>	<b>-11,811.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,735,763.</b>	<b>7,612,152.</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>617,142.</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>3,210,375.</b>	<b>2,803,367.</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>690,279.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>4,125,982.</b>	<b>5,246,390.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,953,499.</b>	<b>9,123,790.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-217,736.</b>	<b>-1,511,638.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>70,095,069.</b>	<b>End of Year</b> <b>67,696,380.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,560,990.</b>	<b>1,381,953.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>68,534,079.</b>	<b>66,314,427.</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>ALEJANDRA Y. CASTILLO, 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>	Date <b>12/06/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00957510</b>
	Firm's name ▶ <b>COHNREZNICK LLP</b>	Firm's address ▶ <b>7501 WISCONSIN AVENUE, SUITE 400E</b> <b>BETHESDA, MD 20814</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

# 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.

		Enter filer's identifying number
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>YWCA USA, INC.</b>	Employer identification number (EIN) or  <b>13-1624103</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1020 19TH STREET NW, SUITE 750</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</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 ▶ **1020 19TH ST NW, #750 - WASHINGTON, DC 20036**  
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 EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2020**, 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 **SEP 1, 2018**, and ending **JUN 30, 2019**.

**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.

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 \$ 4,198,380. including grants of \$ 968,033. ) (Revenue \$ ) LOCAL INITIATIVES: PROVIDES SUPPORT TO LOCAL YWCA ASSOCIATIONS TO FURTHER MISSION IMPACT AND BUSINESS VITALITY, INCLUDING: CAPACITY BUILDING TRAINING, SERVICES AND RESOURCES; CONFERENCES AND REGULAR NETWORKING; ORGANIZATIONAL SUSTAINABILITY AND GROWTH INITIATIVES; SIGNATURE OUTCOMES AND MODEL PROGRAMS, AND FUND AND FRIEND-RAISING COLLABORATIONS AND OPPORTUNITIES.

4b (Code: ) (Expenses \$ 1,276,337. including grants of \$ ) (Revenue \$ ) COMMUNICATIONS: BUILDS UNIFIED CORPORATE IDENTITY AND VISIBILITY. CONVEYS MISSION, PROGRAMS AND SERVICES OF YWCA USA WITH INTENTIONAL AND COORDINATED EFFORTS.

4c (Code: ) (Expenses \$ 1,928,935. including grants of \$ ) (Revenue \$ ) ADVOCACY: IDENTIFIES, EDUCATES, AND MOBILIZES MEMBERS AND SUPPORTERS ON CRITICAL LEGISLATIVE AND PUBLIC POLICY ISSUES AND GOVERNMENT FUNDING TO ENSURE THE INTERESTS OF YWCA USA ARE REPRESENTED BEFORE CONGRESS, THE WHITE HOUSE AND GOVERNMENT AGENCIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 208,997. including grants of \$ 106,000.) (Revenue \$ 247,593.)

4e Total program service expenses 7,612,649.

**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 temporarily restricted endowments, permanent endowments, or 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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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

Table with columns for question number, question text, and Yes/No checkboxes. 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 in 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 of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (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: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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? a The organization's CEO, Executive Director, or top management official (X); b 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? (X).

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 in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 1020 19TH ST NW, #750, WASHINGTON, DC 20036

**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.

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

Check this box if 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) SYLVIA HILL FIELDS CHAIR	1.00	X		X				0.	0.	0.
(2) BETH MCCAWE VICE-CHAIR	1.00	X		X				0.	0.	0.
(3) PAM STEGORA AXBERG TREASURER	1.00	X		X				0.	0.	0.
(4) REGINA MALVEAUX SECRETARY	1.00	X		X				0.	0.	0.
(5) SHEILA CARNICELLI DIRECTOR	1.00	X						0.	0.	0.
(6) JULIET CHOI DIRECTOR	1.00	X						0.	0.	0.
(7) KATHERINE COMPAGNI DIRECTOR	1.00	X						0.	0.	0.
(8) VICTORIA DINGES DIRECTOR	1.00	X						0.	0.	0.
(9) TINA HERRERA DIRECTOR	1.00	X						0.	0.	0.
(10) SHANNON ISOM DIRECTOR	1.00	X						0.	0.	0.
(11) LAURA JENNINGS DIRECTOR	1.00	X						0.	0.	0.
(12) ROBERTA "BOBBI" LIEBENBERG DIRECTOR	1.00	X						0.	0.	0.
(13) RITA MITCHELL DIRECTOR	1.00	X						0.	0.	0.
(14) SANDRA PHILLIPS ROGERS DIRECTOR	1.00	X						0.	0.	0.
(15) NANCY RACETTE DIRECTOR	1.00	X						0.	0.	0.
(16) PIA WILSON-BODY DIRECTOR	1.00	X						0.	0.	0.
(17) ALEJANDRA Y. CASTILLO CEO	50.00			X				295,078.	0.	18,043.

**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) MARIE THERESE DOMINGUEZ CHIEF STRAT & OPS OFFICER (INCOMING)	50.00			X				26,024.	0.	0.
(19) CASEY HARDEN CHIEF STRAT & OPS OFFICER (OUTGOING)	50.00			X				97,065.	0.	21,077.
(20) ELISHA RHODES SR. DIRECTOR - OPERATIONS	50.00					X		102,488.	0.	22,972.
(21) CATHERINE BEANE VP - PUBLIC POLICY & ADVOCACY	50.00					X		146,829.	0.	12,383.
(22) REBECCA HINES VP - MEMBER SERVICES	50.00					X		136,929.	0.	26,847.
(23) RITA RYDER MEMBER SERVICES TEAM	50.00					X		110,648.	0.	25,859.
(24) TYCELY WILLIAMS VP - DEVELOPMENT	50.00					X		155,144.	0.	18,925.
<b>1b Sub-total</b>								1,070,205.	0.	146,106.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,070,205.	0.	146,106.

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
VSA PARTNERS, 600 WEST CHICAGO AVE, SUITE 250, CHICAGO, IL 60654	CONSULTING SERVICES	618,850.
RAFFA, PC, 1899 L STREET NW, SUITE 850, WASHINGTON, DC 20036	ACCOUNTING & HR SERVICES	451,112.
LA PIANA CONSULTING, 5858 HORTON STREET, SUITE 272, EMERYVILLE, CA 94608	CONSULTING SERVICES	174,867.
MRW SYSTEMS, INC., 531 OLD WESTMINSTER PIKE, SUITE 103, WESTMINSTER, MD 21157	MANAGED IT SERVICES	113,354.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>	2,438,324.			
	<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>	2,895,010.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		9,400.			
	<b>h Total.</b> Add lines 1a-1f .....		5,333,334.			
<b>Program Service Revenue</b>	<b>2 a</b> MEETING & CONFERENCES .....	<b>Business Code</b>	233,130.	233,130.		
	<b>b</b> .....	900099				
	<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 .....		233,130.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,261,989.		1,261,989.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real	135,625.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	161,899.			
		<b>c</b> Rental income or (loss) .....	-26,274.			
	<b>d</b> Net rental income or (loss) .....		-26,274.		-26,274.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	16,033,883.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	15,238,373.			
		<b>c</b> Gain or (loss) .....	795,510.			
	<b>d</b> Net gain or (loss) .....		795,510.		795,510.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</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>a</b>					
<b>b</b> Less: direct expenses .....	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	8,580.				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	3,216.			
	<b>c</b> Net income or (loss) from sales of inventory .....		5,364.	5,364.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OTHER INCOME .....		900099	9,099.	9,099.		
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....		9,099.			
<b>12 Total revenue.</b> See instructions .....		7,612,152.	247,593.	0.	2,031,225.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	968,033.	968,033.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	106,000.	106,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	441,071.	363,497.	25,976.	51,598.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,884,195.	1,556,492.	107,029.	220,674.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,045.	83,212.	9,774.	12,059.
9 Other employee benefits	202,941.	160,762.	18,880.	23,299.
10 Payroll taxes	170,115.	134,758.	15,828.	19,529.
11 Fees for services (non-employees):				
a Management				
b Legal	20,383.	16,838.	1,158.	2,387.
c Accounting	262,790.		262,790.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	220,770.		220,770.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,416,953.	2,183,927.	95,743.	137,283.
12 Advertising and promotion	172.	172.		
13 Office expenses	167,204.	126,295.	5,848.	35,061.
14 Information technology				
15 Royalties				
16 Occupancy	174,464.	144,121.	9,910.	20,433.
17 Travel	305,320.	287,615.	4,182.	13,523.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	884,115.	832,848.	12,109.	39,158.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	75,066.	61,303.	5,072.	8,691.
23 Insurance	67,817.	56,022.	3,853.	7,942.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>EQUIPMENT AND MAINTENAN</b>	356,767.	313,492.	11,562.	31,713.
b <b>STIPENDS</b>	106,069.	106,069.		
c <b>WORLD YWCA DUES</b>	45,075.	45,075.		
d <b>INCOME TAXES</b>	3,653.		3,653.	
e All other expenses	139,772.	66,118.	6,725.	66,929.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>9,123,790.</b>	<b>7,612,649.</b>	<b>820,862.</b>	<b>690,279.</b>
<b>26 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 <input type="checkbox"/> 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 .....	1,882,591.	<b>1</b>	1,778,493.
	<b>2</b> Savings and temporary cash investments .....	1,217,074.	<b>2</b>	2,375,628.
	<b>3</b> Pledges and grants receivable, net .....	320,850.	<b>3</b>	1,415,165.
	<b>4</b> Accounts receivable, net .....	160,071.	<b>4</b>	194,114.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	17,015.
	<b>9</b> Prepaid expenses and deferred charges .....	94,312.	<b>9</b>	78,072.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,114,211.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,595,765.	2,605,440.	<b>10c</b> 2,518,446.
	<b>11</b> Investments - publicly traded securities .....	61,262,347.	<b>11</b>	56,810,194.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,526,608.	<b>12</b>	2,483,477.
	<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>	25,776.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	70,095,069.	<b>16</b>	67,696,380.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,341,827.	<b>17</b>	1,304,529.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	18,160.	<b>19</b>	1,658.
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	201,003.	<b>25</b>	75,766.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,560,990.	<b>26</b>	1,381,953.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	57,523,314.	<b>27</b>	54,166,285.
	<b>28</b> Temporarily restricted net assets .....	4,410,206.	<b>28</b>	5,547,583.
	<b>29</b> Permanently restricted net assets .....	6,600,559.	<b>29</b>	6,600,559.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	68,534,079.	<b>33</b>	66,314,427.	
<b>34</b> Total liabilities and net assets/fund balances .....	70,095,069.	<b>34</b>	67,696,380.	

**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	7,612,152.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,123,790.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,511,638.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,534,079.
5	Net unrealized gains (losses) on investments	5	-708,014.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,314,427.

**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 in 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 in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)





**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3458068.	3709706.	4114336.	4234869.	5333334.	20850313.
<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 .....	3458068.	3709706.	4114336.	4234869.	5333334.	20850313.
<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) .....						756,180.
<b>6 Public support.</b> Subtract line 5 from line 4.						20094133.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	3458068.	3709706.	4114336.	4234869.	5333334.	20850313.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1682216.	1639804.	1447251.	1643834.	1041219.	7454324.
<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.) .....	2,903.	4,723.	14,808.	9,314.	9,099.	40,847.
<b>11 Total support.</b> Add lines 7 through 10						28345484.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	629,085.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	70.89 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	68.95 %
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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 - 2018.</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 - 2017.</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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 five 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 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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 (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) 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>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .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 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>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

**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**

2014 AMOUNT: \$ 2,903.

2015 AMOUNT: \$ 4,723.

2016 AMOUNT: \$ 14,808.

2017 AMOUNT: \$ 9,314.

2018 AMOUNT: \$ 9,099.

Multiple horizontal lines for providing additional information.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

YWCA USA, INC.

Employer identification number

13-1624103

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization  <b>YWCA USA, INC.</b>	Employer identification number  <b>13-1624103</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>TIDES FOUNDATION</b>  1014 TORNEY AVENUE  SAN FRANCISCO, CA 94129	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>ALLSTATE</b>  2775 SANDERS ROAD  NORTHBROOK, IL 60052-6127	\$ <u>190,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>BEST BUY</b>  300 BIRCKSTONE SQ SUITE 601  ANDOVER, MA 01810	\$ <u>242,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>YWCA USA, INC.</b>	Employer identification number  <b>13-1624103</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>YWCA USA, INC.</b>	Employer identification number  <b>13-1624103</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**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) 2018**

**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 (grass roots lobbying) .....	13,571.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	138,166.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	151,737.													
<b>d</b>	Other exempt purpose expenditures .....	8,972,053.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	9,123,790.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	606,190.													
<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) .....	151,548.													
<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	459,168.	497,721.	547,675.	606,190.	2,110,754.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,166,131.
<b>c</b> Total lobbying expenditures	21,665.	46,776.	38,056.	151,737.	258,234.
<b>d</b> Grassroots nontaxable amount	114,792.	124,430.	136,919.	151,548.	527,689.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					791,534.
<b>f</b> Grassroots lobbying expenditures	8,818.	18,016.	8,492.	13,571.	48,897.

**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
<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 (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<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

**2018**  
**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 (e.g., 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - 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	64,963,578.	62,548,133.	58,842,038.	56,841,836.	62,563,563.
b Contributions	26,757.	92,226.	67,535.	706,567.	98,433.
c Net investment earnings, gains, and losses	1,035,214.	5,295,249.	6,587,568.	4,179,984.	-3,082,783.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,811,290.	2,972,030.	2,949,008.	2,886,349.	2,737,377.
f Administrative expenses					
g End of year balance	61,214,259.	64,963,578.	62,548,133.	58,842,038.	56,841,836.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  85.02 %
  - b Permanent endowment  10.78 %
  - c Temporarily restricted endowment  4.19 %
- 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		1,146,065.		1,146,065.
b Buildings		5,205,439.	4,201,717.	1,003,722.
c Leasehold improvements		63,601.	19,750.	43,851.
d Equipment		699,106.	374,298.	324,808.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,518,446.

**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) DEFERRED RENTAL INCOME	75,766.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	75,766.

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 FIN 48 (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	6,724,522.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-708,014.	
b	Donated services and use of facilities	2b	37,938.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-670,076.	
3	Subtract line 2e from line 1	3	7,394,598.	
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	220,770.	
b	Other (Describe in Part XIII.)	4b	-3,216.	
c	Add lines 4a and 4b	4c	217,554.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,612,152.	

**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	8,944,174.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	37,938.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	3,216.	
e	Add lines 2a through 2d	2e	41,154.	
3	Subtract line 2e from line 1	3	8,903,020.	
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	220,770.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	220,770.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,123,790.	

**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 INCOME TAXES AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. SIMILAR TO OTHER TAX-EXEMPT ORGANIZATIONS, YWCA USA IS SUBJECT TO TAX ON ANY NET UNRELATED BUSINESS INCOME. AS A RESULT OF THE TAX CUTS AND JOBS ACT EFFECTIVE JANUARY 1, 2018, QUALIFIED TRANSPORTATION FRINGE BENEFITS ARE ALSO CONSIDERED UNRELATED BUSINESS INCOME. INCOME TAX EXPENSE RELATED TO QUALIFIED TRANSPORTATION FRINGE BENEFITS WAS \$4,893 FOR

**Part XIII** Supplemental Information (continued)

THE TEN MONTHS ENDED JUNE 30, 2019. TAX YEARS PRIOR TO 2016 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS OR THE TAX JURISDICTION OF THE DISTRICT OF COLUMBIA.

YWCA USA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. YWCA USA RECOGNIZES INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS, IF ANY, IN MANAGEMENT AND GENERAL ADMINISTRATIVE EXPENSES ON THE STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD -3,216.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 3,216.

**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

**2018**

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		106,000.
<b>3 a Subtotal</b> .....	0	0			106,000.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			106,000.

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

Schedule F (Form 990) 2018

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	GRANTS TO WORLD YWCA	106,000.	WIRE	0.	N/A	N/A

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

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

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2018



**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 NOVEMBER 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.

Multiple horizontal lines for additional text input.

**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

**2018**

**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 HOUSTON 6309 MARTIN LUTHER KING BLVD HOUSTON, TX 77021	74-1109658	501(C)(3)	21,200.	0.			HURRICANE HARVEY REPAIR PROJECT GRANT
YWCA GREATER LAWRENCE 38 LAWRENCE STREET LAWRENCE, MA 01840	04-2130847	501(C)(3)	20,000.	0.			PURPLE PURSE ALLSTATE MOVING AHEAD FINANCIAL EMPOWERMENT PROGRAM
YWCA CENTRAL VIRGINIA 626 CHURCH STREET LYNCHBURG, VA 24504	54-0506490	501(C)(3)	20,000.	0.			PURPLE PURSE ALLSTATE MOVING AHEAD FINANCIAL EMPOWERMENT PROGRAM
YWCA BILLINGS 909 WYOMING AVENUE BILLINGS, MT 59101	81-0235415	501(C)(3)	15,000.	0.			PURPLE PURSE ALLSTATE MOVING AHEAD FINANCIAL EMPOWERMENT PROGRAM
YWCA OF SOUTHERN ARIZONA 525 N BONITA AVE TUCSON, AZ 85745	86-0098937	501(C)(3)	25,000.	0.			WE360 WOMENS EMPOWERMENT PROGRAM
YWCA NATIONAL CAPITAL AREA 2303 14TH STREET, NW, SUITE 100 WASHINGTON, DC 20009	52-0893511	501(C)(3)	46,200.	0.			PURPLE PURSE ALLSTATE MOVING AHEAD FINANCIAL EMPOWERMENT PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 32.**
- 3** Enter total number of other organizations listed in the line 1 table **▶**

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

Schedule I (Form 990) (2018)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 LOWER CAPE FEAR 2815 S. COLLEGE ROAD WILMINGTON, NC 28412	56-0556766	501(C)(3)	26,192.	0.			PURPLE PURSE ALLSTATE MOVING AHEAD FINANCIAL EMPOWERMENT PROGRAM
YWCA GREATER ATLANTA 957 NORTH HIGHLAND AVENUE ATLANTA, GA 30303	58-0593442	501(C)(3)	21,200.	0.			BEST BUY FONDATION--TO SUCCESSFULLY IMPLEMENT THE STEM E-3 BEST BUY GRANT (EDUCATION,
YWCA NEVADA 800 N RAINBOW ST LAS VEGAS, NV 89106	46-2626172	501(C)(3)	21,200.	0.			BEST BUY FONDATION--TO SUCCESSFULLY IMPLEMENT THE STEM E-3 BEST BUY GRANT (EDUCATION,
YWCA QUEENS 42-07 PARSONS BLVD FLUSHING, NY 11355	20-0351906	501(C)(3)	21,200.	0.			BEST BUY FONDATION--TO SUCCESSFULLY IMPLEMENT THE STEM E-3 BEST BUY GRANT (EDUCATION,
YWCA RHODE ISLAND 514 BLACKSTONE STREET WOONSOCKET, RI 02895	05-0310596	501(C)(3)	21,200.	0.			BEST BUY FONDATION--TO SUCCESSFULLY IMPLEMENT THE STEM E-3 BEST BUY GRANT (EDUCATION,
YWCA KALAMAZOO 353 E. MICHIGAN AVENUE KALAMAZOO, MI 49007	38-1360598	501(C)(3)	8,512.	0.			YSA DISNEY GRANT- STATE PILOT INITIATIVE EFFOTS AND GENERAL YOUTH VOLUNTEERTING ACTIVITIES
YWCA LINCOLN S. 17TH STREET LINCOLN, NE 68502	47-0376894	501(C)(3)	21,200.	0.			BEST BUY FONDATION--TO SUCCESSFULLY IMPLEMENT THE STEM E-3 BEST BUY GRANT (EDUCATION,
YWCA METROPOLITAN CHICAGO ONE N. LASALLE, STE 1150 CHICAGO, IL 60602	36-2179765	501(C)(3)	21,200.	0.			BEST BUY FONDATION--TO SUCCESSFULLY IMPLEMENT THE STEM E-3 BEST BUY GRANT (EDUCATION,
YWCA NASHVILLE & MIDDLE TENNESSEE 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)(3)	21,200.	0.			BEST BUY FONDATION--TO SUCCESSFULLY IMPLEMENT THE STEM E-3 BEST BUY GRANT (EDUCATION,

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 KAUAI 3094 ELUA STREET LIHUE, HI 96766	99-0073504	501(C)(3)	20,000.	0.			ALL-STATE PURPLE PURSE MOVING AHEAD THROUGH FINANCIAL EMPOWERMENT
YWCA WESTERN MASSACHUSETTS ONE CLOUGH STREET SPRINGFIELD, MA 01118	04-2103858	501(C)(3)	20,000.	0.			ALL-STATE PURPLE PURSE MOVING AHEAD THROUGH FINANCIAL EMPOWERMENT
YWCA CASS CLAY 3100 12TH AVE N FARGO, ND 58102	45-0226435	501(C)(3)	45,000.	0.			ALL-STATE PURPLE PURSE MOVING AHEAD THROUGH FINANCIAL EMPOWERMENT
YWCA NORTHWEST OHIO 1018 JEFFERSON AVE TOLEDO, OH 43604	34-4428265	501(C)(3)	35,000.	0.			CENTENE GRANT "YOUNG WOMEN CHOOSING ACTION" PILOT SITE; ADDRESSES UNIQUE CHALLENGES FACED
YWCA NORTHEAST LOUISIANA 850-B OLIVE STREET SHERVEPORT, LA 71104	72-0423896	501(C)(3)	35,000.	0.			CENTENE GRANT "YOUNG WOMEN CHOOSING ACTION" PILOT SITE; ADDRESSES UNIQUE CHALLENGES FACED
YWCA BROOKLYN 30 THIRD AVENUE BROOKLYN, NY 11217	11-1630919	501(C)(3)	70,000.	0.			CENTENE GRANT "YOUNG WOMEN CHOOSING ACTION" PILOT SITE; ADDRESSES UNIQUE CHALLENGES FACED
YWCA WATSONVILLE 340 E. BEACH STREET WATSONVILLE, CA 95076	94-1212142	501(C)(3)	35,000.	0.			CENTENE GRANT "YOUNG WOMEN CHOOSING ACTION" PILOT SITE; ADDRESSES UNIQUE CHALLENGES FACED
YWCA BOULDER COUNTY 2222 14TH STREET BOULDER, CO 80302	84-0500276	501(C)(3)	50,000.	0.			GOOGLE GRANT- DELIVERY OF STEM PROGRAMING WITH EMPHASIS ON COMPUTER SCIENCE, BLENDING
YWCA GREATER LOS ANGELES 1020 SOUTH OLIVE STREET LOS ANGELES, CA 90015	27-0927029	501(C)(3)	75,000.	0.			GOOGLE GRANT- DELIVERY OF STEM PROGRAMING WITH EMPHASIS ON COMPUTER SCIENCE, BLENDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 MEMPHIS 766 S. HIGHLAND STREET MEMPHIS, TN 38111	62-0475754	501(C)(3)	10,233.	0.			TECHNICAL ASSISTANCE- FOR CRISIS MANAGEMENT PLAN
YWCA BUTLER 120 W. CUNNINGHAM STREET BUTLER, PA 16001	25-0965634	501(C)(3)	7,000.	0.			TECHNICAL ASSISTANCE- FOR CRISIS MANAGEMENT PLAN
YWCA NIAGARA 32 COTTAGE STREET LOCKPORT, NY 14094	16-0743245	501(C)(3)	50,000.	0.			TECHNICAL ASSISTANCE- FOR CRISIS MANAGEMENT PLAN
YWCA NORTHWESTERN ILLINOIS 4990 E. STATE STREET ROCKFORD, IL 61108	36-2174839	501(C)(3)	25,000.	0.			COCA COLA GRANT - WE360 WOMEN'S EMPOWERMENT PROGRAM
YWCA OKLAHOMA 2460 NW 39TH ST OKLAHOMA CITY, OK 73112	73-0579272	501(C)(3)	25,000.	0.			COCA COLA GRANT - WE360 WOMEN'S EMPOWERMENT PROGRAM
YWCA DELAWARE 100 W. 10TH STREET, STE 5151 WILMINGTON, DE 19801	51-0064344	501(C)(3)	25,000.	0.			COCA COLA GRANT - WE360 WOMEN'S EMPOWERMENT PROGRAM
YWCA ALASKA 324 EAST 5TH AVENUE ANCHORAGE, AK 99501	92-0130244	501(C)(3)	25,000.	0.			COCA COLA GRANT - WE360 WOMEN'S EMPOWERMENT PROGRAM
YWCA ANNAPOLIS 1517 RITCHIE HWY, SUITE 201 ARNOLD, MD 21012	52-0591702	501(C)(3)	80,000.	0.			DISCRETIONARY GRANT- PLANNING AND EXECUTION OF CREATING AN OPERATIONAL PRESENCE IN BALTIMORE

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

**2018**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the filing 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 .....

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

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

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

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

Schedule J (Form 990) 2018

**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	(i)	265,078.	30,000.	0.	0.	18,043.	313,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CATHERINE BEANE VP - PUBLIC POLICY & ADVOCACY	(i)	141,189.	5,640.	0.	10,998.	1,385.	159,212.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBECCA HINES VP - MEMBER SERVICES	(i)	131,649.	5,280.	0.	10,296.	16,551.	163,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TYCELY WILLIAMS VP - DEVELOPMENT	(i)	149,106.	6,038.	0.	9,162.	9,763.	174,069.	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)							



**Part III** Supplemental Information

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

PART I, LINE 7:

IN 2018, PERFORMANCE BONUSES WERE RECEIVED BY OFFICERS AND HIGHEST  
COMPENSATED EMPLOYEES.

**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

**2018**

Open to Public  
Inspection

Name of the organization

YWCA USA, INC.

Employer identification number

13-1624103

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 \$ 208,997. INCLUDING GRANTS OF \$ 106,000. REVENUE \$ 247,593.

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	2,183,927.
MANAGEMENT AND GENERAL EXPENSES	95,743.
FUNDRAISING EXPENSES	137,283.
<b>TOTAL EXPENSES</b>	<b>2,416,953.</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 2,416,953.

CHANGE IN ACCOUNTING PERIOD:

THE ORGANIZATION ELECTED TO CHANGE ITS FISCAL YEAR FROM AUGUST 31 TO JUNE 30. THIS RETURN IS PREPARED FOR THE 10-MONTH PERIOD ENDED JUNE 30, 2019.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

**FOR THE YEAR ENDING**

JUNE 30, 2019

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**PREPARED FOR:**

YWCA USA, INC.  
1020 19TH STREET NW, SUITE 750  
WASHINGTON, DC 20036

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**PREPARED BY:**

COHNREZNICK LLP  
7501 WISCONSIN AVENUE, SUITE 400E  
BETHESDA, MD 20814

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**AMOUNT DUE OR REFUND:**

OVERPAYMENT OF \$1,869. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

---

**MAKE CHECK PAYABLE TO:**

NO AMOUNT IS DUE.

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

---

**RETURN MUST BE MAILED ON OR BEFORE:**

MAY 15, 2020

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**SPECIAL INSTRUCTIONS:**

THE RETURN SHOULD BE SIGNED AND DATED.

**CHANGE OF ACCOUNTING PERIOD**  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

**2018**

For calendar year 2018 or other tax year beginning SEP 1, 2018, and ending JUN 30, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>YWCA USA, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1020 19TH STREET NW, SUITE 750</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>WASHINGTON, DC 20036</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>13-1624103</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)</p>
<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			

**H** Enter the number of the organization's unrelated trades or businesses. ▶ \_\_\_\_\_ Describe the only (or first) unrelated trade or business here ▶ \_\_\_\_\_. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **ELISHA RHODES** Telephone number ▶ **202-467-0801**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0.</b>	

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	<b>1,096.</b>
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	<b>1,353.</b>
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	<b>SEE STATEMENT 1</b>
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>4,999.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>-4,999.</b>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	<b>-4,999.</b>



# 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.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>YWCA USA, INC.</b>	Employer identification number (EIN) or <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>1020 19TH STREET NW, SUITE 750</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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 ▶ **1020 19TH ST NW, #750 - WASHINGTON, DC 20036**  
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 EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2020**, 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 **SEP 1, 2018**, and ending **JUN 30, 2019**.

**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>	\$	<b>4,426.</b>
<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>	\$	<b>2,886.</b>
<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>	\$	<b>1,540.</b>

**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.



FORM 990-T

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

1,550.

EXPENSES RELATED TO QUALIFIED TRANSPORTATION FRINGE BENEFITS

1,000.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

2,550.

# 2019 ESTIMATED TAX FILING INSTRUCTIONS

DISTRICT OF COLUMBIA FORM D-20ES

## FOR THE YEAR ENDING

JUNE 30, 2020

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**PREPARED FOR:**

YWCA USA, INC.  
1020 19TH STREET NW, SUITE 750  
WASHINGTON, DC 20036

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**PREPARED BY:**

COHNREZNICK LLP  
7501 WISCONSIN AVENUE, SUITE 400E  
BETHESDA, MD 20814

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**AMOUNT OF TAX:**

TOTAL ESTIMATED TAX	\$	1,240
LESS CREDIT FROM PRIOR YEAR	\$	102
LESS AMOUNT ALREADY PAID ON 2019 ESTIMATE	\$	0
BALANCE DUE	\$	1,138

**PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:**

VOUCHER	AMOUNT	DUE DATE
NO. 1	\$ 208	OCTOBER 15, 2019
NO. 2	\$ 310	DECEMBER 16, 2019
NO. 3	\$ 310	MARCH 16, 2020
NO. 4	\$ 310	JUNE 15, 2020

---

**MAIL CHECK PAYABLE TO:**

D.C. TREASURER

---

**MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:**

D.C. OFFICE OF TAX AND REVENUE  
CORPORATION ESTIMATED FRANCHISE TAX  
P.O. BOX 96019  
WASHINGTON, D.C. 20090-6019

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**SPECIAL INSTRUCTIONS:**

# 2019 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

## Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.
- Make your check or money order (US dollars) payable to the DC Treasurer.
- Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:  
 DC Office of Tax and Revenue  
 Corporation Estimated Franchise Tax  
 PO Box 96019  
 Washington, DC 20090-6019

## Notes:

- If the amount of your payment due for a period exceeds \$5,000, you shall pay electronically. Visit [www.MyTax.DC.gov](http://www.MyTax.DC.gov)
- **For electronic filers**, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States?". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

*Detach at perforation before mailing*

843472 10-30-18

# 2019 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations



190204S11019  
 SOFTWARE DEVELOPER USE ONLY  
 VENDOR ID# 1019

Quarterly Payment \$ 208 .00 (dollars only)

Taxpayer Identification Number Tax Period Ending (MMYY)  
 131624103 0620

Business name or Designated Agent Name  
**YWCA USA, INC.**

Business mailing address line #1  
 1020 19TH STREET NW, SUITE 750

Business mailing address line #2

City  
**WASHINGTON**

State ZIP Code + 4  
**DC 20036**

Voucher Number: 1 Due Date: 101519

# 2019 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

## Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.
- Make your check or money order (US dollars) payable to the DC Treasurer.
- Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:  
 DC Office of Tax and Revenue  
 Corporation Estimated Franchise Tax  
 PO Box 96019  
 Washington, DC 20090-6019

## Notes:

- If the amount of your payment due for a period exceeds \$5,000, you shall pay electronically. Visit [www.MyTax.DC.gov](http://www.MyTax.DC.gov)
- **For electronic filers**, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States?". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

*Detach at perforation before mailing*

843472 10-30-18

# 2019 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations



190204S11019  
 SOFTWARE DEVELOPER USE ONLY  
 VENDOR ID# 1019

Quarterly Payment \$ 310 .00 (dollars only)

Taxpayer Identification Number Tax Period Ending (MMYY)  
 131624103 0620

Business name or Designated Agent Name  
**YWCA USA, INC.**

Business mailing address line #1  
 1020 19TH STREET NW, SUITE 750

Business mailing address line #2

City  
**WASHINGTON**

State ZIP Code + 4  
**DC 20036**

Voucher Number: 2 Due Date: 121619

# 2019 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

## Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.
- Make your check or money order (US dollars) payable to the DC Treasurer.
- Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:  
 DC Office of Tax and Revenue  
 Corporation Estimated Franchise Tax  
 PO Box 96019  
 Washington, DC 20090-6019

## Notes:

- If the amount of your payment due for a period exceeds \$5,000, you shall pay electronically. Visit [www.MyTax.DC.gov](http://www.MyTax.DC.gov)
- **For electronic filers**, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States?". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

*Detach at perforation before mailing*

843472 10-30-18

# 2019 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations



190204S11019  
 SOFTWARE DEVELOPER USE ONLY  
 VENDOR ID# 1019

Quarterly Payment \$ 310 .00 (dollars only)

Taxpayer Identification Number Tax Period Ending (MMYY)  
 131624103 0620

Business name or Designated Agent Name  
**YWCA USA, INC.**

Business mailing address line #1  
 1020 19TH STREET NW, SUITE 750

Business mailing address line #2

City  
**WASHINGTON**

State ZIP Code + 4  
**DC 20036**

Voucher Number: 3 Due Date: 031620

# 2019 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

## Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.
- Make your check or money order (US dollars) payable to the DC Treasurer.
- Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:  
 DC Office of Tax and Revenue  
 Corporation Estimated Franchise Tax  
 PO Box 96019  
 Washington, DC 20090-6019

## Notes:

- If the amount of your payment due for a period exceeds \$5,000, you shall pay electronically. Visit [www.MyTax.DC.gov](http://www.MyTax.DC.gov)
- **For electronic filers**, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States?". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

*Detach at perforation before mailing*

843472 10-30-18

# 2019 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations



190204S11019  
 SOFTWARE DEVELOPER USE ONLY  
 VENDOR ID# 1019

Quarterly Payment \$ 310 .00 (dollars only)

Taxpayer Identification Number Tax Period Ending (MMYY)  
 131624103 0620

Business name or Designated Agent Name  
**YWCA USA, INC.**

Business mailing address line #1  
 1020 19TH STREET NW, SUITE 750

Business mailing address line #2

City  
**WASHINGTON**

State ZIP Code + 4  
**DC 20036**

Voucher Number: **4** Due Date: **061520**

# 2018 TAX RETURN FILING INSTRUCTIONS

DISTRICT OF COLUMBIA FORM D-20

## FOR THE YEAR ENDING

JUNE 30, 2019

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**PREPARED FOR:**

YWCA USA, INC.  
1020 19TH STREET NW, SUITE 750  
WASHINGTON, DC 20036

---

**PREPARED BY:**

COHNREZNICK LLP  
7501 WISCONSIN AVENUE, SUITE 400E  
BETHESDA, MD 20814

---

**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	1,096
LESS: PAYMENTS AND CREDITS	\$	1,198
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	102

---

**OVERPAYMENT:**

CREDIT TO ESTIMATED TAX	\$	102
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

D.C. OFFICE OF TAX AND REVENUE  
PO BOX 96148  
WASHINGTON, D.C. 20090-6148

---

**RETURN MUST BE MAILED ON OR BEFORE:**

APRIL 15, 2020

---

**SPECIAL INSTRUCTIONS:**

2018 D-20 SUB Corporation  
Franchise Tax Return



180203S11019

Taxpayer Identification Number (TIN)  
131624103

Number of business locations  
In DC: 1 Outside DC: 0

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1019

Name of corporation  
YWCA USA, INC.

Tax period ending (MMYY)  
0619

Mark if: QHTC located in DC  
Ballpark TIF area

AMENDED RETURN

FINAL RETURN

CERTIFIED QHTC

COMBINED REPORT\*

Business mailing address #1  
1020 19TH STREET NW, SUITE 750

Business mailing address #2

\*You must fill in the Designated Agent info below

City  
WASHINGTON

State ZIP code  
DC 20036

WORLDWIDE\*\*  
\*\*Worldwide form must be filed with this return

Designated Agent Name

Designated Agent TIN

● READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank, if minus, enter amount and fill in space.

GROSS INCOME

1	Gross receipts, minus returns and allowances		1	\$		0	.00
2	Cost of goods sold (from Form D-20 Schedule A) and/or operations (attach statement)		2	\$			.00
3	Gross profit from sales and/or operations <i>Line 1 minus Line 2</i>	Mark if minus	3	\$			.00
4	Dividends from Form D-20, Schedule B		4	\$			.00
5	Interest (attach statement)		5	\$			.00
6	Gross rental income from D-20, Schedule I, Column 3, Line 6		6	\$			.00
7	Gross royalties (attach statement)		7	\$			.00
8	(a) Net capital gain (attach copy of federal Form 1120, Schedule D)	Mark if minus	8(a)	\$			.00
	(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus	8(b)	\$			.00
9	Other income (loss) (attach statement)		9	\$	STATEMENT 1	18173	.00
10	<b>Total gross income</b> Add Lines 3 - 9	Mark if minus	10	\$		18173	.00

DEDUCTIONS

11	Compensation of officers from Form D-20, Schedule C		11	\$			.00
12	Salaries and wages		12	\$			.00
13	Repairs		13	\$			.00
14	Bad debts		14	\$			.00
15	Rent		15	\$			.00
16	Taxes From Form D-20, Schedule D		16	\$			.00
17	(a) Interest payments			.00			
	(b) Minus nondeductible payments to related entities			.00	=	17(c)	\$ .00
18	Contributions and/or gifts (attach statement)		18	\$		2343	.00
19	Amortization (attach a copy of your federal Form 4562)		19	\$			.00
20	Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.)		20	\$			.00
21	Depletion (attach statement)		21	\$			.00
22	(a) Enter royalty payments made			.00			
	(b) Minus nondeductible payments to related entities			.00	=	22(c)	\$ .00





2018 **FR-120** Extension of Time to File a  
DC Corporation Franchise Tax Return

		ENTER DOLLAR AMOUNTS ONLY	
1	Total estimated corporation franchise tax liability for the tax period.	1 \$	878.00
2	Estimated franchise tax payments <i>(include any tax overpayment credit)</i> .	2 \$	1198.00
3	Other payments.	3 \$	.00
4	Total payments and credits <i>(add Lines 2 and 3)</i> .	4 \$	1198.00
5	Balance due <i>(Line 1 minus Line 4)</i> . <i>Payment in full must be submitted with this form or your request will be denied.</i> (Note: you will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this form.)	5 \$	.00

Detach at perforation and mail the voucher, with payment attached, to:  
Office of Tax and Revenue  
PO Box 96019  
Washington DC 20090-6019

843351 10-30-18

Government of the District of Columbia 2018 FR-120 SUB Extension of Time to File a DC Corporation Franchise Tax Return

Amount of payment (dollars only) \$ .00

Taxpayer Identification Number  
131624103

Business Name or Designated Agent name  
YWCA USA, INC.

Business mailing address (number, street, suite/apartment number if applicable)  
1020 19TH STREET NW, SUITE 750

City  
WASHINGTON



181200S11019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Tax period ending (MMYY) Mark if Combined Report  
0619

State ZIP Code + 4  
DC 20036

A 6 or 7 month extension of time to file until 15, 2019, for calendar year 2018, or until **APR 15, 2020** for fiscal year ending **2019**, is requested.



Taxpayer Name: **YWCA USA, INC.**

Taxpayer Identification Number (TIN) **131624103**

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
		NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
1. Inventory at beginning of year	\$		
2. Merchandise bought for manufacture or sale			\$
3. Salaries and wages			
4. Other costs per books (attach statement) <small>(Additional federal depreciation and additional IRC § 179 expenses are not allowable.)</small>			
5. Total	\$		
6. Minus: Inventory at end of tax year			
7. Cost of goods sold (Enter here and on D-20, Line 2.)	\$		
<b>Method of inventory valuation:</b>			
		<b>Total Dividends</b>	\$
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		<b>TOTAL</b> (Enter here and on D-20, Line 4.)	\$

Schedule C - Compensation of officers (See specific instructions for Line 11. If more than 3 offices attach additional sheets as needed.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$	\$
		%	%	%		
		%	%	%		
<b>TOTAL COMPENSATION OF OFFICERS</b> (Enter here and on D-20, Line 11.)					\$	

Schedule D - Taxes (See specific instructions for Line 16.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		<b>TOTAL</b> (Enter here and on D-20, Line 16.)	\$

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$ 13174.	7. Total DC taxable income reported (from D-20, Line 36).	\$ 13280.
<b>UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME</b>		<b>NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS</b>	
2. Income taxes (see specific instructions for line 16).	0.	8. Net income apportioned or allocated to outside DC.	0.
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.	1096.	9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.	0.	(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			
(b) _____			
6. TOTAL of Lines 1-5.	\$ 14270.	<b>STATEMENT 4</b>	990.
		10. TOTAL of Lines 7, 8 and 9.	\$ 14270.

Taxpayer Name: **YWCA USA, INC.**



Taxpayer Identification Number (TIN) **131624103**

180203S41019

**Schedule F - DC apportionment factor (See instructions.)**

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places.

For all businesses other than financial institutions:

Column 1 TOTAL

Column 2 in DC

Column 3 Factor  
(Column 2 divided by Column 1)

1. **SALES FACTOR:** All gross receipts of the business other than gross receipts from non-business income.

\$ .00 \$ .00

For Financial Institutions:

2. **SALES FACTOR:** All gross income of the financial institution other than gross income from non-business income.

\$ .00 \$ .00

3. **PAYROLL FACTOR:** Total compensation paid or accrued by the financial institution.

\$ .00 \$ .00

4. **SUM OF FACTORS:** (For Financial Institutions add Lines 2 and 3 of Column 3)

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Col 3. Enter on D-20, Line 31  
For financial institutions divide Line 4, Column 3 by 2. If there are less than two factors, use Line 4, Column 3. Enter on D-20, Line 31

**For Combined Reporters**

Enter the number of members in the combined group

Complete Schedule 1 from the DC Combined Reporting Schedule 1A Designated Agent

**Schedule 1 - Combined Report Tax Due**

Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5	

**Qualified High Technology Companies Tax, Exemption and Credits Schedule (See instructions)**

1	Initial Date of Taxable Income (MMYY)				
2	Cumulative Amount of QHTC Exemption Previously Used	\$	.00		
3	Total DC taxable income. D-20 Line 36.		Mark if minus:	3	\$ .00
4	Qualified High Technology Companies Franchise Tax 6.0% of Line 3			4	\$ .00
5	Minus nonrefundable credits from Schedule UB, Line 9			5	\$ .00
6	Tentative Tax. Subtract Line 5 from Line 4			6	\$ .00
7	Minus QHTC Exemption This Return			7	\$ .00
8	Total DC gross receipts from Line '4' MTLGR Worksheet			8	\$ .00
9	Net tax. Line 6 minus Line 7. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Enter here and on page 2, Line 40. Complete page 2, Lines 41 through 48.			9	\$ .00
10	Amount of QHTC Exemption Remaining			10	\$ .00

Taxpayer Name: **YWCA USA, INC.**

Taxpayer Identification Number (TIN) **131624103**

Schedule G- Balance Sheets		Beginning of Taxable Year		End of Taxable Year	
		(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS	1. Cash .....		3099665.		4154121.
	2. Trade notes and accounts receivable .....	480921.		1609279.	
	(a) MINUS: Allowance for bad debts .....		480921.		1609279.
	3. Inventories .....				17015.
	4. Gov't obligations: (a) U.S. and its instrumentalities .....				
	(b) States, subdivisions thereof, etc. ....				
	5. Other current assets (attach statement) <b>STMT 7</b> .....		94312.		78072.
	6. Loans to stockholders .....				
	7. Mortgage and real estate loans .....				
	8. Other investments (attach statement) <b>STMT 8</b> .....		63788955.		59293671.
	9. Buildings and other fixed depreciable assets .....	6964240.		7114211.	
	(a) MINUS: Accumulated depreciation .....	4358800.	2605440.	4595765.	2518446.
	10. Depletable assets .....				
	(a) MINUS: Accumulated depletion .....				
11. Land (net of any amortization) .....					
12. Intangible assets (amortizable only) .....					
(a) MINUS: Accumulated amortization .....					
13. Other assets (attach statement) <b>STMT 9</b> .....		25776.		25776.	
14. TOTAL ASSETS .....		70095069.		67696380.	
LIABILITIES AND CAPITAL	15. Accounts payable .....		1341827.		1304529.
	16. Mortgages, notes, bonds payable in less than 1 year .....				
	17. Other current liabilities (attach statement) <b>STMT 10</b> .....		18160.		1658.
	18. Loans from stockholders .....				
	19. Mortgages, notes, bonds payable in 1 year or more .....				
	20. Other liabilities (attach statement) <b>STMT 11</b> .....		201003.		75766.
	21. Capital stock: (a) Preferred stock .....				
	(b) Common stock .....				
	22. Paid-in or capital surplus (attach statement) .....				
	23. Retained earnings - Appropriated (attach statement) .....				
	24. Retained earnings - Unappropriated .....		68534079.		66314427.
	25. MINUS: Cost of treasury stock .....				
26. TOTAL LIABILITIES AND CAPITAL .....		70095069.		67696380.	

Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return			
1. Net income per books .....	\$ -2219652.	7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest \$ _____	\$ 6706349.
2. Federal income tax .....	2557.		
3. Excess of capital losses over capital gains .....			
4. Taxable income not recorded on books this year (itemize) .....		<b>STMT 6 6706349.</b>	
5. Expenses recorded on books this year and not deducted on this return (itemize).  (a) Depreciation ..... \$ _____ (b) Depletion ..... \$ _____ <b>STMT 5 8936618.</b>	<b>8936618.</b>	8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation ..... \$ _____ (b) Depletion ..... \$ _____	
6. TOTAL of Lines 1 through 5 .....	\$ 6719523.	9. TOTAL of Lines 7 and 8 .....	\$ 6706349.
		10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.) ...	\$ 13174.

Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books			
1. Balance at beginning of year .....	\$ 68534079.	5. Distributions: (a) Cash .....	\$ _____
2. Net income per books .....	-2219652.	(b) Stock .....	_____
3. Other increases (itemize) .....		(c) Property .....	_____
		6. Other decreases (itemize). .....	_____
			_____
		7. TOTAL of Lines 5 and 6 .....	\$ _____
4. TOTAL of Lines 1, 2 and 3 .....	\$ 66314427.	8. Balance at end of year (Line 4 minus Line 7) ...	\$ 66314427.

Taxpayer Name: YWCA USA, INC.



Taxpayer Identification Number (TIN) 131624103

180203S61019

Schedule I - Income from Rent

Table with 6 columns: Col. 1 Address of Property, Col. 2 Kind of Property, Col. 3 Gross Amount of Rent, Col. 4 Depreciation\* or Amortization (Per Federal Form 4562), Col. 5 Repairs (Explain in Sch. I-1), Col. 6 Taxes, Interest and other Expenses\* (Explain in Sch. I-1). Rows 1-5 are blank, Row 6 contains totals.

\*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses.

Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Table with 6 columns: Column No., Explanation, Amount, Column No., Explanation, Amount. All rows are empty.

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION NY; 2.(a) DATE OF INCORPORATION 06/05/1907; 2.(b) DATE BUSINESS BEGAN IN DC 06/05/1907; 3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN: OGDEN, UT; 4. THE CORPORATION'S BOOKS ARE IN THE CARE OF - ELISHA RHODES; 5. LOCATED AT - 1020 19TH ST NW, #750 WASHINGTON, DC 20036

6. During 2018, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES [ ] NO [X] If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns.

7. Is this corporation unitary with another entity? [ ] YES [X] NO If yes, explain:

8. Is this return made on the accrual basis? [X] YES [ ] NO If no, indicate basis used: [ ] Cash Basis [ ] Other (specify)

9. Did you file a franchise tax return with DC for the year 2017? [X] YES [ ] NO If no, state reason:

10. Did you withhold DC income tax from wages paid to your DC resident employees during 2018? [X] YES [ ] NO If no, state reason:

11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2018? [ ] YES [X] NO

12. (a) Has the business been terminated? [ ] YES [X] NO If yes, explain and give date:

(b) Have you moved out of DC? [ ] YES [X] NO

13. Did you file an annual ballpark fee return? [ ] YES [X] NO

DC FORM D-20	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
QUALIFIED TRANSPORTATION BENEFITS		18,173.
TOTAL TO FORM D-20, PAGE 1, LINE 9		18,173.

DC FORM D-20	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEE		1,550.
EXPENSES RELATED TO QUALIFIED TRANSPORTATION FRINGE BENEFITS		1,000.
TOTAL TO FORM D-20, PAGE 2, LINE 24		2,550.

DC FORM D-20	MINIMUM TAX LIABILITY GROSS RECEIPTS (MTLGR)	STATEMENT 3
1. AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20. FINANCIAL INSTITUTIONS MUST USE AMOUNT ON SCHEDULE F, LINE 2, COLUMN 2 OF D-20.		0.
2. ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION) FOR WHICH GAINS REPORTED IN LINE 1		0.
3. ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED PER D-20, LINE 33		0.
4. TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3) TOTAL TO D-20, LINE 39		0.

DC SCHEDULE E	RECONCILIATION OF NET INCOME NON-TAXABLE INCOME & ADDITIONAL DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
DC CHARITABLE CONTRIBUTIONS IN EXCESS OF FEDERAL		990.
TOTAL TO SCHEDULE E, LINE 9		990.

DC SCHEDULE H-1	EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN	STATEMENT 5
DESCRIPTION		AMOUNT
EXEMPT FUNCTION EXPENSES		8,936,618.
TOTAL TO SCHEDULE H-1, LINE 5		8,936,618.

DC SCHEDULE H-1	INCOME RECORDED ON BOOKS NOT INCLUDED IN RETURN	STATEMENT 6
DESCRIPTION		AMOUNT
EXEMPT FUNCTION INCOME		6,706,349.
TOTAL TO SCHEDULE H-1, LINE 7		6,706,349.

DC SCHEDULE G	OTHER CURRENT ASSETS	STATEMENT 7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES	94,312.	78,072.
TOTAL TO SCHEDULE G, LINE 5	94,312.	78,072.

DC SCHEDULE G	OTHER INVESTMENTS	STATEMENT 8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PUBLICLY TRADED SECURITIES	61,262,347.	56,810,194.
OTHER SECURITIES	2,526,608.	2,483,477.
TOTAL TO SCHEDULE G, LINE 8	63,788,955.	59,293,671.



DC SCHEDULE G	OTHER ASSETS	STATEMENT 9	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
DEPOSITS		25,776.	25,776.
TOTAL TO SCHEDULE G, LINE 13		25,776.	25,776.

DC SCHEDULE G	OTHER CURRENT LIABILITIES	STATEMENT 10	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED REVENUE		18,160.	1,658.
TOTAL TO SCHEDULE G, LINE 17		18,160.	1,658.

DC SCHEDULE G	OTHER LIABILITIES	STATEMENT 11	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED RENTAL INCOME		201,003.	75,766.
TOTAL TO SCHEDULE G, LINE 20		201,003.	75,766.

# Net Income (Loss) Reconciliation for Corporations With Total Assets of \$10 Million or More

# 2018

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1120 or 1120-C.

▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

Name of corporation (common parent, if consolidated return)  <b>YWCA USA, INC.</b>	Employer identification number  <b>13-1624103</b>
Check applicable box(es): (1) <input checked="" type="checkbox"/> Non-consolidated return (2) <input type="checkbox"/> Consolidated return (Form 1120 only) (3) <input type="checkbox"/> Mixed 1120/L/PC group (4) <input type="checkbox"/> Dormant subsidiaries schedule attached	

**Part I Financial Information and Net Income (Loss) Reconciliation** (see instructions)

**1 a** Did the corporation file SEC Form 10-K for its income statement period ending with or within this tax year?  
 Yes. Skip lines 1b and 1c and complete lines 2a through 11 with respect to that SEC Form 10-K.  
 No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

**b** Did the corporation prepare a certified audited non-tax-basis income statement for that period?  
 Yes. Skip line 1c and complete lines 2a through 11 with respect to that income statement.  
 No. Go to line 1c.

**c** Did the corporation prepare a non-tax-basis income statement for that period?  
 Yes. Complete lines 2a through 11 with respect to that income statement.  
 No. Skip lines 2a through 3c and enter the corporation's net income (loss) per its books and records on line 4a.

**2 a** Enter the income statement period: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

**b** Has the corporation's income statement been restated for the income statement period on line 2a?  
 Yes. (If "Yes," attach an explanation and the amount of each item restated.)  
 No.

**c** Has the corporation's income statement been restated for any of the five income statement periods immediately preceding the period on line 2a?  
 Yes. (If "Yes," attach an explanation and the amount of each item restated.)  
 No.

**3 a** Is any of the corporation's voting common stock publicly traded?  
 Yes.  
 No. If "No," go to line 4a.

**b** Enter the symbol of the corporation's primary U.S. publicly traded voting common stock:

**c** Enter the nine-digit CUSIP number of the corporation's primary publicly traded voting common stock:

<b>4 a</b> Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1	<b>4a</b>	16,161.
<b>b</b> Indicate accounting standard used for line 4a (see instructions): (1) <input type="checkbox"/> GAAP (2) <input type="checkbox"/> IFRS (3) <input type="checkbox"/> Statutory (4) <input type="checkbox"/> Tax-basis (5) <input type="checkbox"/> Other (specify) _____		
<b>5 a</b> Net income from nonincludible foreign entities (attach statement)	<b>5a</b>	( )
<b>b</b> Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)	<b>5b</b>	
<b>6 a</b> Net income from nonincludible U.S. entities (attach statement)	<b>6a</b>	( )
<b>b</b> Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)	<b>6b</b>	
<b>7 a</b> Net income (loss) of other includible foreign disregarded entities (attach statement)	<b>7a</b>	
<b>b</b> Net income (loss) of other includible U.S. disregarded entities (attach statement)	<b>7b</b>	
<b>c</b> Net income (loss) of other includible entities (attach statement)	<b>7c</b>	
<b>8</b> Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.)	<b>8</b>	
<b>9</b> Adjustment to reconcile income statement period to tax year (attach statement)	<b>9</b>	
<b>10 a</b> Intercompany dividend adjustments to reconcile to line 11 (attach statement)	<b>10a</b>	
<b>b</b> Other statutory accounting adjustments to reconcile to line 11 (attach statement)	<b>10b</b>	
<b>c</b> Other adjustments to reconcile to amount on line 11 (attach statement)	<b>10c</b>	
<b>11 Net income (loss) per income statement of includible corporations.</b> Combine lines 4 through 10	<b>11</b>	16,161.

**Note:** Part I, line 11, must equal Part II, line 30, column (a) or Schedule M-1, line 1 (see instructions).

**12** Enter the total amount (not just the corporation's share) of the assets and liabilities of all entities included or removed on the following lines.

	Total Assets	Total Liabilities
<b>a</b> Included on Part I, line 4	67,696,380.	1,381,953.
<b>b</b> Removed on Part I, line 5		
<b>c</b> Removed on Part I, line 6		
<b>d</b> Included on Part I, line 7		

Name of corporation (common parent, if consolidated return) <b>YWCA USA, INC.</b>		Employer identification number <b>13-1624103</b>
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group		
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations		
Name of subsidiary (if consolidated return)		Employer identification number

**Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return** (see instructions)

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar inc inclusions				
4 Gross-up for foreign taxes deemed paid				
5 Gross foreign distributions previously taxed				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations				
9 Income (loss) from U.S. partnerships				
10 Income (loss) from foreign partnerships				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions				
13 Interest income (see instructions)				
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)				
17 Cost of goods sold (see instructions)	( )			( )
18 Sale versus lease (for sellers and/or lessors)				
19 Section 481(a) adjustments				
20 Unearned/deferred revenue				
21 Income recognition from long-term contracts				
22 Original issue discount and other imputed interest				
23a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities				
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e Abandonment losses				
f Worthless stock losses (attach stmt.)				
g Other gain/loss on disposition of assets other than inventory				
24 Capital loss limitation and carryforward used				
25 Other income (loss) items with differences (attach stmt.)				
26 Total income (loss) items. Combine lines 1 through 25				
27 Total expense/deduction items (from Part III, line 39)	-2,012.		2,012.	
28 Other items with no differences <b>STMT 12</b>	18,173.			18,173.
29a Mixed groups, see instructions. All others, combine lines 26 through 28	16,161.		2,012.	18,173.
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c	16,161.		2,012.	18,173.

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Name of corporation (common parent, if consolidated return) <b>YWCA USA, INC.</b>		Employer identification number <b>13-1624103</b>
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group		
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations		
Name of subsidiary (if consolidated return)		Employer identification number

**Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items** (see instructions)

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense	2,012.		-2,012.	
2 U.S. deferred income tax expense				
3 State and local current income tax expense				
4 State and local deferred income tax expense				
5 Foreign current income tax expense (other than foreign withholding taxes)				
6 Foreign deferred income tax expense				
7 Foreign withholding taxes				
8 Interest expense (see instructions)				
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment				
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing				
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward				
22 Domestic production activities deduction (see instrs.)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs				
29 Reserved				
30 Depletion				
31 Depreciation				
32 Bad debt expense				
33 Corporate owned life insurance premiums Purchase versus lease				
34 (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (att. stmt.)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach stmt.)				
<b>39 Total expense/deduction items.</b> Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive	<b>2,012.</b>		<b>-2,012.</b>	





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