			** PUBLIC DISCLOSURE COPY *		
	Ω	00	Return of Organization Exempt From		OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		2020
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it ma		Open to Public
Inter	nal Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the late		Inspection
				JUN 30, 2021	
	Check if applicab	Dile: C Name of	forganization	D Employer identificati	on number
	Addr		CLARK COUNTY		
	Chan			91-0569882	
	chan		usiness as r and street (or P.O. box if mail is not delivered to street address) Room/su		
	returr Final	3609	MAIN STREET	360-696-01	67
L	lreturi termi ated	2	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,751,430.
	Amer	nded VANC	OUVER, WA 98663	H(a) Is this a group retur	
	Appli		nd address of principal officer: DUNETCHKA OTERO-SERRANC		
	pend		AS C ABOVE	H(b) Are all subordinates includ	
1	Tax-e>	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 5	527 If "No," attach a list	
_			YWCACLARKCOUNTY.ORG	H(c) Group exemption n	
			X Corporation	ear of formation: 1927 M St	ate of legal domicile: WA
P	art I				
đ	1		e the organization's mission or most significant activities:		
Governance			INATE RACISM, EMPOWER WOMEN, AND PROMO		
erné	2		x if the organization discontinued its operations or disposed of methods.		
NO C	3		ting members of the governing body (Part VI, line 1a)		11
ي م	4		lependent voting members of the governing body (Part VI, line 1b)		11
ies	5		of individuals employed in calendar year 2020 (Part V, line 2a)		96
Activities &	6		of volunteers (estimate if necessary)		239
Aci	7a		d business revenue from Part VIII, column (C), line 12		0.
	d	Net unrelated	business taxable income from Form 990-T, Part I, line 11		
		Contributions	and grants (Dart)/III line 1b)	Prior Year 3,686,348.	<u>Current Year</u> 4,595,856.
en	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	29,367.	29,560.
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	522,742.	96,831.
Be	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,232.	3,035.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,230,225.	4,725,282.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	131,398.	162,139.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
	1 40	Salaries other	r compensation, employee benefits (Part IX, column (Δ), lines 5-10)	2,820,111.	3,042,311.
Expenses	16a	Professional fi	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright <u>376, 262.</u>	0.	0.
Der	b	Total fundraisi	ing expenses (Part IX, column (D), line 25) 376, 262.		
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	900,549.	952,008.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,852,058.	4,156,458.
	19	Revenue less	expenses. Subtract line 18 from line 12	378,167.	568,824.
P	E			Beginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)	6,132,651.	7,369,291.
Net Assets or	21	Total liabilities	e (Part X, line 26)	892,474.	893,743.
			fund balances. Subtract line 21 from line 20	5,240,177.	6,475,548.
	art II	-			
			I declare that I have examined this return, including accompanying schedules and stat		owledge and belief, it is
true	e, corre	ct, and complete.	. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.	

Sign	Signature of officer			Date				
Sign Here	DUNETCHKA OTERO-SERRAN	O, EXECUTIVE DIRECTOR	2					
Paid	Print/Type preparer's name GERARD DEBLOIS	Preparer's signature	Date	Check PTIN If self-employed P01287653				
Preparer	Firm's name MCDONALD JACOBS ,			Firm's EIN 🕨 93-0900579				
Use Only	Firm's address 🖕 520 SW YAMHILL S	T., STE 500						
	PORTLAND, OR 972	04		Phone no. (503) 227-0581				
May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2020) YWCA CLARK COUNTY Int III Statement of Program Service Accomplishment	91-0569882 Page 2
	Check if Schedule O contains a response or note to any line in	
1	Briefly describe the organization's mission:	
•		ELIMINATE RACISM, EMPOWER WOMEN, AND
	PROMOTE PEACE, JUSTICE, FREEDOM ANI	
2	Did the organization undertake any significant program services durir	ng the year which were not listed on the
		Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes i	in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for ear	ch of its three largest program services, as measured by expenses.
		e amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.	5
4a	1 200 000	nts of \$ 110,733.) (Revenue \$ 6,352.
	THE SAFECHOICE DOMESTIC VIOLENCE PH	
	24-HOUR CRISIS LINE IN THIS FISCAL	
		D LEGAL CLINICS, SUPPORT GROUPS AND
	COMMUNITY EDUCATION TO MORE THAN 1	,887 INDIVIDUALS.
4b	(Code:) (Expenses \$ 603,818. including gran	nts of \$) (Revenue \$ 207.
	THE CASA (COURT APPOINTED SPECIAL A	
	VOLUNTEERS THIS YEAR TO ADVOCATE FO	
		S FISCAL YEAR, CASA PROVIDED ADVOCACY
	THROUGH THEIR INDEPENDENT RECOMMENI	•
	CHILDREN.	
4c	(Code:) (Expenses \$ 488,146. including gram	nts of \$ 12,654.) (Revenue \$ 1,300.
	THIS FISCAL YEAR THE SEXUAL ASSAULT	, , , ,, , ,,
	THEIR FAMILIES THROUGH 24-HOUR ADVO	
	GROUPS, COMMUNITY EDUCATION AND PRE	
	CALLS WERE FIELDED THROUGH OUR HOTI	
4 -?		
4d	1 5	29 752
	(Expenses \$ 433,179. including grants of \$	38,752.) (Revenue \$ 21,701.)
4e	Total program service expenses ► 2,922,131.	
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		3
05	513 781409 9914 202	0.05094 YWCA CLARK COUNTY 9914

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 YWCA
 CLARK
 COUNTY

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	х	
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	- 23	
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
v	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a հ	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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? If "Yes," complete Schedule F, Parts I and IV	14b		х
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? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I. Parts I and II	21		Х
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 22
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			- v
	"Yes," complete Schedule L, Part IV	28c	v	<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 45			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 96					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37		
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			v		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
•	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	0-				
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90				
10	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2020)

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Form 990	(2020)
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YWCA CLARK COUNTY

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

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

X

Sec	tion A. Governing Body and Management					
		1.	11		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	4	11			
b	3 • • • • • • • • • •					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		
3				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	-		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "}	, -		10.	х	
40	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13 14	X	
14 15	Did the organization have a written document retention and destruction policy?			14	- 23	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	прип	dependent			
-	The examination's CEO. Executive Director, or ten management official			15a	х	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	finan	cial	
	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 boo	oks an	d records 🕨			
	HOLLY MORTON $-$ 360-906-9139					
	3609 MAIN STREET, VANCOUVER, WA 98663			-	000	(0000)
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Part VI	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
	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 Comp	lete this table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the organization's	tax year.
● List	all of the organization's current officers, directors, trustees (whether individuals or organizations), regardles	ss of amount of compensa	tion.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

YWCA CLARK COUNTY

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

Name and tile Average hours per weak bolicy and stretchrougen; tilst any hours for below line Description to the acceleration promised at adjustment to the acceleration from the organization (W-2/1099-MISC) Estimated compensation from the organization (W-2/1099-MISC) Estimated compensation from the organization and related organization (1) Hours Not Heided organization Image: State Acceleration (W-2/1099-MISC) X 77,091. 0. 2,739. (1) Hours Not Heided Image: State Acceleration (W-2/1099-MISC) X 76,815. 0. 0. (2) More Market Acceleration (W-2/1099-MISC) X X 0. 0. 0. (3) MOLUX JACOBS 1.000 X X 0. 0. 0. (4) SERENT 1.000 X X 0. 0. 0. (5) CYD CRENEN 1.000 X X 0. 0. 0. (6) MEADA PERSIDENT X X 0. 0. 0. 0. (7) RESERT X X 0. 0. 0. 0.	(A)	(B)				C)			(D)	(E)	(F)
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees; Continued. F(F) Name and title Average Network Normality Network Peaktor Reportable room and statistic result Reportable room and statistic result Reportable room statistic result Reportable room statistic room statistic room statistic room statistic room statistic Reportable room statistic room statistic room statistic room statistic room statistic Reportable room statistic room statistic r		990 (2020) YWCA CLAF									91-05	569	882	Р	age 8
Name and tile Average Provide (Bit any bours for related are are structure) (Bit any bours for related organization (Bit any bours for	Par	Section A. Onicers, Directors, Trus		oloy	ees,			ghes	st C		· /			(-)	
Image: Statute of the organization is any terms of the organization			Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) (list any 5					than o s both pr/trus	tee)	Reportable compensation from the organization	Reportable compensatio from related organization	l s	ai con f orç	stimate nount other npensa rom th ganizat	of ation le tion
Image: Statute of the statute of t				dividual	stitution	fficer	sy emplo	ghest co nployee	ormer				org	anizati	ons
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				Inc	Ins	01	Ke	High	Fo						
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
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c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
d Total (add lines 1b and 1c) 153,906.0.0.2,739. 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 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation 2 Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation form the organization > 0														2,7	
compensation from the organization 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 Complete this table for your five highest address NONE Description of services Compensation (A) (B) (C) Compensation 0 0 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 > 0									► ►	_				2,7	
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual	2		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			0
line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services 5 X 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. (C) Compensation (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 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 > 0		· · · · ·										I		Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) Name and business address NONE Description of services Compensation 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 0	3	. .	-			•	•		Ŭ	• • •			3		x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> 5 X Section B. Independent Contractors 1 Complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Name and business address NONE Description of services Compensation 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services (C) Compensation 1 Mame and business address NONE Description of services Compensation 1 Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 0 Image: Contractor than \$100,000 of compensation from the organization > 0	4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Complete the independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Image: Compensation Image: Compensation Image: Complete this table for your five highest compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Image: Compensation Image: Compensation Image: Complete this table for your five highest compensation from the calendar year ending with or within the organization of services Compensation Image: Compensation Image: Complete table Image: Complete table Image: Complete table Image: Complete table Image: Complete table Image: Complete table Image: Complete table Image: Complete table Image: Complete table Image: Complete tabl	5												4		A
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) (B) (C) Name and business address NONE Description of services Compensation 0 0 0 Compensation Compensation 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 0	- Soc	rendered to the organization? If "Yes," com											5		X
(A) Name and business address NONE (B) Description of services (C) Compensation Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of services Image: Comparison of the organization of comparison of comparison of comparison of comparison of the organization of the		•	mpensated ind	ере	nde	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	pensat	tion fr	om	
Name and business address NONE Description of services Compensation			the calendar ye	ear e	endir	ng w	ith c	or wi	thin I		ear.			<u></u>	
\$100,000 of compensation from the organization			address	NC	ONE	3					ervices	С			'n
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization															
	2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
		\$100,000 of compensation from the organiz	zation 🕨				()					Form	990 /	2020/

032008 12-23-20

		Check if Schedule O	conta	ins a response	or note to any line	((D)	(0)	
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclude
							function revenue	business revenue	from tax unde sections 512 - 5
ω	1 a	Federated campaigns		1a					
and Other Similar Amounts									
nor					89,485.				
Ā		Fundraising events			05,405.				
ilar		•			,155,277.				
Sim		Government grants (contr			,155,277.				
er	t	All other contributions, gifts,			251 004				
Ê		similar amounts not included			,351,094.				
p	-	Noncash contributions included in			27,187.				
a	h	Total. Add lines 1a-1f				4,595,856 .			
					Business Code		01 501		
	2 a	Y'S CARE			624410	21,701.	21,701.		
e	b	SAFE CHOICE			624410	6,352.	6,352.		
nu	С	SEXUAL ASSAUL			624410	1,300.	1,300.		
eve	d	COURT APPOINT	ED	SPECIA	624410	207.	207.		
Revenue	е								
	f	All other program service	reven	iue					
	g	Total. Add lines 2a-2f				29,560.			
	3	Investment income (includ							
		other similar amounts)				41,839.			41,83
	4	Income from investment c			F				
	5	Royalties		-					
		,		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)	· · ·						
		Gross amount from sales of		(i) Securities	(ii) Other				
	<i>i</i> u	assets other than inventory	72	67,602	.,				
	h	Less: cost or other basis	14	0,,002					
,	D		76	12,610					
	-	Gain or (loss)		54,992					
			· · · ·	-		54,992.			54,992
		Net gain or (loss)				54,552.			54,552
	8 a	Gross income from fundraisin	-						
5				<u>35.</u> of					
		contributions reported on		· ·					
	_	Part IV, line 18							
		Less: direct expenses			13,538.	12 520			12 520
		Net income or (loss) from		-	►	-13,538.			-13,538
	9 a	Gross income from gamin	-						
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from	-		🕨				
1	10 a	Gross sales of inventory, I							
		and allowances			a				
	b	Less: cost of goods sold			b				
	с	Net income or (loss) from	sales	of inventory					
					Business Code				
Revenue	11 a	OTHER INCOME			900099	16,573.			16,573
evenue	b								
eve	с								
щ	d	All other revenue							
		Total. Add lines 11a-11d				16,573.			
	12	Total revenue. See instruction				4,725,282.	29,560.	0.	99,866
1									

9914___1

YWCA CLARK COUNTY

Form 990 (2020) YWCA CL Part VIII Statement of Revenue

YWCA CLARK COUNTY Part IX Statement of Functional Expenses

Sectl	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			ipiele column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	162,139.	162,139.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	186,867.	149,984.	25,351.	11,532
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,384,340.	1,913,735.	323,459.	147,146
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	48,676.	39,069.	6,603.	3,004
9	Other employee benefits	207,757.	166,752.	28,184.	12,821
10	Payroll taxes	214,671.	172,301.	29,122.	13,248
11	Fees for services (nonemployees):				
а	Management				
b	Legal	0.5.000			10 500
	Accounting	25,290.	5,378.	9,116.	10,796
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			0.6. 1.0.0	
f	Investment management fees	26,103.		26,103.	
g		045 605	F4 886	00.051	100 050
	column (A) amount, list line 11g expenses on Sch 0.)	247,685.	54,776.	92,851.	100,058
12	Advertising and promotion	25,064.	5,550.	1,556.	17,958
13	Office expenses	54,386.	32,263.	17,019.	5,104
14	Information technology	6,642.	4,710.	1,340.	592
15	Royalties	56.004	20.004	10 500	
16	Occupancy	56,234.	32,894.	18,530.	4,810
17	Travel	3,575.	3,469.	78.	28
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	14 500	14 100	21.6	
19	Conferences, conventions, and meetings	14,532.	14,100.	316.	116
20	Interest				
21	Payments to affiliates	105 (10	00.000	00 685	2 105
22	Depreciation, depletion, and amortization	125,618.	23,838.	98,675.	3,105
23		39,215.	3,943.	30,808.	4,464
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT AND MAINTENAN	110,884.	64,862.	36,538.	9,484
b	PROGRAM SUPPLIES	69,160.	54,688.	5,852.	8,620
с	BAD DEBT EXPENSE	66,226.		66,226.	
d	PRINTING	40,757.	12,790.	6,160.	21,807
е	All other expenses	40,637.	4,890.	34,178.	1,569
25	Total functional expenses. Add lines 1 through 24e	4,156,458.	2,922,131.	858,065.	376,262
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

032010 12-23-20

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

YWCA CLARK COUNTY

	990 (; rt X	2020) YWCA CLARK COU	91-0569882 Page 11					
Fa	17		. +	line in this Dort V				
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			(B)	
					Beginning of year		End of year	
	1	Cash - non-interest-bearing			76,739.	1	23,623.	
	2	Savings and temporary cash investments	·····	769,828.	2	1,086,590.		
	3	Pledges and grants receivable, net		579,580.	3	866,641.		
	4	Accounts receivable, net			5,431.	4	2,830.	
	5	Loans and other receivables from any current or				-	,	
		trustee, key employee, creator or founder, subst						
		controlled entity or family member of any of thes				5		
	6		Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described		6				
Ś	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
As	9				17,374.	9	67,816.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	3,670,302.				
	b	basis. Complete Part VI of Schedule D	10b	2,112,731.	1,632,408.	10c	1,557,571.	
	11	Investments - publicly traded securities		····· _	2,906,363.	11	3,613,585.	
	12	Investments - other securities. See Part IV, line 1			144,928.	12	150,635.	
	13	Investments - program-related. See Part IV, line 1		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11			C 100 CE1	15		
	16	Total assets. Add lines 1 through 15 (must equa			6,132,651.	16	7,369,291.	
	17	Accounts payable and accrued expenses	232,186.	17	187,564.			
	18	Grants payable			13,888.	18	31,345.	
	19	Deferred revenue			13,000.	19	<u> </u>	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20 21		
	21	Loans and other payables to any current or form				21		
Liabilities	~~	trustee, key employee, creator or founder, subst						
bili		controlled entity or family member of any of thes				22		
Lia	23	Secured mortgages and notes payable to unrela				23	93,205.	
	24	Unsecured notes and loans payable to unrelated			646,400.	24	581,629.	
	25	Other liabilities (including federal income tax, pay			•			
		parties, and other liabilities not included on lines						
		of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			892,474.	26	893,743.	
		Organizations that follow FASB ASC 958, che	ck here	e ▶ X				
ces		and complete lines 27, 28, 32, and 33.						
aŭ	27	Net assets without donor restrictions			2,678,717.	27	3,331,011. 3,144,537.	
Ba	28			<u>_</u>	2,561,460.	28	3,144,537.	
pun		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 📃				
Ē		and complete lines 29 through 33.						
ŝ	29	Capital stock or trust principal, or current funds		······ _		29		
sse	30	Paid-in or capital surplus, or land, building, or eq				30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			E 040 177	31		
Š	32	Total net assets or fund balances			<u>5,240,177.</u>	32	6,475,548.	
	33	Total liabilities and net assets/fund balances			6,132,651.	33	7,369,291. Form 990 (2020)	

Form 990 (2020)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI I 1 Total revenue (must equal Part VIII, column (A), line 12) 1 4, 725, 282. 2 Total expenses (must equal Part X), column (A), line 25) 2 4, 156, 4358. 3 Seevenue less expenses. Subtract line 2 from line 1 3 568, 624. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 240, 177. 5 Bootade services and use of facilities 6 6 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 6, 475, 548. Part XIII Financial Statements and Reporting X X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X X 1	Form	990 (2020) YWCA CLARK COUNTY	91-056	59882	Pad	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 4, 725, 282. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 156, 458. 3 Revenue less expenses. Subtract line 2 from line 1 3 568, 824. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 240, 177. 5 Donated services and use of facilities 6						
1 Total revenue (must equal Part VIII, column (A), line 12) 1 4, 725, 282. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 156, 458. 3 Revenue less expenses. Subtract line 2 from line 1 3 568, 824. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 240, 177. 5 Donated services and use of facilities 6		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 156, 458. 3 Revenue less expenses. Subtract line 2 from line 1 3 568, 824. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 240, 177. 5 Donated services and use of facilities 6 7 7 6 666, 547. 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 6, 4775, 548. 10 Check if Schedule 0 contains a response or note to any line in this Part XII X Check if Schedule 0 contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 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 Both consolidated and separate basis 2b X b						
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 156, 458. 3 Revenue less expenses. Subtract line 2 from line 1 3 568, 824. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 240, 177. 5 Donated services and use of facilities 6 7 7 6 666, 547. 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 6, 4775, 548. 10 Check if Schedule 0 contains a response or note to any line in this Part XII X Check if Schedule 0 contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 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 Both consolidated and separate basis 2b X b	1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,725	5,2	82.
3 Revenue less expenses. Subtract line 2 from line 1 3 568,824. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5,240,177. 5 666,547. 6 6 7 7 8 7 6 6 7 8 7 7 7 8 9 0. 0. 9 0. 10 6,475,548. 8 9 0. 10 6,475,548. Part XII Financial Statements and Reporting X X Yes No Check if Schedule O contains a response or note to any line in this Part XII X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis. 2a X 1 Yes No 2a X If "Yes," check a box below to indicate whether the financial statements for the year were co	2	Total expenses (must equal Part IX, column (A), line 25)	2	4,156	5,4	58.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 240, 177. 5 Net unrealized gains (losses) on investments 5 666, 547. 6 6 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 6, 475, 548. Part XII Financial Statements and Reporting X X 7 10 6, 475, 548. X 9 Check if Schedule O contains a response or note to any line in this Part XII X X 9 Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 ft "he organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 28 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 16 "Yes, 'check a box below to indic	3		3			
5 Net unrealized gains (losses) on investments 5 6666,547. 6 6 7 7 7 8 8 7 7 9 0.1 9 0.1 9 0.1 9 0.1 10 0 6,475,548. 9 9 0.1 0 6,475,548. 9 0.1 0 6,475,548. 9 0.1 6,475,548. 10 10 6,475,548. 10 6,475,548. 9 0.1 6,475,548. 10 6,475,548. 9 0.1 0 6,475,548. 10 6,475,548. 9 0.1 6,475,548. 10 6,475,548. 10 1	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,240),1'	77.
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 6 , 475 , 548 . Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yees 1 Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Separate basis Consolidated basis, or both: X F'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated dasis	5		5	666	5,54	47.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2a X 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 Deret 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: Separate basis Consolidated basis Both consolidated and separate basis C If "Yes," toheck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," toheck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X separate basis C consolidated basis Both consolidated and separate basis C if "Yes," toline 2a or 2b, does the organization have a committee that assumes responsibil	6		6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 6,475,548. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 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: 2a X 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: 2b X I 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: 2b X I If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis Co Z	7		7			
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
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X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
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Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b X		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b X	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a	X	
	b					
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				<u> </u>

Form **990** (2020)

032012 12-23-20

SCH	IEDL	JLE A
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(Form	990	or	990-EZ)	
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2020
Open to Public

		enue Service			v/Form990 for instruction			nformation.		Inspection
Nan	ne of	the organizati	· · · · · ·	0					Employer	identification number
			YWCA	CLARK COU	NTY				9	1-0569882
Pa	rt I	Reason	for Public 0	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	orgai	nization is not a	a private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical re	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(i	ii). Enter	the hospital's name,
		city, and stat	:e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental uni	t describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	ate, or local gov	vernment or governn	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organizat	ion that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	general p	public described in
		section 170	(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a la	and-grant	college
		or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the I	name, city	, and state of th	ne college	or
		university:								
10					than 33 1/3% of its supp					
					ct to certain exceptions; a					-
					(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	fter June 30, 1975.
				mplete Part III.)			/			
11			-	-	ively to test for public sat	•				
12		-	-	-	ively for the benefit of, to					
				-	ed in section 509(a)(1) o					neck the box in
_		_	-	• •	of supporting organization				-	
а				-	supervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority d	i the alrea	cors or trustees	s or the su	ipporting
b		~		complete Part IV, Se	d or controlled in connect	ion with it	oupporte	d organization(ina
U				-	anization vested in the sa					•
			-	t complete Part IV,		ane perso	ns that co	ntroi or manage	the supp	Jonted
с		~			g organization operated	in connect	ion with a	and functionally	integrate	d with
Ŭ			-		b). You must complete I			-	integrate	a with,
d			•		porting organization oper			-	ed organiz	ration(s)
			-	• •	zation generally must sat				•	. ,
				с С	mplete Part IV, Sections			•		
е				,	written determination from				Type III	
		functionally	y integrated, or	r Type III non-functio	nally integrated supportin	ng organiz	ation.			
f	Ent	ter the number	of supported of	organizations						
g				n about the supporte				•		
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	nization listed ng document?	(v) Amount of n	-	(vi) Amount of other
		organization	1		above (see instructions))	Yes	No	support (see inst	tructions)	support (see instruction
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990 EZ) 2020 YWCA CLARK COUNTY

91-0569882 Page 2

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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3410649.	3390564.	3968628.	3686348.	4595856.	19052045.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to				1					
	the organization without charge	104,940.			108,088.	108,088.	534,144.			
4	Total. Add lines 1 through 3	3515589.	3495504.	4076716.	3794436.	4703944.	19586189.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						19586189.			
	ction B. Total Support	1					1			
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	3515589.	3495504.	4076716.	3794436.	4/03944.	19586189.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	400 000		004 054	110 510	44 000	1150000			
	and income from similar sources \dots	488,320.	275,663.	224,954.	119,512.	41,839.	1150288.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	01 650	20 1 6 7	0 0 0	0.000	16 583	05 000			
	assets (Explain in Part VI.)	21,650.	38,167.	8,967.	9,663.		95,020.			
	Total support. Add lines 7 through 10						20831497.			
	Gross receipts from related activities,	-				12	101,677.			
13	First 5 years. If the Form 990 is for the	-		-			. —			
800	organization, check this box and stor									
	ction C. Computation of Publi			(1)			94.02 %			
	Public support percentage for 2020 (I		-			14	0.1.1.0			
	Public support percentage from 2019 33 1/3% support test - 2020. If the c					15				
108		-								
h	stop here. The organization qualifies 33 1/3% support test - 2019. If the o		-		lino 15 ic 22 1/204					
	and stop here. The organization qual									
17-	· · · ·		•••		13 162 or 16b a					
178	I7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
Ь	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
N.	more, and if the organization meets th	0								
	organization meets the facts-and-circu									
18	Private foundation. If the organization		•							
				.,,,		edule A (Form 990				
							,			

Schedule A (Form 990 or 990 EZ) 2020 YWCA CLARK COUNTY

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

91-0569882 Page 3

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

Section A. Public Support				_		
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	L					
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
						>
Section C. Computation of Publi					<u> </u>	
15 Public support percentage for 2020 (li	, (),	,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves			····· 10 ····· (0)			0/
17 Investment income percentage for 20					17 18	%
18 Investment income percentage from 2			on line 14 and lin			%
19a 33 1/3% support tests - 2020. If the more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2019. If the						► 🗆
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
032023 01-25-21			<u>, c, chicold c</u>			990 or 990-EZ) 2020
		16	;			

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **c** 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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in* **Part VI.**
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** 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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- **10a** 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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

032024 01-25-21

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

2020.05094 YWCA CLARK COUNTY

17

1

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No

•	were a majority of the organization's directors of trustees during the tax year also a majority of the directors
	or trustees of each of the organization's supported organization(s)? 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).

			Yes	No
1	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?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the meth	od that the organization	used to satisfy the	e Integral Part Test dur	ing the year (see instructions).
---	--------------------------------	--------------------------	---------------------	--------------------------	----------------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a government	al entity. Describe i	n Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-----------------------	---------------	-----------------	---------------------	-----------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990 EZ) 2020 YWCA CLARK COUNTY

 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.

Section A - Adjusted Net Income		(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 produc	ction or		
collection of gross income or for management, conservat	ion, or		
maintenance of property held for production of income (s	ee instructions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line	e 4) 8		
Section B - Minimum Asset Amount		(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 ye	ear):		
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use a	ssets 2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from	line 3) 5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8,	, column A) 1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line	e 8, column A) 3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless	s subject to		
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 YWCA CLARK COUNTY

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	•
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3	•
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	i
6	Other distributions (describe in Part VI). See instructions.		6	;
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	;
9	Distributable amount for 2020 from Section C, line 6		9)
10	Line 8 amount divided by line 9 amount	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			-
	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c. Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2017 Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

U32U28 U1-25-2	.1		21	50	TEQUIE A (FUTTI 990 OF	330-EZ) 2020
032028 01-25-2	1			<u>e</u> ~	hedule A (Form 990 or	990-F7\ 202
	Section D, lines 5, 6, and 8; and F (See instructions.)	Part V, Section E, lines 2,	, 5, and 6. Also compl	ete this part for any a	dditional information.	o, : e. : ;
	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and F	3c, 4b, 4c, 5a, 6, 9a, 9b, and 3; Part IV, Section E,	9c, 11a, 11b, and 11 , lines 1c, 2a, 2b, 3a, a	c; Part IV, Section B, I and 3b; Part V, line 1;	ines 1 and 2; Part IV, Se Part V, Section B, line 1	12; ection C, le; Part V,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

91-0569882

YWCA	CLARK	COUNTY

Filers of:	Section:			
Form 990 or 990-EZ	X 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

X 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 \dots \blacktriangleright \$

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

91-0569882

YWCA CLARK COUNTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 777,196. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 771,393. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 630,502. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 163,111. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 93,690. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 553,195. Noncash \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(Complete Part II for noncash contributions.)

Page **2**

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023452 11-25-20

Name of organization

Page **3**

Employer identification number

91-0569882

YWCA CLARK COUNTY

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

16580513 781409 9914

2020.05094 YWCA CLARK COUNTY

24

Name of org	ganization		Employer identification number
YWCA C	LARK COUNTY		91-0569882
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations so for the year. (Enter this info. once.) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
-		(e) Transfer of gift	_
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
	Transferee's name, address, a	., -	Relationship of transferor to transferee
023454 11-25-2	20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

16580513 781409 9914

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to 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.

Nan	ne of organization YWCA CL.	ARK COUNTY			Employ	ver identification num 91-0569882	ber
Pa		anization is exempt under	section 501(c) o	r is a section 52	7 orga	anization.	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures					
Pa	art I-B Complete if the org	anization 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		▶\$_		
	If the organization incurred a section						No
4a	Was a correction made?					Yes	No
	If "Yes," describe in Part IV.	· · · · · · · · · · · · · · · · · · ·			04/ M	2)	
		anization is exempt under					
	Enter the amount directly expended	• • •	-		▶\$_		
2	Enter the amount of the filing organ		0				
_	exempt function activities				▶\$_		
3	Total exempt function expenditures		,		•		
	line 17b						
4	Did the filing organization file Form						No
5	Enter the names, addresses and en made payments. For each organization			-			
	contributions received that were pro-						
	political action committee (PAC). If		· · · ·	, ,	parato		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's o	(e) Amount of politic contributions received promptly and directl delivered to a separa political organizatior If none, enter -0	and ly ite
_							

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020	YWCA (LARK	COUNTY		91-(569882 Page 2
Part II-A Complete if the organized section 501(h)).	anizatio	n is exen	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
			,	-		
				Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share		, 0	, ,	. Antonio anna ba		
B Check ▶ if the filing organizat	ION CNECK	ed box A ar	nd "limited control" pro	ovisions apply.	(a) Filin a	(h) Affiliated analys
		ying Exper eans amou	nditures nts paid or incurred.)	1	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence publi	c opinion (grassroots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add lir	nes 1a and	1b)				
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditures	s (add lines	1c and 1d)			
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of 1	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, e	nter -0				
i Subtract line 1f from line 1c. If zero	or less, er	nter -0				
j If there is an amount other than zer	o on eithe	line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	/ear?	<u></u>				Yes No
(Some organizations th			eraging Period Under		of the five columns h	alaw
(Some organizations th			ate instructions for lin	•		elow.
			nditures During 4-Yea			
	2005	<u>, , , , , , , , , , , , , , , , , , , </u>				
Calendar year (or fiscal year beginning in)	(a) 2	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount						
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020 YWCA CLARK COUNTY 91-05698 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k))
	e lobbying activity.	Yes	No	Amo	ount
1	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:				
а	Volunteers?	х			
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	x			
c c	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
a	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
	Total. Add lines 1c through 1i				0.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization make only infloase lobbying expenditures of \$2,000 of less?				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
2	expenses for which the section 527(f) tax was paid).	Z			
а	Current year		2a		
	Carryover from last year				
c					
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	t IV Supplemental Information				
instr	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II	-A, lines 1 a	nd 2 (See	
1					
YWO	CA CLARK COUNTY ADVOCATES FOR THE EMPOWERMENT OF WOM	EN AN	D RACI	AL	
<u>JU</u> :	STICE. THE INTENTION IS NOT JUST TO RAISE AWARENESS,	BUT 1	TO AFF	ECT	
REZ	AL, MEANINGFUL CHANGE. OUR PUBLIC POLICY COMMITTEE,	COMPR	ISED		
<u>PR</u>	IMARILY OF VOLUNTEERS, IDENTIFIES AREAS OF CONCERN A	ND ADI	DRESSE	S OUR	
PEI	RSPECTIVES IN LITERATURE PLACED ON OUR WEBSITE, IN L	ETTER	S SENT	то	
03204	3 12-02-20	Schedu	ule C (Form	990 or 990)-EZ) 2020

CONGRESSIONAL REPRESENTATIVES AND ALSO TO NEWS OUTLETS. THE YWCA ALSO

ATTENDS THE WASHINGTON STATE LOBBY DAYS WHERE STAFF MEMBERS CAN PRESENT

TO OFFICIALS ON VARIOUS BILLS BEING CONSIDERED, TYPICALLY LOBBYING FOR

FOSTER CARE, DOMESTIC VIOLENCE AND ASSAULT VICTIMS' RIGHTS.

Schedule C (Form 990 or 990-EZ) 2020

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50	HEDULE D	Supplement	al Financial	Statements		OMB No	. 1545-0047
	n 990)	Complete if the org				20	120
(FOI)	11 990)	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11c	d, 11e, 11f, 12a, or 12b.		20	JZU
	ment of the Treasury		Attach to Form 990).		Open Inspe	to Public
-	I Revenue Service	Go to www.irs.gov/Form	90 for instructions	and the latest information.		•	
Nam	e of the organizati				Empl	oyer identificat	
Do	t l Organiza	YWCA CLARK COUNTY ations Maintaining Donor Advise	d Euroda ar Oth	or Similar Eundo or A		91-0569	
Pa	-	-		er Sinniar Funus of A	ccount	.5. Complete li	rtne
	organizatio	n answered "Yes" on Form 990, Part IV, lir			(la) []		t
_				dvised funds	(b) Fund	ls and other acc	ounts
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	-	on inform all donors and donor advisors in	-				
		on's property, subject to the organization's				Ves	No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing th	at grant funds can be used	only		
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or f	or any other purpose confer	ring		
	impermissible priv					Yes	No No
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered	"Yes" on Form 990, Part I	/, line 7.		
1	Purpose(s) of cons	servation easements held by the organization	ion (check all that ap	ply).			
	Preservation	n of land for public use (for example, recrea	ation or education)	Preservation of a hist	torically ir	mportant land a	rea
	Protection o	f natural habitat		Preservation of a cer	tified hist	oric structure	
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation co	ntribution in the form of a co	onservatio	on easement on	the last
	day of the tax year	r.				Held at the End of	f the Tax Year
а	Total number of co	onservation easements			2a		
b	Total acreage rest				2b		
с	-	vation easements on a certified historic str			2c		
d		vation easements included in (c) acquired					
		nal Register			2d		
3		vation easements modified, transferred, re			nization d	uring the tax	
	year 🕨		_			-	
4	Number of states	where property subject to conservation ea	sement is located				
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, ins	spection, handling of			
	-	orcement of the conservation easements i				Yes	No
6		r hours devoted to monitoring, inspecting,					vear
			C C			C C	
7	Amount of expens	es incurred in monitoring, inspecting, han	dling of violations. ar	d enforcing conservation ea	asements	during the vear	
	▶\$	3, 1 3,	5	5		3 ,	
8		vation easement reported on line 2(d) abov	ve satisfy the require	ments of section 170(h)(4)(E	3)(i)		
-	and section 170(h)					Yes	
9		be how the organization reports conservat					
-		d include, if applicable, the text of the foot					
	,	ounting for conservation easements.	ine te the english _u				
Pa		ations Maintaining Collections o	f Art, Historical	Treasures, or Other S	Similar	Assets.	
		f the organization answered "Yes" on Forn	-				
12	· · · ·	elected, as permitted under FASB ASC 95		s revenue statement and ha	lance she	et works	
14	0	elected, as permitted under 1 ASD ASC sc easures, or other similar assets held for pu					
		Part XIII the text of the footnote to its fina			nice of pl		
F					o choot ··	works of	
a	0	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	exhibition, education	on, or research in furtherand	e or publ	ic service,	
		ing amounts relating to these items:			•		
		ded on Form 990, Part VIII, line 1			•		
-	(II) Assets include	ed in Form 990, Part X	······				

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X b

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

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Sche		ARK COUNTY				91-05	6988	2 ра	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make s	significant u	use of its	·	,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	r assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrange		te if the organizatio	n answered "Yes" o	n Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi						_		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amoun	t	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
Ť	Ending balance				1 f		7.		1
	Did the organization include an amount on Fo					L	Yes		No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	voare back	(e) Fou	voore	back
1a	Beginning of year balance	1,825,843.	1,950,264.	1,619,579.		49,527.		,892,	
b	Contributions	_,,	_,,	_,,	-,-	58.		,,	•
c c	Net investment earnings, gains, and losses	425,062.	57,406.	430,373.		46,301.		57.	305.
b b	Grants or scholarships	, -	,	, -		16,265.		,	
e	Other expenditures for facilities					, -			
Ū	and programs	86,674.	181,827.	99,688.	2,3	60,042.			
f	Administrative expenses	,	,	,	,	•			
g	End of year balance	2,164,231.	1,825,843.	1,950,264.	1,6	19,579.	3	,949,	527.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)						
а	Board designated or quasi-endowment	,	%	,					
b	Permanent endowment > 82.1600	%	_						
с	Term endowment 17.8400	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	d administered for t	he organiza	ation			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or ot	.,			ed	(d) Boo	k value	e
		basis (investm	,	. ,	epreciation		2.0	0 0	
1 a	Land			0,000.	<u></u>	- 0		0,00	
b	Buildings				620,6		1,10	5,U	
	Leasehold improvements			<u>5,796.</u> 8,759.	<u>35,7</u> 456,2		1 🗆) //	$\frac{0}{2}$
	Equipment		60		400,4	//•	T D	2,48	04.
	Other						1,55	7 5'	71
iotal	. Add lines 1a through 1e. (Column (d) must e	qual ⊢orm 990, Part >	<u>, column (B), line 1</u>	<u>JC.)</u>					
						Schedule	e D (Forn	n 990)	2020

(a) Description of security or category (including name of sec	"Yes" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security of category (including name of sec	curity) (b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 1			
Part VIII Investments - Program Relate	ed.		
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 1	3.) ►		
Part IX Other Assets.			
Complete if the organization answered		11d. See Form 990, Part X, line 15.	(h) Deels velve
	(a) Description		(b) Book value
<i>i</i>			
(1)			_
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990. Part X, col.	(B) line 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities.		110 or 11f Son Form 000. Dort V line (
(2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered		11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	25. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. vart X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. vart X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990. Part X. col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 2	

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

Schedule D (Form 990) 2020

032053 12-01-20

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Sche	dule D (Form 990) 2020 YWCA CLARK COUNTY			91-0	0569882	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Re	turn.		
	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	5,495,	375.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	666,547.			
b	Donated services and use of facilities	2b	129,649.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	796,	<u> 196.</u>
3	Subtract line 2e from line 1			3	4,699,	<u>179.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,103.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		103.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,725,	282.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	its With	I Expenses per R	leturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	4,260,	004.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	129,649.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		649.
3	Subtract line 2e from line 1			3	4,130,	355.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,103.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		103.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	4,156,	458.
Pa	t 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:

HICKEY ENDOWMENT - THE FUNDS IN EXCESS OF \$1,000,000 CAN BE ACCESSED AND
USED FOR THE Y'S CARE PROGRAM. QUASEBARTH ENDOWMENT - THESE FUNDS ARE FOR
THE SAFECHOICE PROGRAM AND THEY CAN ACCESS 3% OF THE AVERAGE OF 3 YEARS
BALANCE AS OF JUNE 30. CHAN BARNETT ENDOWMENT - THIS IS A SCHOLARSHIP
ENDOWMENT THAT IS ADMINISTERED BY THE COMMUNITY FOUNDATION OF SOUTHWEST
WASHINGTON.
PART X, LINE 2:
THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740 ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE

ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX 032054 12-01-20 Schedule D (Form 990) 2020 33

Part XIII Supplemental Information (continued)

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH PROVISIONS OF THIS TOPIC.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2020
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization	YWCA CL	ARK COUNTY					91-0569	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
			<u></u>					
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is (exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. S	Sche	dule G (Form §	990 or 990-EZ) 2020

Schedule G (Form 990 or 990 EZ) 2020 YWCA CLARK COUNTY

91-0569882 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(I) Tabal sussals
			EMPOWER	. ,	NONE	(d) Total events
			LUNCHEON		110112	(add col. (a) through
				(<i>4</i> • • • • • •	col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue						
eve eve	1	Gross receipts	89,485.			89,485.
щ	-					,
	_	Lass Cantributions	89,485.			89,485.
	2	Less: Contributions	05,105.			05,405.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
S		• • • • • • • • • • • • • • • • • • • •				
nse	6	Rent/facility costs				
be	0					
Direct Expenses						
ect	7	Food and beverages				
Dir						
	8	Entertainment	3,512.			3,512.
	9	Other direct expenses				3,512. 10,026.
	10	Direct expense summary. Add lines 4 throug				13,538.
						-13,538.
Da	11 Irt I					15,550.
		• • • • • • • • • • • • • • • •	answered tes on Form	990, Fart IV, line 19, 011	eponeu more man	
		\$15,000 on Form 990-EZ, line 6a.				1
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nu			(,3-	bingo/progressive bingo	(-,	col. (a) through col. (c))
Revenue						
щ	1	Gross revenue				
	2	Cash prizes				
es	2	Cash prizes				
ens		.				
Direct Expenses	3	Noncash prizes				
풍						
irec	4	Rent/facility costs				
Δ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor		□ 100 <u></u> //	No //	
	0	Volunteer labor				
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		🕨	
9	Ent	ter the state(s) in which the organization condu	ucts daming activities:			
		the organization licensed to conduct gaming a				Yes No
b) It "	No," explain:				
10a	We	ere any of the organization's gaming licenses r	evoked, suspended, or te	rminated during the tax y	vear?	Yes No
		Yes," explain:				
-		· ·				
0000		I-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990	-EZ) 2020 YWCA CLARK COUNTY		91-0569882 Page 3
	onduct gaming activities with nonmembers?		
12 Is the organization a gra	ntor, beneficiary or trustee of a trust, or a memb gaming?	er of a partnership or other entity formed	
	of gaming activity conducted in:		
	y		13a %
	ress of the person who prepares the organizatio		
Name 🕨			
Address 🕨			
15a Does the organization h	ave a contract with a third party from whom the	organization receives gaming revenue?	Yes No
	nt of gaming revenue received by the organization		ount
	ned by the third party \blacktriangleright \$		
c If "Yes," enter name and	address of the third party:		
Name 🕨			
Address 🕨			
16 Gaming manager inform	ation:		
Name ►			
Gaming manager comp	ensation 🕨 \$		
Description of services	provided		
Director/officer	Employee Inde	ependent contractor	
17 Mandatory distributionsa Is the organization requ	: red under state law to make charitable distributi	ons from the gaming proceeds to	
retain the state gaming			Yes No
	ributions required under state law to be distributions	ted to other exempt organizations or spent	in the
	npt activities during the tax year \$ al Information. Provide the explanations re	quired by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9b, 10b,
	d 17b, as applicable. Also provide any additiona		
032083 11-25-20			G (Form 990 or 990-EZ) 2020
	3	7	

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE I (Form 990)	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.								
Department of the Treasury Internal Revenue Service	► Attach to Form 990.								
Name of the organization	YWCA CLAR	K COUNTY						Employer identification number $91 - 0569882$	
Part I General Info	Part I General Information on Grants and Assistance								
-			amount of the grants			-			
2 Describe in Part IV	the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.				
			zations and Domestic be duplicated if additi			anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and addr or gover	ess of organization	(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 noncash assistance	(h) Purpose of grant or assistance	
2 Enter total number 3 Enter total number	of other organization	s listed in the line 1	I table						

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

YWCA CLARK COUNTY

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
TUITION, SCHOOL SUPPLIES, PERSONAL NEEDS, TRAVEL					
COSTS, HOUSING AND EMPLOYMENT SUPPORT	298	162,139.	٥.		

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:

PARTICIPATION IN OUR PROGRAM IS ALL THE CRITERIA NEEDED TO RECEIVE GRANT

ASSISTANCE. APPLICATIONS FOR GRANT ASSISTANCE IS REQUIRED FOR FEDERAL

CONTRACTS AND ARE MONITORED BY AN EMERGENCY FINANCIAL ASSISTANCE COMMITTEE.

WE ONLY WRITE CHECKS DIRECTLY TO THE VENDOR AND NOT THE PARTICIPANT. THESE

GRANT ASSISTANCE EXPENSES ARE ALSO REVIEWED WHEN WE SUBMIT INVOICES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2020 Open to Public Inspection

Employer identification number 91 - 0569882

Name	of the	organization	

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

ion				
	YWCA	CLARK	COUNTY	

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•		;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	27,187.	FAIR MARKET	VALU	JE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other 🕨 ()							
26	Other 🕨 ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
						Y	es	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
exempt purposes for the entire holding period?								X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		<u>X</u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cheo	ked,			

Schedule M (Form 990) 2020

032141 11-23-20

16580513 781409 9914

Schedule M (Form 990) 2020	YWCA	CLARK	COUNTY
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91-0569882 Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information.

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 for the latest information.



YWCA CLARK COUNTY

91-0569882

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

FREEDOM AND DIGNITY FOR ALL.

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

TEEN PROGRAMS - THE INDEPENDENT LIVING SKILLS PROGRAM ASSISTED 119

YOUTH AND YOUNG ADULTS THIS FISCAL YEAR HELPING THEM TO TRANSITION FROM

STATE-SUPPORTED CARE TO INDEPENDENT LIVING. EDUCATION, RESOURCES, AND

ADVOCACY ALLOWS PARTICIPANTS TO DEFINE AND ACHIEVE GOALS.

Y'S CARE - THE Y'S CARE CHILDREN'S PROGRAM PROVIDED 1,771 SERVICE DAYS

(ONE SERVICE DAY EQUALS CARE AND EDUCATION FOR ONE CHILD EACH DAY) FOR

HOMELESS AND TRANSITIONAL CHILDREN (AGES 2 1/2 TO 5) ANNUALLY BY

PROVIDING LICENSED, NURTURING EARLY CHILDHOOD EDUCATION AND CARE.

VOLUNTEER DEVELOPMENT - THIS PROGRAM RECRUITS, TRAINS, AND SUPPORTS

QUALIFIED VOLUNTEERS AND ASSISTS COMMITTED COMMUNITY MEMBERS IN FINDING

MEANINGFUL SERVICE OPPORTUNITIES. IN THE CURRENT FISCAL YEAR, OVER 180

VOLUNTEERS CONTRIBUTED TO THE PROGRAM.

EXPENSES \$ 433,179. INCLUDING GRANTS OF \$ 38,752. REVENUE \$ 21,701.

FORM 990, PART VI, SECTION A, LINE 1:

EXECUTIVE COMMITTEE CONSISTS OF BOARD PRESIDENT, TREASURER, VP OF BOARD DEVELOPMENT, VP PUBLIC POLICY, VP FUND DEVELOPMENT, EXECUTIVE DIRECTOR AND DIRECTOR OF ACCOUNTING. THIS COMMITTEE MEETS MONTHLY TO GO OVER ALL COMMITTEE (FUND DEVELOPMENT, PUBLIC POLICY, ETC) ACTIVITIES AS WELL AS ADDRESS PRESSING ISSUES THAT AFFECT THE ORGANIZATION SUBSTANTIALLY, SUCH AS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

16580513 781409 9914

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization YWCA CLARK COUNTY	Employer identification number $91 - 0569882$
AN EMERGING CRISIS. THIS COMMITTEE HAS AUTHORITY TO ACT O	N BEHALF OF THE
BOARD. FINANCE & AUDIT COMMITTEE CONSISTS OF BOARD PRESID	ENT, TREASURER,
EXECUTIVE DIRECTOR, DIRECTOR OF ACCOUNTING, DIRECTOR OF PH	ILANTHROPY AND
DIRECTOR OF SERVICES AND MISSION IMPACT. THIS COMMITTE PRO	VIDES OVERSIGHT
OF THE FINANCIAL REPORTING AND AUDIT PROCESS. HR COMMITTE	E OVERSEES SALARY
SURVEYS AND COST OF LIVING THAT DETERMINE PAY RANGES FOR P	OSITIONS. THEY
ALSO OVERSEE THE COMPANY'S HUMAN RESOURCE POLICIES AND PLA	NS. ALL THIS IS
REVIEWED BY THIS COMMITTEE TO RECOMMEND TO THE BOARD.	

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

AN ELECTRONIC VERSION OF THE FORM WAS PUT ON THE INTRANET AND WEBSITE, WITH AN E-MAIL REQUEST TO THE MEMBERS TO REVIEW AND ACKNOWLEDGE REVIEWING THE FORM.

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

BOARD MEMBERS WERE ASKED DURING THE MONTHLY BOARD MEETINGS TO REPORT ANY INCIDENT OR CONFLICT THAT MAY HAVE OCCURRED. THE POLICY IS DEPENDENT UPON SELF-DISCLOSURE AND IS PASSIVE IN NATURE.

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

THE HUMAN RESOURCES COMMITTEE OVERSEES SALARY SURVEYS AND COST OF LIVING INDICES THAT ARE USED TO DETERMINE A PAY RANGE FOR EACH POSITION. WITHIN THAT RANGE, THE APPLICANT IS HIRED INTO THE POSITION BASED ON BACKGROUND SKILLS, EMPLOYMENT HISTORY AND BUDGET FLEXIBILITY.

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

WE PROVIDE THE AUDITED FINANCIALS AND 990 AVAILABLE TO THE PUBLIC VIA OUR

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WEBSITE.

Schedule O (Form 990 or 990-EZ) 20

YWCA CLARK COUNTY

FORM 990, PART XII, LINE 2C:

THERE HAVE BEEN NO CHANGES IN THE OVERSIGHT OR SELECTION PROCESS FROM

PRIOR YEARS.

Schedule O (Form 990 or 990-EZ) 2020

(Rev. January 2020)

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 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*.

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.

Type or						ion number (TIN)		
print	YWCA CLARK COUNTY					569882		
File by the due date for filing your return. See	e date for Number, street, and room or suite no. If a P.O. box, see instructions.							
instruction	tructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. VANCOUVER, WA 98663							
Enter th	e Return Code for the return that this application is for (fil	e a separat	te application for each return)			01		
Applica	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	0-BL	02	Form 1041-A			08		
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above) 06 Form 8870				12				
Telep If the If this box 1 Ir th 2 If [equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginningJUL 1, 2020 the tax year entered in line 1 is for less than 12 months, o C Change in accounting period	s in the Uni Group Exe and atta <u>MAS</u> anization's , an check reaso	Fax No. Fax No. Fax No.	If this is fo all memb	r the whole ers the extent npt organiza			
	3a 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. 3a \$							
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0		
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				0.			
	alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.		
Caution instructi	If you are going to make an electronic funds withdrawa	l (direct det	bit) with this Form 8868, see Form 84		d Form 887	-		

16580513 781409 9914