

APRIL 30, 2020

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK 50 BROADWAY, 22ND FLOOR NEW YORK, NY 10004

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2018 FORM 990

2018 FORM 990-T

2018 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

DAVID ROTTKAMP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK 50 BROADWAY, 22ND FLOOR NEW YORK, NY 10004

PREPARED BY:

GRASSI & CO. CPA'S, P.C. 488 MADISON AVENUE, 21ST FLOOR NEW YORK, NY 10022

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2020.

- 8879-FO

IRS e-file Signature Authorization for an Exempt Organization

FORM SOLUTION					
	For calendar year 2018, or fiscal year beg	ginning $\overline{\text{JUL}}$, 2018	8, and ending JUN 30	, 20 19	2018
Department of the Treasury	▶ Do no	ot send to the IRS. Keep fo	or your records.		2010
Internal Revenue Service	➤ Go to www.	irs.gov/Form8879EO for t	he latest information.		
Name of exempt organization				Employer identi	rication number
THE YOUNG WOM	EN'S CHRISTIAN AS	SSOCIATION			The state of the s
OF THE CITY O	F NEW YORK			13-1624	.230
Name and title of officer					
MAUREEN FRIAR					
CEO					
Part I Type of I	Return and Return Inform	nation (Whole Dollars On	nly)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Fo a, below, and the amount on that ank (do not enter -0-). But, if you	t line for the return being file	ed with this form was blank,	then leave line 1	b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	▶ X b Total revenue.	if any (Form 990, Part VIII, o	column (A), line 12)	1b	3,760,822.
2a Form 990-EZ check he			ie 9)		
3a Form 1120-POL check)		
4a Form 990-PF check he			orm 990-PF, Part VI, line 5)		
5a Form 8868 check here					
	,				
Part II Declarat	ion and Signature Author	rization of Officer	A STORY OF THE STO		
the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later th processing of the electroni payment. I have selected a	of receipt or reason for rejection of pplicable, I authorize the U.S. Treat institution account indicated in the stitution to debit the entry to this an 2 business days prior to the price payment of taxes to receive content of the payment of taxes to receive content of the personal identification number (lelectronic funds withdrawal.	easury and its designated F the tax preparation software account. To revoke a paym ayment (settlement) date. I infidential information neces	inancial Agent to initiate an e e for payment of the organiza- nent, I must contact the U.S. also authorize the financial in ssary to answer inquiries and	electronic funds vation's federal tax Treasury Financi nstitutions involv I resolve issues re	withdrawal (direct ses owed on this al Agent at ed in the elated to the
	· · · · · · · · · · · · · · · · · · ·				02042
X I authorize GR	ASSI & CO. CPA'S			to enter my PIN	The state of the s
		ERO firm name			Enter five numbers, bu
is being filed wit enter my PIN on As an officer of t indicated within	on the organization's tax year 20 h a state agency(ies) regulating content in the return's disclosure consent state organization, I will enter my Pothis return that a copy of the return of the return of the return's disclosure content in the return of the return's disclosure content in the return of the retur	charities as part of the IRS F screen. IN as my signature on the c urn is being filed with a state	ed/State program, I also aut organization's tax year 2018	horize the aforen	nentioned ERO to
			Data	4/30/20:	7.0
Officer's signature			Date ▶	1 100	
Part III Certifica	tion and Authentication				
	our six-digit electronic filing identif	fication			
	your five-digit self-selected PIN.		11422303843 Do not enter all zeros		
I certify that the above nur confirm that I am submittir e-file Providers for Busines	meric entry is my PIN, which is my ng this return in accordance with ss Returns.	y signature on the 2018 ele the requirements of Pub. 4	ctronically filed return for the 4163, Modernized e-File (Mel	e organization ind F) Information for	icated above. I Authorized IRS

ERO's signature ▶ GRASSI & CO. CPA'S, P.C.

Date > 04/28/20

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

OMB No. 1545-1878

823051 10-26-18

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK 50 BROADWAY, 22ND FLOOR NEW YORK, NY 10004

PREPARED BY:

GRASSI & CO. CPA'S, P.C. 488 MADISON AVENUE, 21ST FLOOR NEW YORK, NY 10022

AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE AMOUNT OF \$2.414

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

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

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2020

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

Form 990-T	E	Exempt Organization Bu				Гах Returr	1	OMB No. 1545-0687
		(and proxy tax un				00 004		2040
	For ca	lendar year 2018 or other tax year beginning JUL 1					<u>.9</u> .	ZU I 8
Department of the Treasury Internal Revenue Service	•	Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it m	ay be	made	public if your organi			Open to Public Inspection for 501(c)(3) Organizations Only
A X Check box if address changed		Name of organization (Check box if name THE YOUNG WOMEN'S CHR				ION	Emp	loyer identification number ployees' trust, see uctions.)
B Exempt under section	Print	OF THE CITY OF NEW YO	RK					3-1624230
$\boxed{\mathbf{X}}$ 501(\mathbf{c})(3)	or Type	Number, street, and room or suite no. If a P.O. I		ee inst	ructions.			elated business activity code instructions.)
408(e) 220(e)	1,750	50 BROADWAY, 22ND FLO					4	
408A530(a) 529(a)		City or town, state or province, country, and ZIF NEW YORK, NY 10004	or fo	reign p	ostal code		900	0099
C Book value of all assets at end of year		F Group exemption number (See instructions.)	▶					
6,538,5	<u>53.</u>	G Check organization type ► X 501(c) c	orpora	ation	501(c) trust	401(a) trust	Other trust
	•	tion's unrelated trades or businesses.	1_		Describ	e the only (or first) u	nrelated	i
		MMUTER FRINGE BENEFITS				e, complete Parts I-V		
describe the first in the b	lank spa	ce at the end of the previous sentence, complete	Parts	I and I	I, complete a Schedu	le M for each additior	nal trade	e or
business, then complete								
		poration a subsidiary in an affiliated group or a pa	rent-s	subsidia	ary controlled group?	>	Y	es X No
		tifying number of the parent corporation.					110	001 0500
		BTQ FINANCIAL de or Business Income				hone number > 2		
		de of Busiliess income		_	(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sale		a Polonea	. .	.				
b Less returns and allow		c Balance▶		1c 2				
Cost of goods sold (SGross profit. Subtract		A, line 7)		3				
		rom line 1c h Schedule D)	. —	4a				
		Part II, line 17) (attach Form 4797)		4b				
		sts		4c				
5 Income (loss) from a	partners	ship or an S corporation (attach statement)		5				
6 Rent income (Schedu		,		6				
7 Unrelated debt-finance		ne (Schedule E)		7				
		nd rents from a controlled organization (Schedule		8				
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule	G)	9				
		me (Schedule I)		10				
		e J)		11				
12 Other income (See ins	struction	ns; attach schedule)		12				
13 Total. Combine lines	3 throu	gh 12		13	0.			
		ot Taken Elsewhere (See instructions utions, deductions must be directly connect						
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)					14	
							15	
							16	
17 Bad debts							17	
		ee instructions)					18	
19 Taxes and licenses							19	
		e instructions for limitation rules)					20	
		562)					006	
		n Schedule A and elsewhere on return					22b 23	
DepletionContributions to defe	orred co	mpensation plans					24	
		IIIperisation piaris					25	
		chedule I)					26	
		hedule J)					27	
		nedule)					28	
		14 through 28					29	0.
		ncome before net operating loss deduction. Subtr					30	0.
		loss arising in tax years beginning on or after Jan					31	
32 Unrelated business t	axable i	ncome. Subtract line 31 from line 30					32	0.

OF THE CITY OF NEW YORK

Part II	I │ Total Unrelated Business Taxa	ible Income				_
33	Total of unrelated business taxable income compu	ited from all unrelated trades or businesse	es (see instruction	ıs)	33	0.
34					34	
35	Deduction for net operating loss arising in tax year		,		35	
36	Total of unrelated business taxable income before	specific deduction. Subtract line 35 from	the sum of			
	lines 33 and 34		36	1 000		
	Specific deduction (Generally \$1,000, but see line	37	1,000.			
38	Unrelated business taxable income. Subtract line			0.		
Dart I	enter the smaller of zero or line 36 38 STATE TO TAX Computation					
	-	lina 29 by 219/ (0.21)			20	0.
39 40	Organizations Taxable as Corporations. Multiply Trusts Taxable at Trust Rates. See instructions for				39	· ·
40	Tax rate schedule or Schedule D (Fo				40	
41	Proxy tax. See instructions				41	
42	Alternative minimum tax (trusts only)				42	
	Tax on Noncompliant Facility Income. See instru	ıctions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wl	hichever applies			44	0.
Part V	Tax and Payments	•				
45 a	Foreign tax credit (corporations attach Form 1118;	; trusts attach Form 1116)	45a			
b	Other credits (see instructions)		45b			
C	General business credit. Attach Form 3800					
d	Credit for prior year minimum tax (attach Form 88					
е	Total credits. Add lines 45a through 45d				45e	
46	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from: Form 4255					0
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A or				49	0.
	Payments: A 2017 overpayment credited to 2018			2,414	\dashv	
U	2018 estimated tax payments		50b	2,414	4	
	Tax deposited with Form 8868				\dashv	
	Backup withholding (see instructions)					
	Credit for small employer health insurance premiu					
	Other credits, adjustments, and payments: F					
•		Other Total	▶ 50g			
51	Total payments. Add lines 50a through 50g				51	2,414.
52	Estimated tax penalty (see instructions). Check if F	Form 2220 is attached 🕨 🔲			52	
53	Tax due. If line 51 is less than the total of lines 48	, 49, and 52, enter amount owed			53	
54	Overpayment. If line 51 is larger than the total of		nid	>	54	2,414.
55 Doort N	Enter the amount of line 54 you want: Credited to			Refunded	55	2,414.
Part V			•	•		
56	At any time during the 2018 calendar year, did the			-		Yes No
	over a financial account (bank, securities, or other	,				
	FinCEN Form 114, Report of Foreign Bank and Fina here ►	ancial Accounts. If fes, enter the hame t	or the loreigh cour	iliy		х
57	During the tax year, did the organization receive a	distribution from or was it the grantor of	or transferor to	a foreign truet?		${}$
37	If "Yes," see instructions for other forms the organ		, or transition to,	a loroigh trust:		
58	Enter the amount of tax-exempt interest received of	•				
	Under penalties of perjury, I declare that I have examined	d this return, including accompanying schedules a			ledge and	belief, it is true,
Sign	correct, and complete. Declaration of preparer (other that	an taxpayer) is based on all information of which p	reparer has any know	rleage.	May the IE	S discuss this return with
Here		CEO			-	er shown below (see
	Signature of officer	Date Title	_		instruction	s)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PT	IN
Paid	L			self- employe		
Prepa	rer DAVID ROTTKAMP	DAVID ROTTKAMP	04/30/2			01303468
Use C	nly Firm's name ► GRASSI & CO.		NOT.	Firm's EIN	<u> 1</u>	1-3266576
	I	ON AVENUE, 21ST FLC	OK	Dhane	212	661 6166
000744 01	Firm's address NEW YORK,	NI TUUZZ		Pnone no.	<u> </u>	661-6166
823711 01-	na- Ia					Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inven	itory v	aluation > N/A					
1 Inventory at beginning of year				Inventory at end of year	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	No
b Other costs (attach schedule)				property produced or a	cquired	I for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	personal	conal property (if the percentag property exceeds 50% or if led on profit or income)	je	3(a) Deductions directly columns 2(a) a	y conne nd 2(b)	cted with the income in (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1,			0.
Schedule E - Unrelated Dek		Income (see	instru	uctions)	0.	Part I, line 6, column (B)	. 💌		<u> </u>
		(3. Deductions directly cor			
			2	2. Gross income from or allocable to debt-	(2)	to debt-finand	ced pro	· · · ·	
1. Description of debt-fi	nanced property			financed property	(a)	(attach schedule)		(b) Other deductions (attach schedule)	3
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property h schedule)	(3. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
			•			inter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (E	
Totals						0			0.
Total dividends-received deductions in							-		<u> </u>

Form 990-T (2018) OF THE CITY OF NEW YORK
Schedule F - Interest, Annuities, Royalties, and R

Schedule F - Interest,	Annuitie	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	tions	see ins	structio	ons)	Ţ.
				1	Controlled O				`		<u> </u>	
1. Name of controlled organizat	tion	2. Em identifi num	cation		related income e instructions)		al of specified ments made	includ	rt of column 4 led in the cont ation's gross	rolling	6 .	Deductions directly onnected with income in column 5
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations					l						
7. Taxable Income	1	nrelated incon	ne (loss)	Q Total	of specified payr	ments	10. Part of colu	nn 9 tha	t is included	11	Deduc	tions directly connected
		see instruction		0 , 10	made		in the controlli	ng orgar s income	nization's	, w	vith inc	come in column 10
(1)												
(2)												
(3)												
(4)												
							Add colun Enter here and line 8, o		e 1, Part I,	l	r here	olumns 6 and 11. and on page 1, Part I, e 8, column (B).
Totals									0.			0.
Schedule G - Investme	nt Incor	ne of a S	Section	501(c)(7	7), (9), or (17) Org	ganization					
(see inst	ructions)											
1. Desc	cription of inco	me			2. Amount of	income	Deductiondirectly connected(attach sched)	cted	4. Set- (attach s	asides schedule))	 Total deductions and set-asides (col. 3 plus col. 4)
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co							Enter here and on page 1, Part I, line 9, column (B).
Totals				_		0.						0.
Schedule I - Exploited	Fyemnt	Δctivity	Income	Other	 Than Δdν		a Income					0.
(see instru	_	, to ti vity		, 0	mannia		.go					
Description of exploited activity	2. 0 unrelated incom	Gross business e from business	directly of with pro	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses table to mn 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2) (3)												
(3)												
(4)												
	page 1	re and on , Part I, col. (A).	page 1	re and on I, Part I, col. (B).								Enter here and on page 1, Part II, line 26.
Schedule J - Advertising	na Incor	0.	nstructior	0.								0.
Part I Income From					hatchilaa	Racic						
ratti income From	Periodic	ais nep	ortea oi	n a Con	Solidated	Dasis			_			
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulatincome		6. Read		- -	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)												
(1) (2) (3)												
(3)												
(4)												
Totals (carry to Part II, line (5))	▶		0.	0	•							0.
											F	orm 990-T (2018)

Form 990-T (2018) OF THE CITY OF NEW YORK

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in	nstructions)		

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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).

				Enter file	r's identifying	ı number
Гуре or orint	Name of exempt organization or other filer, see instruction THE YOUNG WOMEN'S CHRISTIAN		CIATION	Employer		number (EIN) o
-: - -: - -: -	OF THE CITY OF NEW YORK				13-162	4230
File by the due date for iling your eturn. See	Number, street, and room or suite no. If a P.O. box, so 50 BROADWAY, 22ND FLOOR	ee instruct	tions.	Social se	curity number	(SSN)
nstructions.	City, town or post office, state, and ZIP code. For a following YORK , NY 10004		·			
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
s For		Code	Is For			Code
orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990	-BL	02	Form 1041-A			08
orm 472	0 (individual)	03	Form 4720 (other than individua	al)		09
orm 990	-PF	04	Form 5227			10
-orm 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
_~~~ 000	-T (trust other than above)	06	Form 8870			12
The bo	bto books are in the care of \blacktriangleright 80 BROAD STREET one No. \blacktriangleright 212-901-2500	. – NE	EW YORK, NY 10004 Fax No. ▶			
The bo	BTQ FINANCIAL boks are in the care of BTQ FINANCIAL 8 0 BROAD STREET	! – NE in the Un	EW YORK, NY 10004 Fax No. ► ited States, check this box	If this is for	the whole gro	• •
The both Teleph If the color of	BTQ FINANCIAL BOOKS are in the care of DOOKS BROAD STREET BOOKS BROAD STREET DOOKS BROAD STREET BOOKS BROAD STREET DOOKS BROAD STREET BOOKS	in the Un Group Exe and atta MA: anization's	Fax No. Fax No	If this is for sof all members of all members of the exem	the whole gro	on is for.
The bot Teleph If the co If this is pox ▶ [1	BTQ FINANCIAL Books are in the care of ▶ 80 BROAD STREET BOOKS are in the care of ▶ 212-901-2500 BOOKS are in the care of ▶ 212-901-2500 BOOKS are in the care of ▶ 80 BROAD STREET BOOKS BROAD STREET	in the Un Group Exe and atta MAN anization's , an	Fax No. Fax No	If this is for	the whole gro	on is for.
The bot Teleph If the co If this is pox ▶ [I retthe If the Co If this is pox ▶ [I retthe I retthe I a lifth	BTQ FINANCIAL Books are in the care of ▶ 80 BROAD STREET BOOKS are in the care of ▶ 80 BROAD STREET BOOKS are in the care of ▶ 80 BROAD STREET BOOKS are in the care of ▶ 80 BROAD STREET BOOKS AND STREET	in the Un Group Exe and atta MAN anization's , an	Fax No. Fax No	If this is for sof all members of all members of the exemulation.	the whole gro	on is for.
The bot Teleph If the co If this is toox ▶ [I retthe If the I any	BTQ FINANCIAL Books are in the care of ▶ 80 BROAD STREET BOOKS are in the care of ▶ 80 BROAD STREET BOOKS are in the care of ▶ 80 BROAD STREET BOOKS are in the care of ▶ 80 BROAD STREET BOOKS AND STREET	in the Un Group Exe and atta MAN anization's , an	Fax No. Fax No. ited States, check this box mption Number (GEN) ich a list with the names and EINs if 15, 2020 , to return for: id ending JUN 30, 201 on: Initial return enter the tentative tax, less	If this is for sof all members of all members of the exem	the whole gro	on is for.
The bot Teleph If the co If this in the co If this in the co If the co	BTQ FINANCIAL BOOKS are in the care of DOKES ARE IN THE COMES ARE IN TH	in the Un Group Exe and atta MA: anization's , an neck reaso or 6069, o	Fax No. Fax No	If this is for sof all members of all members of all members of the exempted of the exempt	the whole gro	on is for. n return for
The bot Teleph If the co If this is poox ▶ [1	BTQ FINANCIAL Books are in the care of ▶ 80 BROAD STREET BOOKS are in the care of ▶ 80 BROAD STREET BOOKS are in the care of ▶ 80 BROAD STREET BOOKS are in the care of ▶ 80 BROAD STREET BOOKS AND STREET	in the Un Group Exe and atta MA: anization's , an neck reaso or 6069, o	Fax No. Fax No	If this is for sof all members of all members of the exemulation.	the whole gro	on is for.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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 https://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 corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts	
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.	Enter file	or'o idontifuina nu	ımbor
Type or print	Name of exempt organization or other filer, see instruc THE YOUNG WOMEN'S CHRISTIAN		CIATION	1	r identifying nu	nber (EIN) or
File by the due date for filing your	le date for Number, street, and room or suite no. If a P.O. box, see instructions.				13-16242 ecurity number (SS	
instructions.	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 7
Applicati	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	O-T (trust other than above) BTQ FINANCIAL	06	Form 8870			12
• If the	none No. ► 212-901-2500 organization does not have an office or place of business is for a Group Return, enter the organization's four digit 0 . If it is for part of the group, check this box ►	Group Exe		If this is fo	r the whole group	
the	equest an automatic 6-month extension of time until e organization named above. The extension is for the orgation calendar year or X tax year beginning JUL 1, 2018 The tax year entered in line 1 is for less than 12 months, change in accounting period	anization's	return for:	e the exem	npt organization re ·	eturn for
any	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.			3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069,	•		O.L	.	1,834.
	imated tax payments made. Include any prior year overpa			3b	\$	<u> </u>
	lance due. Subtract line 3b from line 3a. Include your paying EFTPS (Electronic Federal Tax Payment System). See	•		3c	s	0.
					. т	
instruction:	If you are going to make an electronic funds withdrawal ons.	(alrect det	oit) with this Form 8868, see Form 8	453-EU an	a Form 8879-EO 1	or payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK 50 BROADWAY, 22ND FLOOR NEW YORK, NY 10004

PREPARED BY:

GRASSI & CO. CPA'S, P.C. 488 MADISON AVENUE, 21ST FLOOR NEW YORK, NY 10022

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2018

Open to Public Inspection

1. General	Information

Check if Applicable: X Address Change Name of Organization: THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION Name Change Initial Filing Final Filing Name of Organization: THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION 13-1624230 NY Registration Number: 00-42-49 City / State / ZIP: Telephone:	
Initial Filing 50 BROADWAY, 22ND FLOOR 00-42-49 City / State / ZIP: Telephone:	EIN):
Amended Filing NEW YORK, NY 10004 212 755-4500	
Reg ID Pending Website: Email: WWW.YWCANYC.ORG MFRIAR@YWCANYC.C	RG
Check your organization's	
registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS	
2. Certification	
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requirements two signatories.	€S
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.	
MAUREEN FRIAR President or Authorized Officer: CEO	<
President or Authorized Officer: CEO Signature Print Name and Title Date	-
Chief Financial Officer or Treasurer: LINDA DERRICK TREASU	
Signature Print Name and Title Date	
3. Annual Reporting Exemption	
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both	
categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or	
additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable	е
schedules and attachments and pay applicable fees.	
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit	
contributions during the fiscal year.	
3b. FPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any	ime
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any during the fiscal year.	ime
	ime
	ime
during the fiscal year. 4. Schedules and Attachments See the following page	
during the fiscal year. 4. Schedules and Attachments See the following page for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-versions.	
during the fiscal year. 4. Schedules and Attachments See the following page	
during the fiscal year. 4. Schedules and Attachments See the following page for a checklist of schedules and attachments to Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-vergence for fund raising activity in NY State? If yes, complete Schedule 4a.	
during the fiscal year. 4. Schedules and Attachments See the following page for a checklist of schedules and Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-verse for fund raising activity in NY State? If yes, complete Schedule 4a.	
during the fiscal year. 4. Schedules and Attachments See the following page for a checklist of schedules and attachments to Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-vergence for fund raising activity in NY State? If yes, complete Schedule 4a.	
during the fiscal year. 4. Schedules and Attachments See the following page for a checklist of schedules and attachments to complete your filing. X Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-version for fund raising activity in NY State? If yes, complete Schedule 4a. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. 5. Fee See the checklist on the 7A filing fee: FPTI filing fee: Total fee:	nturer
during the fiscal year. 4. Schedules and Attachments See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-version for fund raising activity in NY State? If yes, complete Schedule 4a. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. 5. Fee See the checklist on the pext page to calculate your. Make a single check or money complete.	nturer
during the fiscal year. 4. Schedules and Attachments See the following page for a checklist of schedules and attachments to complete your filing. X Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-version for fund raising activity in NY State? If yes, complete Schedule 4a. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. 5. Fee See the checklist on the 7A filing fee: EPTL filing fee: Total fee: Make a single check or money or the s	nturer

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

The Exempt dategory folds to all organizations who registration states. It does not fold to its in that designation.

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raise	rs (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Co	ontributors). Schedule B of public charities is exempt from
disclosure and will not be available for public review.	, , , , , , , , , , , , , , , , , , ,
Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever	nue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publ	ic Accountant's Review or Audit Report:
Review Report if you received total revenue and support greater than \$250,0	·
Audit Report if you received total revenue and support greater than \$750,000	•
No Review Report or Audit Report is required because total revenue and sup	
We are a DUAL filer and checked box 3a, no Review Report or Audit Report i	
Calculate Your Fee	
	Is mv Registration Category 7A, EPTL, DUAL or EXEMPT?
	Organizations are assigned a Registration Category upon
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
	under Article 7-A of the Executive Law (7A)
F FDT	EPTL filers are registered under the Estates, Powers & Trusts
For EPTL and DUAL filers, calculate the EPTL fee:	Law ("EPTL") because they hold assets and/or conduct
\$0, if you checked the EPTL exemption in Part 3b	activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations . These
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.
 · , , , ,	Confirm your Registration Category and learn more about NY
	law at www.CharitiesNYS.com.
Send Your Filing	
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?
	NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between
28 Liberty Street	Total Assets at Fair Market Value (Part II. line 16(c)) and

Need Assistance?

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

868461 01-15-19 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

Page 2

Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2018

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:

NY Registration Number:

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY 0

00-42-49

2	Gov	/ern	mer	nt (Grai	nts

Name of Government Agency		Amount of Grant
1. NYC ADMIN FOR CHILDREN SERVICES	1.	22,238.
2. NEW YORK DEPARTMENT OF YOUTH & COMMUNITY DEVELOPMENT	2.	2,491,099.
3. NEW YORK STATE DEPARTMENT OF EDUCATION	3.	279,027.
4. OTHER	4.	43,576.
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	2,835,940.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

OMB No. 1545-0047

<u> </u>	OI LIN	and	enuing U	UN 30,	<u> </u>	
B c	heck if oplicabl	C Name of organization THE YOUNG WOMEN'S CHRISTIAN ASSOCIATIO	N	D Employer	identific	ation number
X	Addre					
	Name chang	Doing business as			<u>13-16</u>	524230
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 50 BROADWAY, 22ND FLOOR	E Telephone	number		
	Jreturn. termin ated	•		C Cuasa usasint	-	6,040,147.
	7Amen			G Gross receipts		
	Jreturn ⊐Applic			H(a) Is this a		
	Application pendi			for subo		
		SAME AS C ABOVE		H(b) Are all sub	ordinates inc	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," a	attach a l	list. (see instructions)
		e: ► WWW.YWCANYC.ORG		H(c) Group e	xemption	n number 🕨
		organization: X Corporation Trust Association Other	L Year	of formation: 1	858 м	I State of legal domicile: ${f NY}$
Pa	rt I	Summary				
ø.	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}}}$	SCHEDU	LE O		
Activities & Governance						
ern.		Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of more	than 25% of its	s net asse	
ŏ						10
5	4	Number of independent voting members of the governing body (Part VI, line 1b)				10
Se S	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)				196
\iti	6	Total number of volunteers (estimate if necessary)			6	0
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
•	b	Net unrelated business taxable income from Form 990-T, line 38			7b	0.
				Prior Year		Current Year
•	8	Contributions and grants (Part VIII, line 1h)		5,997,	632.	3,331,188.
nue		Program service revenue (Part VIII, line 2g)		176,	921.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		810,		400,077.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			937.	29,557.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,038,	437.	3,760,822.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			072.	25,716.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,538,		3,060,830.
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0,000,	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 603,73	30.			3.7
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,600,	262.	2,168,060.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,169,		5,254,606.
		Revenue less expenses. Subtract line 18 from line 12		-1,130,		-1,493,784.
_ ~ S	19	nevertue less experises. Subtract line 16 front line 12		ginning of Curre		End of Year
ts o unce	00	Tatal accets (Dart V. line 1C)	DE	9,246,	710	6,538,553.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,880,		2,262,566.
et A ind	21	Total liabilities (Part X, line 26)		5,365,		4,275,987.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		5,305,	043.	4,4/5,90/.
		-				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			-	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowled	ge.	
		Signature of officer		I Date		
Sigr				Date		
Here	9	MAUREEN FRIAR, CEO Type or print name and title				
			Ιr	Date	Ohaali E	PTIN
		Print/Type preparer's name Preparer's signature	1		Check if	
Paid		DAVID ROTTKAMP DAVID ROTTKAMP	[0	4/30/20		
Prep		Firm's name GRASSI & CO. CPA'S, P.C.		Firm's	EIN 🛌	11-3266576
Use	Only	Firm's address 488 MADISON AVENUE, 21ST FLOOR				
		NEW YORK, NY 10022		Phone	e no. 212	2-661-6166
May	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

Pai	rt III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	X
1	Brief	ly describe the organization's mission:	
	SEI	E SCHEDULE O	
2	Did t	he organization undertake any significant program services during the year which were not listed on the	
	prior	Form 990 or 990-EZ? Yes X	No
	If "Ye	es," describe these new services on Schedule O.	
3	Did t	he organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
	If "Ye	es," describe these changes on Schedule O.	
4	Desc	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Sect	ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	rever	nue, if any, for each program service reported.	
4a	(Code)
		r-of-school-time programs are designed for elementary and middle	
		HOOL CHILDREN AND AIM TO CREATE A SAFE AND NURTURING ENVIRONMENT TO	
		PPORT ACADEMIC ACHIEVEMENT, ENHANCE SOCIAL SKILLS, AND FOSTER SUCCESS	5
		SCHOOL AND LIFE. THE PROGRAM HELPS FAMILIES BY PROVIDING	
	AF	rer-school learning for 1,500 children.	
4b	(Code)
		RLS INITIATIVES PROGRAMS ARE DESIGNED TO INFORM, ENGAGE AND INSPIRE	
		V YORK CITY HIGH SCHOOL GIRLS AND NON-BINARY YOUTH TO BECOME SELF-	
		OCATES, AND DEVELOP THE SKILLS, KNOWLEDGE AND CONFIDENCE TO PURSUE	
		E EDUCATION, CAREER AND LIFE OF THEIR CHOICE. GIRLS INITIATIVES	
		CLUDES LEADERSHIP PROGRAMS AND BYSTANDER INTERVENTION TRAINING,	
	STI	EAAM PROGRAMS, AND OUR SIGNATURE POTENTIAL TO POWER GIRLS SYMPOSIUM.	
4c	(Code	:) (Expenses \$ including grants of \$) (Revenue \$)
4d		r program services (Describe in Schedule O.)	
		nses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	rota	program service expenses ► 3,392,545.	2015
		Form 990 (2	∠∪18)

13-1624230 Page **3**

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			,,
	assets reported in Part X, line 16? 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			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	١	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	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		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	404		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-10		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	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		x
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
_		_		_

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	Х	
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		
С	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		
25a	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
J -1		34		х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
832004	4 12-31-18	Form	990	(2018)

Form 990 (2018)

Part V

OF THE CITY OF NEW YORK

13-1624230

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Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in 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)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 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 Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Form 990 (2018)

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK 13-1624230 Page 6 Form 990 (2018) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 10 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required	d to be filed	▶NY

exempt status with respect to such arrangements?

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

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

Own website Another's website X Upon request Other (explain in Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

taxable entity during the year?

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

BTQ FINANCIAL - 212-901-2500

80 BROAD STREET, NEW YORK, NY 10004

Х

16a

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	niza			nper	ısat		irector, or trustee.	r
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per					is botl or/trus		compensation	compensation	amount of
	week (list any	-					Ĺ	from the	from related organizations	other compensation
	hours for	direct				Į,		organization	(W-2/1099-MISC)	from the
	related	ee or	trustee			nsate		(W-2/1099-MISC)	(** =* * * * * * * * * * * * * * * * * *	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	ndividual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	pul	Inst)#J	Ke	E E	For			
(1) MARY F. CRAWFORD	1.00	.,		.,						
CO-CHAIR	1 00	Х		Х		<u> </u>		0.	0.	0.
(2) TRACY HIGH	1.00	٠,,		٦,					_	
CO-CHAIR	1 00	Х	_	Х		┢		0.	0.	0.
(3) ALISON M. MARTIER	1.00	٠,,							_	_
BOARD MEMBER	1 00	Х				┝		0.	0.	0.
(4) PAIGE RABALAIS BOARD MEMBER	1.00	х						0.	0.	0.
(5) LORRYN MAI	1.00	Δ				┢		0.	0.	0.
BOARD SECRETARY	1.00	Х		Х				0.	0.	0.
(6) LINDA DERRICK	1.00	Δ		^		\vdash		· ·	0.	· ·
TREASURER	1.00	Х		Х				0.	0.	0.
(7) CATHERINE LAPADULA	1.00	22							0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) DIANE SINTI	1.00					H				
BOARD MEMBER		Х						0.	0.	0.
(9) NATALIE WILLIAMS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) LORE DEBASTIDE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ROSEMARIE BONELLI (ENDED AUG 19	35.00									
CHIEF EXECUTIVE OFFICER				Х				314,668.	0.	412.
(12) DONALD VOGEL (ENDED OCT 2018)	35.00									
CHIEF DEVELOPMENT OFFICER						X		103,237.	0.	30,815.
(13) DEIDRE FRANKLIN (ENDED MAR 2019	35.00								_	
VP OF PROGRAMS						X		113,791.	0.	20,761.
						_				
		-								
						-				
		1								
		-	-			\vdash	-			
		1								
	I	<u> </u>					<u> </u>	I .		000

Form 990 (2018) 832007 12-31-18

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK 13-1624230 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (D) (E) Position Average Reportable Name and title Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation ndividual trustee or director hours for organization (W-2/1099-MISC) from the lighest compensated mployee related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 531,696. 51,988. 0. 0. c Total from continuation sheets to Part VII, Section A 531,696. 0. 51,988. Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	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	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BURCHMAN TERRIO GEBHARDT & QUIST LLC 80 BROAD STREET, NEW YORK, NY 10004	ACCOUNTING SERVICES	261,733.
 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 		

Form 990 (2018) OF THE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
				o	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ant	b	Membership dues						
P. G.	c	Fundraising events		334,704.				
fts, r A	4	Related organizations		, -				
nia	u و	Government grants (contributi		2,835,940.				
ons Sir	f	All other contributions, gifts, gran	. —	, , ,				
utio	•	similar amounts not included abov		160,544.				
trib Ott	a	Noncash contributions included in lines		45,591.				
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1f			3,331,188.			
0 10		Total: Add lines 12 11		Business Code				
ø.	2 a			Business Code				
vice	b							
Ser	c							
im (d							
gra	e							
Program Service Revenue		All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			132,810.			132,810.
	4	Income from investment of tax						
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	V					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,876,890.	1 1				
	b	Less: cost or other basis						
		and sales expenses	1,437,760.	761,860.				
	С	Gain or (loss)		-171,863.				
		Net gain or (loss)		•	267,267.			267,267.
anı		Gross income from fundraising including \$ 334	g events (not					
Other Revenu		contributions reported on line						
·Re		Part IV, line 18	•	79,705.				
her	b	Less: direct expenses						
δ		Net income or (loss) from fund		•	0.			
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		1				
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	s of inventory .					
		Miscellaneous Revenue		Business Code				
	11 a	OTHER REVENUE		900099	29,557.			29,557.
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		>	29,557.			
	12	Total revenue. See instructions			3,760,822.	0.	0.	429,634.

13-1624230 Page **10**

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	ot 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
	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	25,716.	25,716.		
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	279,770.	231,186.	28,965.	19,619
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	2,276,205.	1,876,464.	238,320.	161,421
	Pension plan accruals and contributions (include		46 46 6		
	section 401(k) and 403(b) employer contributions)	49,269.	40,698.	5,110.	3,461 21,690
9	Other employee benefits	309,308.	255,595.	32,023.	
0	Payroll taxes	146,278.	120,831.	15,171.	10,276
1	Fees for services (non-employees):				
а	Management	26,287.	6,836.	12,567.	6,884
b	Legal	37,067.	9,639.	17,721.	9,707
	Accounting	286,704.	74,557.	137,066.	75,081
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	19,442.		19,442.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	620,822.	166,498.	286,647.	167,677 21,300
2	Advertising and promotion	21,300.			21,300
3	Office expenses	200,686.	109,111.	61,194.	30,381
4	Information technology	35,868.	23,900.	7,341.	4,627
5	Royalties			110 1==	
6	Occupancy	377,004.	178,101.	149,177.	49,726
7	Travel	224,074.	217,292.	6,782.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22.22		25.252	
9	Conferences, conventions, and meetings	33,209.		25,860.	7,349
0	Interest	85,475.		85,475.	
1	Payments to affiliates	E2 E44		E2 E44	
2	Depreciation, depletion, and amortization	73,711.	22 224	73,711.	40 554
3	Insurance	68,810.	33,931.	24,328.	10,551
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS EXPENSE	24,052.	11,860.	8,504.	3,688
	FOOD AND BEVERAGE	17,222.	9,912.	7,018.	292
	BAD DEBT EXPENSE	11,017.	,	11,017.	
d	MEMBERSHIP, DUES & SUBS	5,310.	418.	4,892.	
е	All other expenses	•	-		
	Total functional expenses. Add lines 1 through 24e	5,254,606.	3,392,545.	1,258,331.	603,730
26	Joint costs. Complete this line only if the organization		-		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Part X Balance Sheet

Part	LA	Balance Sheet					
		Check if Schedule O contains a response or not	te to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,512.	1	236		
	2	Savings and temporary cash investments	840,438.	2	259,292		
	3	Pledges and grants receivable, net			1,122,760.	3	667,572
	4	Accounts receivable, net			45,244.	4	51,216
	5	Loans and other receivables from current and fo			·		
		trustees, key employees, and highest compensa		· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section		· ·			
		employers and sponsoring organizations of sect					
,,		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As:	8	Inventories for sale or use				8	
	9	5			130,280.	9	93,829
		Land, buildings, and equipment: cost or other	I I		,		
		basis. Complete Part VI of Schedule D	10a	128,446.			
	h	Less: accumulated depreciation		71,449.	281,187.	10c	56.997
	11	Investments - publicly traded securities		,	5,597,676.	11	56,997 4,176,110
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,226,613.	15	1,233,301
	16	Total assets. Add lines 1 through 15 (must equ		9,246,710.	16	6,538,553	
	17	Accounts payable and accrued expenses	697,419.	17	372,754		
	18	Grants payable			-	18	-
	19	Deferred revenue			13,111.	19	0
	20	Tax-exempt bond liabilities			-	20	
	21	Escrow or custodial account liability. Complete				21	
ا س	22	Loans and other payables to current and former					
<u> </u>		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Ĕ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			3,170,357.	25	1,889,812
	26	Total liabilities. Add lines 17 through 25			3,880,887.	26	1,889,812 2,262,566
		Organizations that follow SFAS 117 (ASC 958), check	here X and			
ģ		complete lines 27 through 29, and lines 33 an	ıd 34.				
Net Assets or Fund Balances	27	Unrestricted net assets			2,553,595.	27	1,504,131 96,685
ala	28	Temporarily restricted net assets			747,398.	28	96,685
9 8	29	Permanently restricted net assets			2,064,830.	29	2,675,171
두		Organizations that do not follow SFAS 117 (A	SC 958),	check here ▶			
<u>-</u>		and complete lines 30 through 34.					
its	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ed	quipment	fund		31	
et A	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
ž	33	Total net assets or fund balances			5,365,823.	33	4,275,987
	34	Total liabilities and net assets/fund balances .			9,246,710.	34	6,538,553

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,76		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,25	4,6	<u>06.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,49	3,7	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,36	5,8	23.
5	Net unrealized gains (losses) on investments	5	-19	4,8	84.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	59	8,8	32.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,27	5,9	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE CITY OF NEW YORK 13-1624230 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			ı			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	, ,	, ,	, ,			.,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stop	•		•	•	. , . ,	
Sec	ction C. Computation of Publi	c Support Per	centage				,
14	Public support percentage for 2018 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	%
16a	33 1/3% support test - 2018. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2017. If the	organization did no	t check a box on l	ine 13 or 16a, and	d line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not d				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=			
b	10% -facts-and-circumstances test	· ·	•	,	•		
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•		•		▶ □
<u>1</u> 8	Private foundation. If the organization			•	,		▶ □
			,	•		edule A (Form 990	

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

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

Sec	ction A. Public Support	elow, please comp	iete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	. ,	. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	6638500.	5871375.	5840383.	5997632.	3331188.	27679078.
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	223,402.	213,272.	193,039.	176,921.	0.	806,634.
3	Gross receipts from activities that are not an unrelated trade or business 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						
	Total. Add lines 1 through 5	6861902.	6084647.	6033422.	6174553.	3331188.	28485712.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	265,600.	235,000.	25,000.	130,000.	10,000.	665,600.
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						0.
c	: Add lines 7a and 7b	265,600.	235,000.	25,000.	130,000.	10,000.	
8	Public support. (Subtract line 7c from line 6.)						27820112.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6861902. 497,095.	6084647. 347,476.	240,416.	6174553. 266,280.		28485712. 1484077.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		·				
	Add lines 10a and 10b	497,095.	347,476.	240,416.	266,280.	132,810.	1484077.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,233.	24,380.	5,313.	52,937.	29,557.	
	Total support. (Add lines 9, 10c, 11, and 12.)	7375230.	6456503.	6279151.	6493770.		30098209.
14	First five years. If the Form 990 is for	•			•		
Sac	check this box and stop here ction C. Computation of Publi	c Support Per					P
	Public support percentage for 2018 (li			volumn (fl)		15	92.43 %
	Public support percentage from 2017		•			16	92.19 %
	ction D. Computation of Inves					10	<u> </u>
	Investment income percentage for 20			ne 13, column (f))		17	4.93 %
18	Investment income percentage from 2					18	5.42 %
19a	33 1/3% support tests - 2018. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	nd stop here. The	organization qualif	ies as a publicly s	upported organizat	tion	▶ X
	line 18 is not more than 33 1/3%, check						>
20	Private foundation. If the organizatio						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 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.)

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4		
3a				
3a				
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		32		
3c		- Ou		
3c				
4a		3b		
4a		30		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		- 55		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4h		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		40		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b		4c		
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5c 6 7 8 9a 9b 9c 10a 10b		5a		
5c 6 7 8 9a 9b 9c 10a 10b		5b		
7 8 9a 9b 9c 10a				
9a 9b 9c 10a		6		
9a 9b 9c 10a				
9a 9b 9c 10a		7		
9a 9b 9c 10a				
9b 9c 10a		8		
9b 9c 10a				
9b 9c 10a		Qə		
9c 10a 10b		Ja		
10a		9b		
10a				
10b		9c		
10b				
		10a		
		401		
	n O		0-F7\	2018

Schedule A (Form 990 or 990-EZ) 2018

Pa	rt IV Supporting Organizations (continued)			
			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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations			г
			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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during 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. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		

11270430 792240 03843000

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion 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 production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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 year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V │ Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2014			
<u>b</u>	Excess from 2015			
с	Excess from 2016			
	Excess from 2017			
_	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule A	(Form 990 or 990-EZ) 2018 OF THE CITY OF NEW YORK	13-1624230 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
-		
-		
-		

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK

Employer identification number

13-1624230

Organization type (check one):				
Filers of	:	Section:		
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules			
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.		
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),		
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year		
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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		

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARTER COMMUNICATIONS #12405 POWERSCOURT DRIVE ST. LOUIS, MO 63131-3674	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE AMBROSE MONELL FOUNDATION 1 ROCKEFELLER PLZ, SUITE 301 NEW YORK, NY 10020-2002	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROCKEFELLER GROUP 10 ROCKEFELLER PLZ 3RD FL NEW YORK, NY 10020-1903	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BARCLAY DAMON LLP 745 7TH AVE, NEW YORK NEW YORK, NY 10019	\$\$	Person X Payroll
(a)	745 7TH AVE, NEW YORK	\$ 5,797. (c) Total contributions	Payroll
(a)	745 7TH AVE, NEW YORK NEW YORK, NY 10019 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	745 7TH AVE, NEW YORK NEW YORK, NY 10019 (b) Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 450 LEXINGTON AVENUE	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
(a) No. 5	745 7TH AVE, NEW YORK NEW YORK, NY 10019 (b) Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 450 LEXINGTON AVENUE NEW YORK, NJ 10017-2014 (b)	(c) Total contributions \$ 15,000.	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

No. Name, address 7	1805 b) ss, and ZIP + 4	(c) Total contributions \$ 20,000 . (c) Total contributions \$ 45,591 .	(Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
1345 AVENUES OF AME NEW YORK, NY 10022- (a) (a) (b) (a) (c) (a) (c) (a) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	1805 b) ss, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
No. Name, address 8 MARY CRAWFORD 895 W END AVE APT 6 NEW YORK, NY 10281-	ss, and ZIP + 4	Total contributions	Type of contribution Person
895 W END AVE APT 6 NEW YORK, NY 10281-		\$\$.	Payroll
(-)			(Complete Part II for noncash contributions.)
` '	b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 CITI 1 COURT SQUARE LONG ISLAND CITY, N	Y 11120-0001	\$37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
` '	b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10 RUBY FLEMING TRUST PO BOX 6008 SIOUX FALLS, SD 571	17-6008	\$\$	Person X Payroll
` '	b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11 ERNST & YOUNG US, L 1201 ELM STREET, SU DALLAS, TX 75270		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
` '	b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12 CLEVELAND H. & DODG 420 LEXINGTON AVE R NEW YORK, NY 10170-	E FOUNDATTON	\$ 10,000.	Person X Payroll

Employer identification number

(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
13		Total contributions	Type of contribution
	WASILY FOUNDATION 2711 CENTERVILLE RD PMB 1041 WILMINGTON, DE 19808-1660	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	CON EDISON 4 IRVING PLACE, RM 1650 NEW YORK, NY 10003-3502	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	BARCLAYS CAPITAL 745 7TH AVE, NEW YORK NEW YORK, NY 10019	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	UBS BUSINESS SOLUTION PO BOX 120312 STAMFORD, CT 06912-0312	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_	COLGATE PALMOLIVE 300 PARK AVE NEW YORK, NY 10022-7402	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	RICHARD E DERRICK 444 S MAPLE AVENUE BASKING RIDGE, NJ 07920-1337	\$\$	Person X Payroll

Employer identification number

Faiti	Gott ibutors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	BEST BUY FOUNDATION 300 BRICKSTONE SQ. SUITE 601 ANDOVER, MA 01810	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	UBS BUSINESS SOLUTION PO BOX 120312 STAMFORD, CT 06912-0312	\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	<u>XPMG</u> 345 PARK AVE <u>NEW YORK, NY 10154-0102</u>	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	S&P GLOBAL 55 WATER STREET NEW YORK, NY 10041	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23_	JP MORGAN CHASE FOUNDATION 270 PARK AVE FL 4 NEW YORK, NY 10017-2014	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

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				
8	STOCK						
		\$\$	03/01/19				
(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				
		\$					
		Ψ					

Employer identification number

Part III		ons to organizations described in	section 50	1(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a)	through (e) and the following line	entry. For or	rganizations
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	or less for the	ne year. (Enter this info. once.) 🍑 🦺
(a) No	Use duplicate copies of Part III if additional s	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	(/ / - 1 / / - 3 / -			
		(e) Transfer of	gift	
		, ,	_	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
				•
	-			_
(a) No.		L	T	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Parti				
_				
		(e) Transfer of	gift	
	Transferee's name, address, ar	d ZIP + 4	Re	elationship of transferor to transferee
(a) No. from	(1) 5	() 11		(1) 5
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	aift	
		(0) 11 4 11 11	5 •	
	Transferee's name, address, ar	nd 7IP + 4	R	elationship of transferor to transferee
	Transfered o name, address, ar	I I I I		stationismp of authoror to authoror co
	-			
(a) No	I		1	
(a) No. from Part I	(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, ar	nd ZIP + 4	Re	elationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK

Employer identification number 13-1624230

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(a) Foundation of all the control of
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year	uniting that the coasts hold in denot advi	and funds
	Did the organization inform all donors and donor advisors in vare the organization's property, subject to the organization's	_	
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or e	`	storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	:ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	-
	Does the organization have a written policy regarding the per	· · · · · ·	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
_	\$		AA MAMDA
	Does each conservation easement reported on line 2(d) above	·	
	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat conservation easements.	IOTI S IIITATICIAI STATETTIETTIS THAT GESCHIDES	the organization's accounting for
Par		Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that describ		,
	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		> \$
			. .

Schedule D (Form 990) 2018

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

		TY OF NEW						24230	
Pai	rt III Organizations Maintaining Col	lections of Art	, Historical Tre	asures, or	Other S	imilar	Assets	(continue	ed)
3	Using the organization's acquisition, accession,	and other records	s, check any of the f	ollowing that	are a signi	ficant us	e of its co	ollection ite	ems
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain	how they further th	ne organizatio	n's exempt	t purpose	e in Part I	XIII.	
5	During the year, did the organization solicit or re	eceive donations o	f art, historical treas	sures, or othe	r similar as	sets		_	
_	to be sold to raise funds rather than to be maint							Yes	No
Pai	rt IV Escrow and Custodial Arrange		te if the organizatio	n answered "	Yes" on Fo	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part X								
1a	Is the organization an agent, trustee, custodian		•					1	□
_	on Form 990, Part X?						L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII and	d complete the foll	owing table:						
								Amount	
	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
7	Ending balance Did the organization include an amount on Forn							7 V	
	•		·		•	·		Yes	No
Par	If "Yes," explain the arrangement in Part XIII. Chrt V Endowment Funds. Complete if the								
		a) Current year	(b) Prior year	(c) Two year		1 Three ve	ars back	(e) Four ye	pare hack
12	Beginning of year balance	1,362,222.	1,254,715.	1,136			1,715.		48,255.
	Contributions				,===		_,		,
C	Net investment earnings, gains, and losses	141,861.	110,807.	121	,350.	7	7,067.		16,006.
q	Grants or scholarships	,	, -		<i>'</i>		, -		
e	Other expenditures for facilities								
Ĭ	and programs	62,213.							
f	Administrative expenses	,	3,300.	2	,854.		2,563.		2,546.
g	End of year balance	1,441,870.	1,362,222.				6,219.	1,0	61,715.
2	Provide the estimated percentage of the current	t vear end balance						· ·	
	Board designated or quasi-endowment	,	%	,					
	Permanent endowment ► 100.00	%	_						
	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and 2c should	equal 100%.							
За	Are there endowment funds not in the possessi	on of the organiza	tion that are held ar	nd administere	ed for the o	organizat	tion		
	by:							Y	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the or		vment funds.						
Pai	rt VI Land, Buildings, and Equipmer								
	Complete if the organization answered "	Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, lin	e 10.			
	Description of property	(a) Cost or of		or other		umulated	d	(d) Book v	/alue
		basis (investm	nent) basis	(other)	depre	eciation			
	Land								
	Buildings								
	Leasehold improvements		4.0		_		_		005
	Equipment			7,337.	7	0,34		56	<u>,997.</u>
е	Other			1,109.		1,10	9.		υ.

Schedule D (Form 990) 2018

56,997.

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

Schedule D (Form 990) 2018 OF THE CIT	Y OF NEW YORK	13	-1624230 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
	F 000 D+ \(\text{Line } \)	44 - O - Farm 000 Bart V Fac 40	
Complete if the organization answered "Yes (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	# N D
	a) Description		(b) Book value
	ERPETUAL TRUST		1,233,301.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	>	1,233,301.
Part X Other Liabilities.			
Complete if the organization answered "Yes			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED RENT PAYABLE		34,100.	
(3) LINE OF CREDIT		1,855,712.	
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

1,889,812.

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2018 OF THE CITY OF NEW YORK	N ASS	CIATION	13-1	1624230	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re			· ugo
	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	4,164	770.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-194,884.			
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		598,832.			
е	Add lines 2a through 2d			2e	403	,948.
3	Subtract line 2e from line 1			3	3,760	,822.
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				
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,760	,822.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per F	Returr	٦.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	5,254	,606.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	5,254	,606.
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				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	5,254	,606.
Pa	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional control of the co			; Part >	ζ, line 2; Part Χ	il,

PART V, LINE 4:

THE ASSOCIATION'S ENDOWMENT CONSISTS OF DONOR RESTRICTED FUNDS ESTABLISHED PRIMARILY TO PROVIDE LONG-TERM SUPPORT FOR ITS CHARITABLE PROGRAMS-WOMEN'S GROWTH, LEADERSHIP AND POWER.

PART X, LINE 2:

THE ASSOCIATION HAS ADOPTED THE PROVISIONS PERTAINING TO UNCERTAIN TAX PROVISIONS UNDER FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740 AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ASSOCIATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2016.

Schedule D (Form 990) 2018

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule D (Form 990) 2018 OF THE CITY OF NEW YORK	13-1624230 Page 5
Schedule D (Form 990) 2018 OF THE CITY OF NEW YORK Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	6,688.
WRITE OFF OF DEFERRED RENT	592,144.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	598,832.
·	,

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK

Employer identification number 13-1624230

Schedule G (Form 990 or 990-EZ) 2018

Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization							
		Yes	No				
Гоtal							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from req	gistration	

832081 10-03-18

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

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through SALUTE col. (c)) (total number) (event type) (event type) 414,409 414,409. Gross receipts 334,704 334,704. 2 Less: Contributions 79,705. Gross income (line 1 minus line 2) 79,705. 4 Cash prizes 5 Noncash prizes Direct Expenses 79,705. 79,705. Rent/facility costs 7 Food and beverages Entertainment 8 Other direct expenses 79,705. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Sch	edule G (Form 990 or 990-EZ) 2018 OF THE CITY OF NEW YORK	13-1624230	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt	
	of gaming revenue retained by the third party \$\bigs\\$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatoni diatributiona		
	Mandatory distributions:		
•	s the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
L	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		NO
L	organization's own exempt activities during the tax year > \$	rie	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III lines 0 0	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and rait iii, iiiles 5, 5i	ы, тоы,
	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule G	i (Form 990 or 990-EZ)	OF	THE	CITY	OF NE	€W	YORK	13-1624230	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	matio	n _{(cont}	inued)					
			(00						
									-
									-

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2018)

OF THE CI		YORK					13-1624230
Part I General Information on Grants ar							
1 Does the organization maintain records t		_			-		
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "	Yes" on Form 990, Part IV	, line 21, for any
recipient that received more than \$		1			(f) Method of	1,,5,,,,,,,,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	-	-	e line 1 table				<u> </u>

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

Part III

OF THE CITY OF NEW YORK

Part III can be duplicated if additional space is needed. (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance MENTOR STIPENDS 139 25,716. 0. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: THE YW-NYC IS COMMITTED TO HELPING NEW YORK CITY'S YOUNG WOMEN AND NON-BINARY YOUTH OVERCOME BARRIERS TO ECONOMIC AND SOCIAL SUCCESS BY ARMING THEM WITH THE KNOWLEDGE, RESOURCES, GUIDANCE, AND OPPORTUNITIES THEY NEED TO FURTHER THEIR COLLEGE AND CAREER ASPIRATIONS. WITH THE NEEDS OF LOW-INCOME FAMILIES IN MIND, WE OFFER ALL PROGRAMS FREE OF CHARGE, AND PROVIDE STIPENDS AND METROCARDS FOR SUBWAY/BUS FARE WHENEVER POSSIBLE, ESPECIALLY FOR PARTICIPATION IN FELLOWSHIPS, TRAININGS, INTERNSHIPS AND JOB SHADOWING EVENTS. OFFERING THESE FINANCIAL INCENTIVES HELPS INCREASE

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule I	(Form 990)		OF THE C	TTY	OF NEW Y	ORK			13-1624230	Page 2
Part IV	Suppleme	ntal In	OF THE Control of the							
	•									
PARTIC	CIPATION	AND	RETENTION	OF	STUDENTS	IN	OUR	PROGRAMS.		

832291

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK

Employer identification number 13-1624230

Pa	art I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided a	any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any	relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organizat	tion follow a written policy regarding payment or			
	Travel for companions Travel for companions Tax indemnification and gross-up payments The boxes on line 1a are checked, did the organization follow a written policy regarding payment or inbursement or provision of all of the expenses described above? If "No," complete Part III to explain the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, stees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Incate which, if any, of the following the filing organization used to establish the compensation of the organization's D/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to ablish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Tax indemnification and gross-up payment or consultant Tay form 990 of other organizations Tay form 990 of other organizations Tay form 990 of other organization: Tay for every expense of control payment? The payments for business use of personal residence Tax indemnification follow a written policy regarding payment or change-of-control payment? Tay for every expense of the organization or a related organization: Tay for every expense of the filing anization or a related organization: Tay for every expense of the filing anization arrangement? Tay for every expense of the filing anization arrangement? Tay for every expense from, an equity-based compensation arrangement? Tay for every expense from, an equity-based compensation arrangement? Tay for every expense from, an equity-based compensation arrangement? Tay for every expense from, an equity-based compensation arrangement? Tay for every expense from, an equity-based compensation arrangement? Tay for every for every expense from, an equity-based compensation arrangement? Tay for every for expense of the f		. 1b		
2					
	trustees, and officers, including the CEO/Executive Director	, regarding the items checked on line 1a?	. 2		
3	Indicate which, if any, of the following the filing organization	used to establish the compensation of the organization's			
	X Compensation committee	X Written employment contract			
	X Independent compensation consultant				
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII	, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	ke the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, IVII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel		. 4a		Х
b	Participate in, or receive payment from, a supplemental non	qualified retirement plan?	. 4b		Х
С	Participate in, or receive payment from, an equity-based cor	mpensation arrangement?	. 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizate	tions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		5a		Х
b	Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6		did the organization pay or accrue any compensation			
					7.7
а	The organization?		6a		X
b			6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7					
			. 7		X
8					
	•		8		X
9		able presumption procedure described in			
	Regulations section 53.4958-6(c)?		9		l

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

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ROSEMARIE BONELLI (ENDED AUG 19	(i)	314,668.	0.	0.	0.	412.	315,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
((ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(י) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

OF THE CITY OF NEW YORK

Employer identification number 13-1624230

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 det noncash contribut		:s
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	X	738	45,591.			
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 organization	=	•				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	jement 29		1	Τ
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date			•			v
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.	a l: a Ala a Aa			:0	04 V	
31	Does the organization have a gift acceptance po	-	· · ·	•	ions?	31 X	
32a	Does the organization hire or use third parties o			· ·		202	X
L	contributions?					32a	<u> </u>
	If "Yes," describe in Part II.	dump (a) f-:	o tupo of propert	for which column (a) is about	lkod		
33	If the organization didn't report an amount in co	numn (C) foi	a type of property	rior which column (a) is ched	keu,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule M (F	orm 990) 2018 OF THE CITY OF NEW YORK 13-1624230 Page
Part II S	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete his part for any additional information.

832142 10-18-18 Schedule M (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Inspection
Employer identification number

13-1624230

Name of the organization

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK

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

THE YWCA OF THE CITY OF NEW YORK (YW-NYC) IS ONE OF THE NATION'S OLDEST

ORGANIZATIONS AND HAS A RICH HISTORY OF COMMITMENT TO THE PERSONAL,

PROFESSIONAL AND SOCIAL DEVELOPMENT OF WOMEN, THEIR FAMILIES AND THEIR

COMMUNITIES. TODAY, THE YW-NYC IS HELPING A NEW GENERATION OF YOUNG

WOMEN AND CHILDREN IN NEW YORK CITY REACH THEIR FULL POTENTIAL WHILE

HAVING TO NAVIGATE THE INTERSECTIONS OF RACE, CLASS AND GENDER. THE

YWCA OF THE CITY OF NEW YORK'S MISSION IS DEDICATED TO ELIMINATING

RACISM, EMPOWERING WOMEN AND PROMOTING PEACE, JUSTICE, FREEDOM AND

DIGNITY FOR ALL.

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

THE YW-NYC FOCUSES ON EMPOWERING YOUNG PEOPLE LIVING IN UNDERSERVED

COMMUNITIES THROUGH LEADERSHIP SKILLS-BUILDING, ADVOCACY TRAINING AND

SUPPORT SERVICES; PROVIDES EDUCATIONAL AFTER-SCHOOL PROGRAMS FOR

ELEMENTARY AND MIDDLE-SCHOOOL CHILDREN IMPLEMENTED THROUGH PARTNERSHIPS

WITH CORPORATIONS, GOVERNMENT AGENCIES, AND OTHER NOT-FOR-PROFITS; AND

ADVOCATES ON BEHALF OF THE YOUNG PEOPLE THEY SERVE. YW-NYC PROGRAMMING

PREPARES YOUTH FOR ACADEMIC, SOCIAL AND PROFESSIONAL SUCCESS IN THEIR

LIVES AND FOR THEIR COMMUNITIES.

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

A COPY OF FORM 990 IS DISTRIBUTED TO THE AUDIT COMMITTEE TO WHOM THE BOARD

HAS DELEGATED AUTHORITY TO REVIEW THE FINANCIAL STATEMENTS AND FORM 990.

THE FORM 990 IS REVIEWED AND DISCUSSED WITH THE YOUNG WOMEN'S CHRISTIAN

ASSOCIATION OF THE CITY OF NEW YORK'S ACCOUNTING FIRM (WHICH PREPARES ITS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION Employer identification number OF THE CITY OF NEW YORK 13-1624230

RETURN AND FINANCIAL STATEMENTS) PRIOR TO ITS FILING.

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

EACH MEMBER OF THE BOARD OF DIRECTORS, OFFICER AND KEY EMPLOYEE RECEIVES A

COPY OF THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK'S

CONFLICT OF INTEREST POLICY ANNUALLY AND IS REQUIRED TO (I) ACKNOWLEDGE

RECEIPT, (II) THAT HE OR SHE HAS READ AND UNDERSTOOD THE POLICY, AND (III)

THAT HE OR SHE WILL COMPLY WITH IT. EACH RECIPIENT IS REQUIRED TO DISCLOSE

ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST TO THE BOARD AND/OR MEMBERS OF

A BOARD COMMITTEE CONSIDERING A TRANSACTION OR ARRANGEMENT OR TO THE CHIEF

EXECUTIVE OFFICER IF THE BOARD IS NOT INVOLVED. IN ADDITION, THE CODE OF

ETHICS WHICH ALL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES RECEIVE,

ACKNOWLEDGE AND AGREE TO COMPLY WITH, COVERS SEVERAL ASPECTS OF CONFLICTS

OF INTEREST AS WELL. THE AUDIT AND GOVERNANCE COMMITTEE OF THE BOARD IS

TASKED WITH ANNUALLY REVIEWING THE PROCEDURES ESTABLISHED BY MANAGEMENT, IN

CONJUNCTION WITH THE BOARD, TO RESOLVE CONFLICTS OF INTEREST, INCLUDING

TECHNIQUES FOR THE IDENTIFICATION OF POTENTIAL CONFLICT SITUATIONS AND FOR

RESTRICTING THE USE OF CONFIDENTIAL INFORMATION.

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

AN OUTSIDE FIRM DOES AN INDEPENDENT STUDY CONCERNING COMPARABLE LEVELS OF INCOME.

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

THE FORM 990 IS AVAILABLE UPON REQUEST AND IS POSTED ON GUIDESTAR AND ON YW-NYC WEBSITE.

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

Schedule O (Form 990 or 990-EZ) (2018)	Page
Name of the organization THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK	Employer identification number 13-1624230
ALL OTHER PROFESSIONAL SERVICES :	
PROGRAM SERVICE EXPENSES	166,498.
MANAGEMENT AND GENERAL EXPENSES	286,647.
FUNDRAISING EXPENSES	167,677.
TOTAL EXPENSES	620,822.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	620,822.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	6,688.
WRITE-OFF OF DEFERRED RENT	592,144.
TOTAL TO FORM 990, PART XI, LINE 9	598,832.
FORM 990, PART XI, LINE 2C THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

Exempt Organization Business Income Tax Return									
			d proxy tax unde				20 001	_	2040
	For ca	lendar year 2018 or other tax year						<u>9</u> .	2018
Department of the Treasury Internal Revenue Service	•	Go to www.ii Do not enter SSN numbers	s.gov/Form990T for ins on this form as it may					-	Open to Public Inspection for 501(c)(3) Organizations Only
A X Check box if address changed		Name of organization (THE YOUNG WO)N	(Emp	loyer identification number bloyees' trust, see uctions.)
B Exempt under section	Print	OF THE CITY					-	1	3-1624230
X 501(c)(3)	_ or	Number, street, and room o			structions.				lated business activity code instructions.)
408(e) 220(e)	Type	50 BROADWAY,						(366)	insudenons.)
408A 530(a)		City or town, state or provi	nce, country, and ZIP or	foreign	postal code				
529(a)		NEW YORK, NY	10004					900	099
C Book value of all assets at end of year		F Group exemption numbe	r (See instructions.)	<u> </u>					
6,538,5		G Check organization type			501(c)	trust	401(a)	trust	Other trust
	-	tion's unrelated trades or bu		1	De	scribe th	e only (or first) un	ırelated	
		MUTER FRINGE					omplete Parts I-V.		
	-	ce at the end of the previous	sentence, complete Par	ts I and	II, complete a Sc	hedule M	l for each addition	al trade	e or
business, then complete									77
		oration a subsidiary in an af		t-subsic	liary controlled gr	oup?	► L	Ye	es X No
		tifying number of the parent	corporation.			F - 1 1	> 2	1 2	901-2500
		BTQ FINANCIAL de or Business Inco	me		(A) Income	l elepnon I	e number ► ∠ (B) Expenses		(C) Net
		UC OF BUSINESS INCO		_	(A) IIICUIIIE		(B) Expenses	•	(C) Net
1a Gross receipts or saleb Less returns and allow			c Balance	10					
		A, line 7)		1c 2					
3 Gross profit. Subtract		0 4		3					
-		h Schedule D)		4a					
		art II, line 17) (attach Form		4b					
		sts		4c					
		ship or an S corporation (atta		5					
6 Rent income (Schedu			· · · · · · · · · · · · · · · · · · ·	6					
,	, ,	ne (Schedule E)		7					
		nd rents from a controlled or		8					
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) org	anization (Schedule G)	9					
10 Exploited exempt activ	vity inco	me (Schedule I)		10					
11 Advertising income (S	Schedule	; J)		11					
12 Other income (See ins	struction	ns; attach schedule)		12					
13 Total. Combine lines		gh 12		13		0.			
		ot Taken Elsewhere utions, deductions must b					come.)		
14 Compensation of off	icers, di	rectors, and trustees (Sched	ule K)					14	
15 Salaries and wages								15	
								16	
17 Bad debts								17	
		ee instructions)						18	
19 Taxes and licenses								19	
		e instructions for limitation re						20	
		562)						-	
		n Schedule A and elsewhere						22b	
DepletionContributions to defe	orred co	mpensation plans						23	
								25	
		chedule I)						26	
27 Excess readership co	osts (Sc	hedule J)						27	
		nedule)						28	
		14 through 28						29	0.
		ncome before net operating I						30	0.
		loss arising in tax years begin				s)		31	
·	-	ncome Subtract line 31 from		- '	,	,		32	0.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

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Part I	II T	Total Unrelated Business Taxab	ole Income								
33	Total	of unrelated business taxable income compute	ed from all unrelated trades or busi	inesses (s	see instructions)		33	0.		
34				•		,	· _	34			
35	Dedu	ction for net operating loss arising in tax years					- I .	35			
36	Total	of unrelated business taxable income before s	pecific deduction. Subtract line 35	from the							
	lines	33 and 34					;	36			
37	Spec	ific deduction (Generally \$1,000, but see line 3					. Г:	37	1,000.		
38		lated business taxable income. Subtract line									
	enter	the smaller of zero or line 36						38	0.		
Part I	V	Tax Computation									
39	Orga	nizations Taxable as Corporations. Multiply l	ine 38 by 21% (0.21)			>	• <u>L</u>	39	0.		
40	Trust	s Taxable at Trust Rates. See instructions for	tax computation. Income tax on the	he amoun	it on line 38 froi	m:					
		• <u> </u>	40								
41	Proxy		41								
42	Alteri	Ŀ	42								
43	Tax	on Noncompliant Facility Income. See instruc	tions				Ŀ	43			
44		. Add lines 41, 42, and 43 to line 39 or 40, whi	chever applies				. '	44	0.		
Part \		Tax and Payments					_				
45 a		gn tax credit (corporations attach Form 1118;					_				
b							_				
C							_				
d		t for prior year minimum tax (attach Form 880					-				
	Total	credits. Add lines 45a through 45d						15e			
46	Subti	ract line 45e from line 44	5 0044				H	46	0.		
47		taxes. Check if from: Form 4255					_	47			
48		tax. Add lines 46 and 47 (see instructions)						48	0.		
49		net 965 tax liability paid from Form 965-A or I					٠ 📙	49	<u>U•</u>		
		nents: A 2017 overpayment credited to 2018				2,414	+				
D	ZU 10	estimated tax payments			50b	2,414					
		leposited with Form 8868 gn organizations: Tax paid or withheld at sourc					\dashv				
		up withholding (see instructions)					+				
		t for small employer health insurance premiun									
		credits, adjustments, and payments:			. 301						
9				— Total ▶	► 50g						
51		payments. Add lines 50a through 50g		-				51	2,414.		
52	Estim	nated tax penalty (see instructions). Check if Fo	orm 2220 is attached					52	,		
53		lue. If line 51 is less than the total of lines 48,					- 1	53			
54		payment. If line 51 is larger than the total of li				>	•	54	2,414.		
55	Enter	the amount of line 54 you want: Credited to 2	019 estimated tax			Refunded		55	2,414.		
Part \	/1 :	Statements Regarding Certain	Activities and Other Info	ormati	on (see inst	ructions)					
56	At an	y time during the 2018 calendar year, did the o	organization have an interest in or a	a signatur	e or other auth	ority			Yes No		
		a financial account (bank, securities, or other)		-							
	FinCE	EN Form 114, Report of Foreign Bank and Final	ncial Accounts. If "Yes," enter the n	ame of th	e foreign count	ry					
	here	>							X		
57	Durin	ig the tax year, did the organization receive a d	istribution from, or was it the gran	tor of, or	transferor to, a	foreign trust?			Х		
		s," see instructions for other forms the organiz	*								
58		the amount of tax-exempt interest received or	* * * *								
Sign		nder penalties of perjury, I declare that I have examined wrrect, and complete. Declaration of preparer (other than					vieage	and belief,	n is true,		
Here					cuss this return with						
		· _	wn below (see X Yes No								
		Signature of officer	Date Title)oto	Chask			X Yes No		
		Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN			
Paid		DAVID ROTTKAMP	DAVID ROTTKAMP	n	4/30/20	self- employe	u	₽ 01	303468		
Prepa		Firm's name ► GRASSI & CO.	Firm's EIN			3266576					
Use C	nly	488 MADISO	THIIISEIN								
					· -	Phone no.	21	2-66	1-6166		
823711 01	Firm's address ► NEW YORK, NY 10022 Phone no. 21										

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation ► N/A					
1 Inventory at beginning of year				Inventory at end of yea			6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		_ 8					Yes	No
b Other costs (attach schedule)				property produced or a	cquirec	I for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` ' of rent for p	personal	d personal property (if the percentage ersonal property exceeds 50% or if is based on profit or income) 3(a) Deductions directly connected with the incomplete columns 2(a) and 2(b) (attach schedule)					
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. ▶		0.
Schedule E - Unrelated Dek	ot-Financed	Income (see	instru	ctions)					
			2	. Gross income from or allocable to debt-	Deductions directly connected with or alloca to debt-financed property				
1. Description of debt-fit	nanced property			financed property	(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%			+		
(2)				%			\top		
(3)				%			\top		
(4)				%			\top		
	I		<u> </u>	70		inter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals						0		· · · · · ·	0.
Totals Total dividends-received deductions in							: 		0.

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Schedule F - Interest,	Annuities	, Royaltie						tions	(see ins	struction	s)	
			E	Exempt C	ontrolled O	rganizatio	ons	_				
1. Name of controlled organization		2. Emplo identificat number	tion		lated income instructions)	 Total of specified payments made 		5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organ	izations		•			•				•		
7. Taxable Income	7. Taxable Income 8. Net unrelated income (loss) (see instructions)			9. Total of specified payments made			Part of column 9 that is included in the controlling organization's gross income			11. De with	11. Deductions directly connected with income in column 10	
(1)												
(2)												
(3)												
(4)												
			1				Add colun Enter here and line 8, 0		1, Part I,).		id columns 6 and 11. ere and on page 1, Part I, line 8, column (B).	
Totals			·····			<u></u> ▶			0.		0.	
Schedule G - Investme		e of a Se	ection 5	01(c)(7)), (9), or (⁻	17) Org	anization					
	(see instructions) 1. Description of income				2. Amount of income		3. Deductions directly connected		4. Set-	asides chedule)	5. Total deductions and set-asides	
(1)							(attach sched	lule)	(attach s	- Cricadic)	(col. 3 plus col. 4)	
(1)												
(2) (3)												
(4)												
_(4)					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).	
Totals						0.					0.	
Schedule I - Exploited (see instr	-	Activity Ir	ncome,	Other	Than Adv		g Income				<u> </u>	
Description of exploited activity	2. Grounrelated beincome	2. Gross incelated business income from trade or business 3. Exp directly co with prov of unre business		nected action ated	4. Net incomfrom unrelated business (cominus columgain, compute through	I trade or Ilumn 2 n 3). If a e cols. 5	is not uprelated attribu		penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)												
(1) (2) (3) (4)												
(3)							· ·					
(4)												
Totala	page 1, F	Enter here and on page 1, Part I, line 10, col. (A).		art I,						Enter here and on page 1, Part II, line 26.		
Totals Schedule J - Advertisi	ing Incom		structions)								_	
Part I Income From					olidated	Basis						
1. Name of periodical	Name of periodical 2. Gross advertising income			Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		5. Circulation 6. Reac cos			7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1) (2) (3) (4)												
(3)			+									
(4)			1									
Totals (carry to Part II, line (5))	•	0		0 .							0.	
(9)/ .					-		1	l			Form 990-T (2018)	

823731 01-09-19

%

%

%

Form 990-T (2018) **OF THE CITY OF NEW YORK**

Total. Enter here and on page 1, Part II, line 14

(1) (2)

(3)

(4)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

	<i></i>						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)							
(2)							
(3)							
(4)							
Totals from Part I	0.	0.				0.	
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	0.	0.				0.	
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)							
1. Name			2. Title	3. Percentime devote	ed to	pensation attributable nrelated business	

Form **990-T** (2018)

0.

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK

FINANCIAL STATEMENTS

JUNE 30, 2019

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK

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Statement of Functional Expenses for the Year Ended June 30, 2019	6
Statement of Cash Flows for the Year Ended June 30, 2019	7
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GRASSI & CO.

Accountants and Success Consultants®



Accounting, Auditing, Tax, Litigation Support, Valuation, Management & Technology Consulting

INDEPENDENT AUDITORS' REPORT

To The Board of Directors
The Young Women's Christian Association
of the City of New York
New York. New York

Report on the Financial Statements

We have audited the accompanying financial statements of The Young Women's Christian Association of the City of New York, which comprise the statement of financial position at June 30, 2019, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

1

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Young Women's Christian Association of the City of New York at June 30, 2019, and the changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 2 to the financial statements, The Young Women's Christian Association of the City of New York adopted Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") No. 2016-14. Our opinion is not modified with respect to this matter.

Brassid Co, CPAs, P.C. GRASSI & CO., CPAS, P.C.

New York, New York December 27, 2019

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK STATEMENT OF FINANCIAL POSITION JUNE 30, 2019

<u>ASSETS</u>

Cash	\$ 229,835
Investments	4,205,803
Government and other contract receivable, net	718,788
Prepaid expenses and other assets	93,829
Beneficial interest in perpetual trust	1,233,301
Fixed assets, net	56,997
TOTAL ASSETS	\$ 6,538,553
LIABILITIES AND NET ASSETS	
Liabilities:	
Accounts payable and accrued expenses	\$ 372,754
Deferred rent payable	34,100
Line of credit payable	 1,855,712
TOTAL LIABILITIES	2,262,566
Commitments and Contingencies	
Net Assets:	
Without donor restrictions	
Operating	1,447,134
Investment in fixed assets	56,997
Total without donor restrictions	1,504,131
With donor restrictions	
Restricted for specific purpose	96,685
Restricted by perpetual trust	1,233,301
Restricted in perpetuity - endowment	1,441,870
Total with donor restrictions	2,771,856
TOTAL NET ASSETS	4,275,987
TOTAL LIABILITIES AND NET ASSETS	\$ 6,538,553

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2019

	Without Donor Restrictions		th Donor	Total	
OPERATING PUBLIC SUPPORT AND REVENUE:					
Public Support:					
Contributions					
Individuals	\$	10,757	\$ -	\$	10,757
Corporations		29,554	-		29,554
Foundations		84,233	36,000		120,233
Special events net of direct costs of \$79,705		334,704	-		334,704
Total Public Support		459,248	36,000		495,248
Revenue:					
Government contracts		2,835,940	-		2,835,940
Investment return designated for operations		1,375,000	-		1,375,000
Write-off of deferred rent		592,144	-		592,144
Investment income		131,656	-		131,656
Change in beneficial interest in perpetual trust		-	6,688		6,688
Other revenue		29,557	-		29,557
Total Revenue		4,964,297	6,688		4,970,985
Net assets released from restriction		224,921	 (224,921)		
TOTAL OPERATING PUBLIC SUPPORT AND REVENUE	\$	5,648,466	\$ (182,233)	\$	5,466,233

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK STATEMENT OF ACTIVITIES (CONT'D.) FOR THE YEAR ENDED JUNE 30, 2019

	Without Donor Restrictions			With Donor Restrictions		Total
OPERATING EXPENSES:						
Program Services:	•	0 000 570	•		•	0.000.570
Youth Services Girls Initiative	\$	3,029,570 362,975	\$	-	\$	3,029,570 362,975
Total Program Services		3,392,545				3,392,545
Total i Togram Gervices		3,332,343				0,002,040
Support Services:						
Management and General		1,258,331		-		1,258,331
Development		603,730		-		603,730
Total Support Services		1,862,061		-		1,862,061
Total Operating Expenses		5,254,606				5,254,606
Total Operating Expenses		3,234,000				5,254,000
CHANGE IN NET ASSETS						
FROM OPERATIONS		393,860		(182,233)		211,627
Nonoperating Activities:						
Disposition of fixed assets		(171,863)		_		(171,863)
Investment return in excess of		(****,****)				(****,****)
amounts designated for operations		(1,271,461)		141,861		(1,129,600)
Total Nonoperating Activities		(1,443,324)		141,861		(1,301,463)
CHANGE IN NET ASSETS (DEFICIT)		(1,049,464)		(40,372)		(1,089,836)
NET ASSETS, BEGINNING OF YEAR		2,553,595		2,812,228		5,365,823
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NET ASSETS, END OF YEAR	\$	1,504,131	\$	2,771,856	\$	4,275,987

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2019

			Prog	gram Services				Suppor	ting Service	s		-	
	Youth Services	3		Girls Initiative	Total Program Services	М	anagement and General	Dev	velopment		Total Support Services	Direct Cost of Special Events	Total
Salaries, wages and instructors' fees	\$ 1,949,	533	\$	183,833	\$ 2,133,366	\$	267,285	\$	181,040	\$	448,325	\$ -	\$ 2,581,691
Employee benefits and payroll taxes	381,	466		35,700	417,166		52,378		35,477		87,855	-	505,021
Occupancy	130,	323		47,778	178,101		149,177		49,726		198,903	-	377,004
Professional fees	230,	233		27,255	257,488		473,369		259,299		732,668	-	990,156
Equipment and software	42,	623		8,790	51,413		15,792		9,953		25,745	-	77,158
Supplies and services	40,	106		6,518	46,624		12,128		4,195		16,323	-	62,947
Printing and artwork		-		-	-		300		19,510		19,810	-	19,810
Advertising		-		-	-		-		21,300		21,300	-	21,300
Telephone	16,	951		17,964	34,915		36,973		-		36,973	-	71,888
Postage and shipping		59		-	59		3,342		1,350		4,692	-	4,751
Food and beverage	5,	243		4,669	9,912		7,018		292		7,310	-	17,222
Conference, conventions and meetings		-		-	-		25,860		7,349		33,209	79,705	112,914
Travel and admission	204,	015		13,277	217,292		6,782		-		6,782	-	224,074
Permits and fees		401		17	418		4,892		-		4,892	-	5,310
Interest expense and bank fees		-		-	-		85,475		-		85,475	-	85,475
Depreciation and amortization		-		-	-		73,711		-		73,711	-	73,711
Other	28,	617		17,174	45,791		32,832		14,239		47,071	-	92,862
Bad debt					 		11,017		-		11,017		11,017
Total Expenses	3,029,	570		362,975	3,392,545		1,258,331		603,730		1,862,061	79,705	5,334,311
Less: Direct cost of special events							-		-		-	(79,705)	 (79,705)
Total Expenses Reported by Function on the Statement of Activities	\$ 3,029,	570	\$	362,975	\$ 3,392,545	\$	1,258,331	\$	603,730	\$	1,862,061	\$ -	\$ 5,254,606

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK STATEMENT OF CASH FLOWS FOR THE YEAR ENDED JUNE 30, 2019

CASH FLOWS FROM OPERATING ACTIVITIES: Change in net assets Adjustments to reconcile change in net assets to net cash used in operating activities:	\$ (1,089,836)
Depreciation and amortization	73,711
Bad debt expense	11,017
Realized gains on sale of investments	(439,130)
Unrealized losses on investments	194,884
Change in beneficial interest in perpetual trust Deferred rent payable	(6,688) (741,020)
Changes in assets decrease:	(741,020)
Contribution receivable	24,957
Government and other contract receivable	413,242
Prepaid expenses and other assets	36,451
Changes in liabilities (decrease):	
Accounts payable and accrued expenses	(324,665)
Deferred revenue	 (13,111)
Net Cash Used in Operating Activities	 (1,860,188)
CASH FLOWS FROM INVESTING ACTIVITIES:	
Proceeds from sale of investments	1,876,890
Disposal of fixed assets	171,863
Purchase of fixed assets	 (21,384)
Net Cash Provided by Investing Activities	 2,027,369
CASH FLOWS FROM FINANCING ACTIVITIES:	
Proceeds from line of credit payable	85,475
Principal payments of line of credit	 (625,000)
Net Cash Used in Financing Activities	(539,525)
NET DECREASE IN CASH	(372,344)
CASH, BEGINNING OF YEAR	602,179
CASH, END OF YEAR	\$ 229,835
SUPPLEMENTAL CASH FLOW INFORMATION: Cash paid during the year for interest	\$ 85,475

Note 1 - Nature of Organization

The Young Women's Christian Association of the City of New York (the "YW-NYC") is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all. Established in 1858, the YW-NYC is one of the nation's oldest organizations committed to the personal and social development of women, their families, and their communities. In honor of this history, and in service to its mission, the YW-NYC currently provides leadership and advocacy training for young women through its Girls Initiatives, and after school and summer camps for elementary and middle school students in culturally diverse communities in New York City. The YW-NYC is primarily funded by government contracts, non-government grants, individual donors and investment income.

The YW-NYC is incorporated as a not-for-profit organization, and is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and from state and local taxes under comparable laws.

Note 2 - <u>Summary of Significant Accounting Policies</u>

Adoption of FASB ASU No. 2016-14 - Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities

Effective July 1, 2018, YW-NYC adopted the provisions of Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") No. 2016-14. The ASU provided for changes in financial statement presentation that affect classification of net assets and presentation of expenses. It also provided for enhanced disclosures of methods used to allocate costs among functions, and available resources and liquidity.

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Fair Value of Financial Instruments

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. To increase the comparability of fair value measurements, a three-tier fair value hierarchy, which prioritizes the inputs used in the valuation methodologies, is as follows:

Level 1 - Valuations based on quoted prices for identical assets and liabilities in active markets.

Level 2 - Valuations based on observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs reflecting the YW-NYC's own assumptions, consistent with reasonably available assumptions made by other market participants. These valuations require significant judgment.

At June 30, 2019, the fair value of the YW-NYC's financial instruments, including cash, government and other contract receivable, and accounts payable and accrued expenses, approximated book value due to the short maturity of these instruments.

Refer to Note 4 - Fair Value Measurements for assets measured at fair value.

<u>Investments</u>

Investments are reported at fair value, with gains and losses included in the accompanying statement of activities. Net investment income is recorded as net assets without donor restrictions unless specifically restricted by the donors. Contributions of marketable securities are recorded at their market values at the date of donation.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes gains and losses on investments bought and sold as well as held during the year.

Beneficial Interest in Perpetual Trust

The YW-NYC is a beneficiary of a perpetual trust held by another entity as trustee. The YW-NYC's beneficial interest in this trust is recorded at the fair value of the assets underlying the trust at the statement of financial position date.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Fixed Assets

Fixed assets are stated at cost. The YW-NYC capitalizes all purchases of property and equipment equal to or in excess of \$5,000. Repairs and maintenance are charged to expense in the period incurred. Depreciation is computed using the straight-line method over the estimated useful lives of the respective assets as follows:

Equipment and software 5 to 10 years Furniture 5 to 10 years

Leasehold improvements are amortized on a straight-line basis over the estimated useful life of the improvement or the term of the lease, whichever is less.

Net Assets

Net assets without donor restrictions include funds having no restrictions as to use or purpose imposed by the donors. The following "categories of funds" are represented as without donor restriction:

- Operating used to account for the general activity of the YW-NYC.
- Investment in fixed assets represents the net book value of fixed assets.

Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or those net assets whose principal may or may not have been expended, the income from which is expendable to support general operations.

Government Contracts and Non-Government Grants

The YW-NYC records revenue from government and other contracts as the underlying work is performed, as these contracts are structured as exchange transactions and not as donor restricted or without donor restricted grants.

Contributions

Contributions received and unconditional promises to give are recorded as public support at fair value in the period received and are considered to be net assets without donor restrictions unless specifically restricted by the donor. Contributions are recorded net of estimated uncollectible amounts. Conditional contributions are recognized as revenue when the conditions on which they depend have been substantially met.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Contributions (cont'd.)

The YW-NYC records contributions as donor restricted if they are received with donor stipulations that limit their use either through purpose or time restrictions. When donor restrictions expire, that is, when a time restriction ends or a purpose restriction is fulfilled, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Restricted contributions received and expended in the same fiscal year are reflected as without donor restricted revenues.

Allowance for Doubtful Accounts

The YW-NYC determines whether an allowance for doubtful accounts should be provided for contributions receivable and for government and other contract receivables. Such estimates are based on management's assessment of the aged basis of the receivables, current economic conditions and historical information. Contributions receivable are written off against the allowance for doubtful accounts when all reasonable collection efforts have been exhausted. Interest is not charged on outstanding receivables. The allowance for doubtful accounts and bad debt expense are either increased or decreased based upon management's assessment of the potential future uncollectible receivables at June 30, 2019. The YW-NYC has established an allowance for doubtful accounts on contributions of \$5,000 and on government grants and other contracts of \$11,017 at June 30, 2019.

Deferred Revenue

Contract and other revenue received in advance is deferred and recorded as revenue when the expenditures are incurred and revenue is earned.

Functional Expenses

The costs of providing the YW-NYC's various programs and supporting services have been summarized on a functional basis in the statement of activities. Those expenses include salaries and fringe benefits and occupancy. Salaries and fringe benefits are allocated across programs based on the proportional share of the employee's full-time equivalent charged to that program or prescribed time study methodology. Occupancy is allocated based on the usable square footage charged to that program.

Operating Measure

Operating revenues and expenses reflect the activities in which the YW-NYC engages in order to fulfill its mission. Investment income in excess of amounts designated for operations is considered nonoperating.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Accounting for Uncertainty in Income Taxes

The YW-NYC applies the provisions pertaining to uncertain tax provisions under FASB Accounting Standards Codification ("ASC") Topic 740 and has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements. The YW-NYC believes it is no longer subject to income tax examinations for years prior to 2016.

New Accounting Pronouncements

ASU No. 2018-08

In June 2018, the FASB issued ASU No. 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made*, which will assist organizations in evaluating the transfer of assets and the nature of the related transaction. Organizations will be required to determine whether transactions should be accounted for as contributions (nonreciprocal transactions) or as exchange (reciprocal) transactions and if a contribution is conditional. The guidance in this ASU requires that organizations determine whether a contribution is conditional based on whether an agreement includes a barrier that must be overcome and either a right of return of assets transferred or a right of release of a promisor's obligation to transfer assets. The presence of both indicates that the recipient is not entitled to the transferred assets or a future transfer of assets until it has overcome any barriers in the agreement.

For nonpublic entities who are recipients, the amendments of ASU No. 2018-08 are effective for annual reporting periods beginning after December 15, 2018, and interim periods within annual periods beginning after December 15, 2019. Early application is permitted.

ASU No. 2016-02

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. This ASU is the result of a joint project of the FASB and the International Accounting Standards Board ("IASB") to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements for U.S. GAAP and International Financial Reporting Standards ("IFRS"). The guidance in this ASU affects any entity that enters into a lease (as that term is defined in this ASU), with some specified scope exemptions. The guidance in this ASU will supersede FASB ASC Topic 840, *Leases*.

The ASU provides that lessees should recognize lease assets and lease liabilities on the balance sheet for leases previously classified as operating leases that exceed 12 months, including leases existing prior to the effective date of this ASU. It also calls for enhanced leasing arrangement disclosures.

For nonpublic entities, the amendments of ASU No. 2016-02 are effective for annual reporting periods beginning after December 15, 2020, and interim periods within annual periods beginning after December 15, 2021, based on the FASB's vote at its October 16, 2019 meeting to defer the implementation dates by one year. Early application is permitted for all entities.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

New Accounting Pronouncements (cont'd.)

ASU No. 2014-09

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This ASU is the result of a joint project of the FASB and the IASB to clarify the principles for recognizing revenue and to develop a common revenue standard for U.S. GAAP and IFRS. The guidance in this ASU affects any entity that either enters into contracts with customers to transfer goods or services or enters into contracts for the transfer of nonfinancial assets unless those contracts are within the scope of other standards.

The ASU provides that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. An entity should apply the following five-step process to recognize revenue:

- Step 1: Identify the contract with a customer.
- Step 2: Identify the performance obligations in the contract.
- Step 3: Determine the transaction price.
- Step 4: Allocate the transaction price to the performance obligations in the contract.
- Step 5: Recognize revenue when (or as) the entity satisfies a performance obligation.

For nonpublic entities, the amendments of ASU No. 2014-09 are effective for annual reporting periods beginning after December 15, 2018, and interim periods within annual periods beginning after December 15, 2019. Early application is permitted under certain circumstances.

The YW-NYC has not yet determined if these ASUs will have a material effect on its financial statements.

Note 3 - Investments

Investments are reported at fair value and are comprised of the following:

	Fä	iir value	Cost
Cash and money market	\$	29,693	\$ 29,693
Mutual funds		1,176,110	 3,407,401
	\$ 4	1,205,803	\$ 3,437,094

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Note 3 - Investments (cont'd.)

Investment returns for the year ended June 30, 2019 are calculated as follows:

Interest and dividends from investments	\$ 1,154
Realized gains on sale of investments	439,130
Unrealized losses on investments	(194,884)
Total return on investments	\$ 245,400
Investment return designated for current operations	\$ 1,375,000
Investment return in excess of amounts designated	
for current operations	(1,129,600)
	\$ 245,400
	\$ 245,400

The Board of Directors (the "Board") has authorized the YW-NYC to recognize as income for operating purposes a spending rate (or specified amount) that is approved by the Board. This amount is classified as investment return designated for current operations in the statement of activities. The spending policy is reviewed and adjusted annually by the Board as it deems appropriate and in keeping with the investment objectives and needs of the YW-NYC.

The YW-NYC has established the following objectives for its investments: (1) maintain, and if possible increase, the purchasing power of current assets and all future contributions; (2) maintain a constant funding-support-ratio; (3) apply a smoothing rule to mitigate the effect of short-term market volatility on spending; (4) maximize return within reasonable and prudent levels of risk; and (5) maintain an appropriate asset allocation based on a total return policy.

Note 4 - Fair Value Measurements

The YW-NYC measures its investments at fair value. Fair value is an exit price, representing the amount that would be received on the sale of an asset or that would be paid to transfer a liability in an orderly transaction between market participants. As a basis for considering such assumptions, a three-tier fair value hierarchy is used which prioritizes the inputs in the valuation methodologies in measuring fair value.

Fair Value Hierarchy

The methodology for measuring fair value specifies a hierarchy of valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (observable inputs) or reflect the YW-NYC's own assumptions of market participant valuation (unobservable inputs).

Note 4 - Fair Value Measurements (cont'd.)

Fair Value Hierarchy (cont'd.)

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the YW-NYC are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the YW-NYC are deemed to be actively traded.

Assets using Level 3 inputs consist of the YW-NYC's beneficial interest in perpetual trust. The beneficial interest in perpetual trust is valued utilizing the net asset value of the YW-NYC's interest in the trust. The underlying holdings of the trust are primarily marketable securities which are valued based on quoted prices for identical assets and liabilities in active markets.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the YW-NYC believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Items Measured at Fair Value on a Recurring Basis

The following table presents the YW-NYC's assets that are measured at fair value on a recurring basis at June 30, 2019:

	Total		Level 1	Le	vel 2	Level 3		
Cash and money market	\$	29,693	\$ 29,693	\$	-	\$	-	
Mutual funds		4,176,110	 4,176,110		-			
		4,205,803	4,205,803		-			
Beneficial interest in perpetual trust		1,233,301	 				1,233,301	
	\$	5,439,104	\$ 4,205,803	\$		\$	1,233,301	

The following is a reconciliation of the beginning and ending balances for assets measured at fair value using significant unobservable inputs (Level 3):

Balance, beginning of year Unrealized gain	\$ 1,226,613 6,688
Balance, end of year	\$ 1,233,301

Note 5 - Beneficial Interest in Perpetual Trust

The YW-NYC is the beneficiary of the Ruby B. Fleming perpetual trust held by a third party. The income generated on the trust is payable annually at 11.11% of the corpus to the YW-NYC. The contribution is classified as restricted in perpetuity - endowment and the annual distributions are reported as without donor restricted interest and dividends.

Note 6 - Endowment Fund

General

The YW-NYC's endowment consists of a donor restricted fund established primarily to provide long-term support for its charitable programs. As required by U.S. GAAP, net assets associated with the endowment fund are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The State of New York enacted the New York Prudent Management of Institutional Funds Act ("NYPMIFA"), a modified version of the Uniform Prudent Management of Institutional Funds Act ("UPMIFA"). The YW-NYC has evaluated the effect of NYPMIFA on the investments, appropriation and management of institutional funds and is establishing procedures to comply with its provisions.

The YW-NYC interprets state law as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the YW-NYC (a) classifies as net assets with donor restrictions the original value of gifts donated to the endowment, (b) the original value of subsequent gifts to the endowment, and (c) accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The YW-NYC has considered the following factors in making a determination to appropriate or calculate donor-restricted endowment funds:

- 1. Duration of the fund
- 2. General purposes of the organization and the donor-restricted endowment funds
- 3. General economic conditions
- 4. Possible effect of inflation or deflation
- 5. Expected total return from income and appreciation of investments
- 6. Other resources of the organization
- 7. Investment policy of the organization

Note 6 - Endowment Fund (cont'd.)

Return Objectives, Strategies Employed and Spending Policy

Subject to any restrictions imposed by the donor of a gift on expenditure of principal, income or use of the donated assets, the YW-NYC utilizes a total return investment approach with its asset allocation diversified over multiple asset classes. Target allocation percentages are established for various asset classes and are modified over time. Performance is measured against a composite benchmark of investment indices reflecting the target asset allocation. In recent years, the YW-NYC has followed a policy of budgeting the spending of 4% of the trailing three-year average of its endowment funds, subject to abiding by the purpose and other restrictions of certain of the funds. Under this policy, as approved by the YW-NYC's Board, the endowment assets are invested in a number of different asset classes and investment strategies to diversify the investments to provide a balance that will enhance the long-term total return of the overall investment portfolio while avoiding undue risk or concentration in any single asset class or investment category.

Endowment assets include those assets of certain donor-restricted funds contributed prior to September 17, 2010 which the YW-NYC must hold in perpetuity, preserving the original principal amount and, in some cases, spending only the income generated by such assets in accordance with the donor's instructions. Where the gifts have been so restricted, while assets are invested in accordance with the above philosophy of diversification and asset allocation, only the net appreciation and income are utilized for YW-NYC programs and, in some cases, only the income is utilized.

The following is a reconciliation of the activity in the donor-restricted endowment funds for the year ended June 30, 2019:

	Accumulated Original Unspent Earnings Donor Gif			J	Total
Balance, July 1, 2018	\$	524,005	\$	838,217	\$ 1,362,222
Investment income, net Releases		141,861 (31,190)		- (31,023)	141,861 (62,213)
Balance, June 30, 2019	\$	634,676	\$	807,194	\$ 1,441,870

Note 7 - Fixed Assets

Fixed assets, net consist of the following:

Equipment and software	\$ 127,337
Furniture	1,109
	128,446
Less: Accumulated depreciation and amortization	71,449
	\$ 56,997

Depreciation and amortization expense related to fixed assets totaled \$73,711 for the year ended June 30, 2019.

Note 8 - Line of Credit

The YW-NYC has available a \$5,000,000 line of credit with its investment manager. The line of credit has an interest rate equal to the 30-day LIBOR plus 1.75% (totaling 4.15% at June 30, 2019) and is collateralized by the investment accounts of the YW-NYC. At June 30, 2019, the YW-NYC had outstanding balances of \$1,855,712. Interest expense for the year ended June 30, 2019 was \$85,475.

Note 9 - Concentration of Credit Risk

The YW-NYC maintains cash balances in several financial institutions, which are insured by the Federal Deposit Insurance Corporation ("FDIC") for up to \$250,000 per institution. From time to time, the YW-NYC's balances may exceed these limits.

Note 10 - Net Assets With Donor Restrictions and Net Assets Released From Restrictions

The following is a summary of the net assets that were added and released from donor restrictions during the year ended June 30, 2019:

	Beginning Balance	Additions	Releases	Ending Balance
Youth Services Geek Girls Development & Communications	\$ 30,016	\$ -	\$ -	\$ 30,016
	72,500	36,000	(88,500)	20,000
	120,877	-	(74,208)	46,669
Restricted for specific purpose	223,393	36,000	(162,708)	96,685
Restricted in perpetuity - endowment	1,362,222	141,861	(62,213)	1,441,870
	\$ 1,585,615	\$ 177,861	\$ (224,921)	\$ 1,538,555

Note 11 - Retirement Plans

The YW-NYC contributes to YWCA Retirement Fund, Inc., a multiemployer defined benefit pension plan, under the terms of a participation agreement for its employees. The risks of participating in this multiemployer plan are different from a single-employer plan in the following aspects:

- a. Assets contributed to the plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- c. If the YW-NYC chooses to stop participating in its multiemployer plan, then it may be required to pay an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The YW-NYC's participation in this plan for the annual period ended June 30, 2019, is outlined in the table below. The "EIN/Pension Plan Number" column provides the Employer Identification Number ("EIN") and the three-digit plan number, if applicable. The most recent Pension Protection Act ("PPA") zone status available in 2019 is for the plan's year-end at December 31, 2018.

The zone status is based on information that the YW-NYC received from the plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are 65 percent to 80 percent funded, and plans in the green zone are at least 80 percent funded.

The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented. The last column lists the expiration date of the collective-bargaining agreement to which the plan is subject. Finally, the number of employees covered by the YWCA multiemployer plan decreased from 2018 to 2019, affecting the year-over-year comparability of the contributions. The significant reduction in covered employees corresponds to a reduction in overall business.

	EIN/ Pension Plan	Pension Protection Act Zone	FIP/RP Status Pending /	Contributions for the Year Ended June	Surcharge	Expiration Date of Collective - Bargaining
Pension Fund	Number	Status	Implemented	30, 2019	Imposed	Agreement
YWCA Retirement Fund, Inc.	13-1624231	Green	N/A	\$ 43,337	<u>′</u> N/A	N/A

The YW-NYC also offers a retirement plan, YWCA NYC 403 (b) Plan for eligible participants to contribute their own money to the plan on a tax deferred basis through payroll deductions.

Note 12 - Commitments and Contingencies

Lease Commitment

Future minimum annual rental commitments under the office space lease, for years subsequent to June 30, 2019, are as follows:

Years Ending June 30:	
2020	\$ 179,169
2021	184,521
2022	189,586
2023	194,794
2024	200,182
Thereafter	416,995
	\$ 1,365,247

Total rent expense was \$307,357 for the year ended June 30, 2019.

Government Grants

The YW-NYC has contracted with various funding agencies to perform services and receives reimbursements from state and city governments. Reimbursements received under these contracts and payments are subject to audit by the city and state governments. Upon audit, if discrepancies are discovered, the YW-NYC could be held responsible for refunding the amounts in question. The YW-NYC records such adjustments when the final audit amount is determined. At June 30, 2019, there were no material obligations as a result of such audits, and the YW-NYC's management believes that unaudited activities will not result in any material obligations. In the opinion of the YW-NYC's management, any liabilities that might be incurred would not have a material effect on the YW-NYC's financial position or results of operations.

Litigation

The YW-NYC is involved in litigation arising during the normal course of business. Management estimates that such matters will be resolved without a material adverse effect on the YW-NYC's future financial position, liquidity and results from operations.

Note 13 - Management's Plans and Intentions for Future Operations

The YW-NYC incurred a deficit for the year ended June 30, 2019 of \$1,089,836. In addition, during the fiscal year, the YW-NYC also terminated the existing lease agreement and entered into a new lease agreement for a substantial reduction in rent expense. Management will continue to explore all opportunities to improve operating results, reduce operating costs, increase working capital, repay its obligations and increase unrestricted funding. Management believes that it is taking the appropriate and corrective actions to remedy the aforementioned deficits.

Note 14 - Available Resources and Liquidity

The YW-NYC regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The YW-NYC has various sources of liquidity at its disposal, including cash, investments and a line of credit. See Note 8 for information about the YW-NYC's line of credit.

The following reflects the YW-NYC's financial assets as of the statement of financial position date, reduced by amounts not available for general use within one year of the statement of financial position date because of contractual or donor-imposed restrictions or internal designations.

Cash Investments	\$ 229,835 4,205,803
Government and other contract receivable, net	 718,788
Total financial assets	5,154,426
Less: Donor restrictions for specific purposes	
Restricted for specific purpose	96,685
Restricted in perpetuity - endowment	 1,441,870
Financial assets available to meet cash needs for general expenditures within one year	\$ 3,615,871

Note 15 - Subsequent Events

The YW-NYC has evaluated all events or transactions that occurred after June 30, 2019 through December 27, 2019, which is the date that the financial statements were available to be issued. During this period, there were no material subsequent events requiring disclosure.