EIDE BAILLY LLP 5 TRIAD CENTER, STE. 600 SALT LAKE CITY, UT 84180-1106

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH 322 EAST 300 SOUTH SALT LAKE CITY, UT 84111-2605

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CLIENT'S COPY



February 18, 2021

Young Women's Christian Association of Utah, DBA YWCA Utah 322 East 300 South Salt Lake City, UT 84111-2605

Dear Anne:

Enclosed is the 2019 Exempt Organization return, as follows...

2019 Form 990

2019 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Christopher Winsley, CPA

### TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

### FOR THE YEAR ENDING

June 30, 2020

Pre	рa	rec	۱F	or	:
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Young Women's Christian Association of Utah, DBA YWCA Utah 322 East 300 South Salt Lake City, UT 84111-2605

### Prepared By:

Eide Bailly LLP 5 Triad Center, Ste. 600 Salt Lake City, UT 84180-1106

### **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 qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 17, 2021

### Form 8879-EC

### **IRS e-file Signature Authorization** for an Exempt Organization

calendar year 2019, or fiscal year beginning	JUL	1	, 2019, and ending	JUN	30	, 20 <b>2 (</b>
▶ Do not send	d to the I	IRS.	Keep for your rec	ords.		

OMB No. 1545-1878

Department of the Treasury

Internal Revenue Service Name of exempt organization ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

87-0212467

Name and title of officer LIZ OWENS

CEO

Part I Type of Return and Return Information (Whole Dolla	rs Onlv)
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Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

la Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b _	6,373,065.
2a Form 990-EZ check here <b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b	
Ba Form 1120-POL check here 🕨 🔲 b Total tax (Form 1120-POL, line 22)	3b _	
la Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _	
5a Form 8868 check here ▶	5b	

### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

•							
X   authorize EIDE BAILLY LLP	to enter my PIN 18993						
ERO firm name	Enter five numbers, t do not enter all zeros						
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated w is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I al enter my PIN on the return's disclosure consent screen.	. ,						
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.							
per's signature ▶ Date ▶							
art III Certification and Authentication							

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

87416708122 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date - 02/18/21 ERO's signature

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

Offic

## (Rev. January 2020) 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. and ending JUN 30, 2020 Open to Public Inspection

OMB No. 1545-0047

A F	or the	2019 calendar year, or tax year beginning $$ JUL $1,$ $2019$ $$ and ending	<u>, JUN 30,</u>	, 2020			
<b>B</b> 0	heck if pplicable	C Name of organization	D Emplo	yer identific	cation number		
	Addres	S OF HEALT DDA MINOR HEALT					
	Name change		87-	87-0212467			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  322 EAST 300 SOUTH		one number	7-860 <b>4</b>		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross red	ceipts \$	7,606,491.		
	Amend		H(a) Is thi	s a group re	eturn		
	Application	F Name and address of principal officer: LIZ OWENS	for su	for subordinates? Yes X No			
	pendin	g SAME AS C ABOVE	H(b) Are all	subordinates in	cluded? Yes No		
1 1	ax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or			list. (see instructions)		
		e: ▶ WWW.YWCAUTAH.ORG	H(c) Grou	p exemption	n number 🕨		
KF	orm of	organization: X Corporation			1 State of legal domicile: UT		
Pa	art I	Summary		•	-		
	1	Briefly describe the organization's mission or most significant activities: YWCA UTA	H IS DED	ICATEI	O TO		
Governance		ELIMINATING RACISM, EMPOWERING WOMEN, AND PRO					
na	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 25% c	of its net ass	ets.		
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	19		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	19		
တို		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			165		
/itie	6	Total number of volunteers (estimate if necessary)		6	2727		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.		
			Prior Y		Current Year		
O	8	Contributions and grants (Part VIII, line 1h)		7,431.	4,827,995.		
ž	9	Program service revenue (Part VIII, line 2g)	1,296	5,146.	1,193,006.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76	5,399.	88,537.		
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,137.	263,527.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,113.	6,373,065.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50	),917.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,461	L,570.	4,834,877.		
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
x be	b.	Total fundraising expenses (Part IX, column (D), line 25)   502,155.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		L,175.	2,591,672.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,662.	7,426,549.		
	19	Revenue less expenses. Subtract line 18 from line 12	-161	L,549.	-1,053,484.		
Net Assets or			Beginning of Cu		End of Year		
sets	20	Total assets (Part X, line 16)	12,006		11,653,510.		
A	21	Total liabilities (Part X, line 26)		5,550.	1,537,749.		
	22	Net assets or fund balances. Subtract line 21 from line 20	11,170	),517.	10,115,761.		
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		-	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer.	parer has any knov	vledge.			
		Signature of officer		ate			
Sigi		•	De	116			
Her	е	LIZ OWENS, CEO Type or print name and title					
			Date	Check	PTIN		
Do:4	, [	Print/Type preparer's name  CHDTCTODUED WINCLEY CDA  Preparer's signature		lif └			
Paid	- 1	CHRISTOPHER WINSLEY, CPA    Firm's name  EIDE BAILLY LLP		self-employ	45-0250958		
-	Only		FII	TIII'S EIN	43-0430330		
use	Only	Firm's address 5 TRIAD CENTER, STE. 600 SALT LAKE CITY, UT 84180-1106		on	1-532-2200		
N /	, +b = 15	•	Pr	ione no. o u			
iviay	r me it	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

	990 (2019) OF UTAH, DBA IWCA UTAH 87-UZ1Z467 Page Z
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	YWCA UTAH IS DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN, AND
	PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,913,119. including grants of \$) (Revenue \$)
	WOMEN IN JEOPARDY - A TEMPORARY REFUGE FOR WOMEN AND CHILDREN WHO ARE
	VICTIMS OF FAMILY VIOLENCE, WHERE THEY CAN OBTAIN IMMEDIATE SAFETY AND
	SUPPORT; FEEL WELCOME AND RESPECTED; GAIN ACCESS TO COMMUNITY
	RESOURCES; AND BECOME MORE EMPOWERED TO CREATE HEALTHY, VIOLENCE-FREE
	LIVES. LAST YEAR, THE LICENSED 24-HOUR SHELTER PROVIDED 33,796 NIGHTS
	OF SERVICE TO 345 WOMEN AND 466 CHILDREN, AS WELL AS A VARIETY OF
	TRAUMA-INFORMED SUPPORTIVE SERVICES INCLUDING RISK-OF-DANGER
	ASSESSMENTS. THE ROOM UTILIZATION RATE WAS 94 PERCENT; 95 PERCENT OF
	WOMEN INCREASED THEIR SAFETY BY COMPLETING A SAFETY PLAN; 36 PERCENT
	WERE EMPLOYED AT EXIT; AND 23 PERCENT FOUND PERMANENT HOUSING.
	ADDITIONALLY, THE 24-HOUR CRISIS LINE PROVIDED INFORMATION AND RESOURCE
	REFERRALS TO 2,134 PEOPLE.
4b	(Code:) (Expenses \$1, 310, 758. including grants of \$) (Revenue \$1, 053, 442. )
	LOLIE ECCLES EARLY EDUCATION CENTER - FULL-TIME, NATIONALLY ACCREDITED,
	STATE-LICENSED CHILD CARE AND EARLY EDUCATION THAT PROMOTES A SAFE,
	NURTURING, RESPECTFUL PLACE WHERE COMMUNITY CHILDREN FROM INFANCY
	THROUGH SIX YEARS CAN LEARN, PLAY AND GROW. LAST YEAR 174,048 HOURS OF
	CARE AND EDUCATION WERE PROVIDED TO 157 CHILDREN. FURTHER, 83% OF THE
	CHILDREN'S FAMILIES INCREASED THEIR INVOLVEMENT IN THEIR CHILD'S
	SCHOOLING AND EARLY LEARNING ACTIVITIES. 19 CHILDREN WERE ENROLLED IN
	KINDERGARTEN AND 25 CHILDREN ATTENDED DAY CAMPS (OUT-OF-SCHOOL
	PROGRAMMING). SUMMER CAMP SERVED 33 OLDER OUT-OF-SCHOOL CHILDREN.
4c	(Code:) (Expenses \$1, 124, 253. including grants of \$) (Revenue \$) (Revenue \$)
	CHILDREN'S ADVOCACY AND INTERVENTION - AGE-APPROPRIATE, TRAUMA-INFORMED
	SERVICES FOR CHILDREN AND TEENAGERS IN RESIDENCE (AGES SIX TO 19) WHO
	HAVE BEEN EXPOSED TO FAMILY VIOLENCE. SERVICES INCLUDE MATERNAL/CHILD
	FAMILY SUPPORT, ACADEMIC ASSISTANCE, AFTER-SCHOOL AND SUMMER CAMP
	PROGRAM, MENTAL HEALTH REFERRALS, AND OTHER SPECIALIZED INTERVENTION.
	DROP-IN CHILD CARE WAS AVAILABLE FOR INFANTS AND YOUNG CHILDREN IN
	RESIDENCE. LAST YEAR, 441 CHILDREN BEGAN TO OVERCOME THEIR DIFFICULT
	EXPERIENCES THROUGH 10,140 HOURS OF CHILD-CENTERED ADVOCACY AND 35,822
	HOURS OF ONSITE AFTER-SCHOOL, SUMMER CAMP, AND TEEN PROGRAMMING. OF
	THOSE OLDER THAN SIX, 86 PERCENT STATED THEY HAD LEARNED TO KEEP
	THEMSELVES AND OTHERS SAFE WHILE STAYING AT THE YWCA. LAST YEAR,
	RESIDENTIAL DROP-IN CHILD CARE OFFERED 37,972 HOURS OF CHILD CARE TO
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,038,060 • including grants of \$ ) (Revenue \$ 87,458 • )
4e	Total program service expenses ► 6,386,190.

Page 3

## YOUNG WOMEN'S CHRISTIAN ASSOCIATION Form 990 (2019) OF UTAH, DBA YWCA UTAH 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		Х
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	Х	
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,			
•	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? <i>If</i> "Yes," <i>complete</i>			
Ü	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	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV	9		125
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Δ.	
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,	l	37	
_	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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
	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		x

YOUNG WOMEN'S CHRISTIAN ASSOCIATION Form 990 (2019) OF UTAH, DBA YWCA UTAH
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
		24b		<u> </u>
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		<u> </u>
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	٠.	v	1
	Part V, line 1	34	X	-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	$\vdash$
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			- v
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	1
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Officery if Confedence Of Contraints a response of flote to any life in this Part V		V	NI-
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Enter the number of Fernie W Za moladed in line fat Enter of infocuspillation			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	X	
	(gambling) winnings to prize winners?	1c	47	

Form 990 (2019) OF UTAH, DBA YWCA UTAH

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

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a	165						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х				
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	ts (FBAR).						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	anization solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	r gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services p	provided to the payor?	7a	X				
			7b	X				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required.	uired						
	to file Form 8282?		7с		X			
	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	e	_					
0	, , , , , , , , , , , , , , , , , , , ,		8					
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a					
			9b					
10	Section 501(c)(7) organizations. Enter:		30					
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1						
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
			14a		_X_			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				37			
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.				v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incor	ne?	16		X			
	If "Yes," complete Form 4720, Schedule O.							

Page 6

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 19 **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 on Schedule O. 19 **b** Enter the number of voting members included on 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 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 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 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 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 on 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? 10a 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 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b 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? 14 Х 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 Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Х exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup UTSection 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. X Upon request X Own website Another's website \_\_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LIZ OWENS - (801) 537-8604 EAST 300 SOUTH, SALT LAKE CITY. 322 UT 84111-2605

# Form 990 (2019) OF UTAH, DBA YWCA UTAH 87-0 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.

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

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

Check this box if neither the organization n	(B)	(C)					Satt	(D)	(E)	(F)
Name and title	Average	(de	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an an	compensation	compensation	amount of
	week	officer and a direct		unector/trustee)			from	from related	other	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	truste	al trus		yee	mper		(** 2) 1000 (**100)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indiv	Instii	Officer	Key	High emp	Former			
(1) MARY ANNE BERZINS	1.00									
CHAIR	1.00	Х		Х				0.	0.	0.
(2) AUDREY JIRICKO	1.00									
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(3) LYNDA JEPPESEN	1.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(4) SUSAN SPEIRS	1.00									
TREASURER	1.00	Х		Х				0.	0.	0.
(5) CHRISTINA LAU BILLINGS	1.00									
PAST CHAIR	1.00	Х		Х				0.	0.	0.
(6) LISA ANDRUES	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) KATE CONYERS	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) MINDI COX	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) CHRISTELLE ESTRADA	1.00							_	_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) PAM GILES	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) PHYLLIS HOCKETT	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) KATHRYN HOLMES	1.00									_
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) MARIAN JACOBSEN	1.00									_
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) LISA BROWN MIRANADA	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) NANCY PIGGOT	1.00	l								_
BOARD MEMBER	1.00	Х			_			0.	0.	0.
(16) JENNIFER A. SMITH	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) ELIZABETH THOMAS-ROSSWOG	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH 87-0212467 Page 8										
rs, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(B)	(C)	(D)	(E)	(F)					
tle	Average Position	Reportable	Reportable	Estimated						
	hours per (do not check more than one box, unless person is both an		compensation	compensation	amount of					
	week	officer and a director/trustee)	from	from related	other					

(A) Name and title	hours per do not check more than one box, unless person is both an officer and a dispeter (trustee)			(E) Reportable compensatio from related	n	(F) Estimated amount of other							
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr org and	pensa om the anizati d relate anizatio	e ion ed
(18) HEATHER J. TRECKER BOARD MEMBER	1.00	х						0.		0.			0.
(19) KATHERINE VENTI BOARD MEMBER	1.00	х						0.		0.			0.
(20) ANNE BURKHOLDER CEO	39.00 1.00			х				114,181.		0.		8,19	92.
(21) LIZ OWNES CEO	39.00 1.00			х				0.		0.			0.
1b Subtotal c Total from continuation sheets to Part VII							<b>&gt;</b>	114,181.		0.		8,19	0.
d Total (add lines 1b and 1c)							<b>▶</b> o re	114,181. eceived more than \$100,	000 of reportable	0.		8,19	92.
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for sa											3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	sati	on fr	om	any	unre					5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest con the organization. Report compensation for t	-	-								oensa	tion fro	om	
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(Compe	<b>)</b> nsatior	า

	the organization. Report compensation for the calendar year ending with or within the organization's tax year.						
	(A)		(B)	(C)			
	Name and business address	NONE	Description of services	Compensation			
2	Total number of independent contractors (including but	not limited to those listed	d above) who received more than				

\_\_\_\_

Form **990** (2019)

\$100,000 of compensation from the organization

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### YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Form 990 (2019) OF UTAH
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a re	esponse (	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
s s	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b	34,670.				
Ω. E			Fundraising events			1c	104,413.				
ifts ar A			<b>-</b>			1d					
nig,			Government grants (contr		Г	1e	2,928,992.				
Sign			All other contributions, gifts,								
bet			similar amounts not included	-		1f	1,759,920.				
Öğ		g	Noncash contributions included in			1g \$	345,912.				
a S		h	Total. Add lines 1a-1f					4,827,995.			
							Business Code				
g.	2	а	PROGRAM SERVICE FEES	3			900099	1,193,006.	1,193,006.		
Ş		b									
Sel		С									
an eve		d									
Program Service Revenue		е									
P		f	All other program service	rever	nue						
			Total. Add lines 2a-2f					1,193,006.			
	3		Investment income (includ								
			other similar amounts)					60,733.			60,733.
	4		Income from investment of								
	5	,	Royalties	. <u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a	:	38,220.					
		b	Less: rental expenses	6b		0.					
			Rental income or (loss)	6с	:	38,220.					
		d	Net rental income or (loss)	<u> </u>				38,220.			38,220.
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a	1,1	66,884.					
		b	Less: cost or other basis								
e			and sales expenses	7b	1,1	23,710.	15,370.				
le l		С	Gain or (loss)	7с	,	43,174.	-15,370.				
her Revenue		d	Net gain or (loss)			<u></u>		27,804.			27,804.
ЭĒ	8	а	Gross income from fundraising	ng ev	ents (no	ot					
₹			including \$	104,	413.	of					
			contributions reported on	line	1c). Se	e					
			Part IV, line 18			8a	326,598.				
		b	Less: direct expenses			8b	94,346.				
		С	Net income or (loss) from	fund	raising	events	<b>_</b>	232,252.			232,252.
	9	а	Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			ivities	<b></b>				
	10	а	Gross sales of inventory, I								
			and allowances			10a					
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	of inve	entory					
ဖွ							Business Code				
Miscellaneous Revenue	11	а	OTHER REVENUE				900099	34,611.	34,611.		
lant		b	THE CRITCHLOW, LLC				900099	-3,532.	-3,532.		
cel ev		С	YWEMPOWERED, LLC				900099	-38,024.	-38,024.		
Mis			All other revenue								
			Total. Add lines 11a-11d				<b>&gt;</b>	-6,945.			
	12	,	Total revenue See instruction	ne				6 373 065.	1 186 061.	l 0.	359 009.

OF UTAH, DBA YWCA UTAH

### Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).					
	Check if Schedule O contains a response or note to any line in this Part IX					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
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	148,862.	18,082.	111,647.	<u> 19,133.</u>	
6	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	2 245 464	2 22-	100 550		
7	Other salaries and wages	3,847,464.	3,553,235.	100,579.	193,650.	
8	Pension plan accruals and contributions (include	106 450	100 545	6 500	5 040	
	section 401(k) and 403(b) employer contributions)	136,470. 415,308.	122,747. 381,742.	6,780.	6,943.	
9	Other employee benefits	415,308.	381,742.	11,668.	21,898.	
10	Payroll taxes	286,773.	256,250.	15,460.	15,063.	
11	Fees for services (nonemployees):					
а	Management	20 140		20 140		
b	Legal	30,149.		30,149.		
С	Accounting	19,860.		19,860.		
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17	40 205	10 246	12 100	0 050	
f	Investment management fees	40,205.	18,246.	13,100.	8,859.	
g	,	270,287.	07 600	01 111	00 101	
	column (A) amount, list line 11g expenses on Sch O.)	6,461.	87,689. 1,770.	84,414.	98,184. 4,051.	
12	Advertising and promotion	57,364.	31,967.	5,842.	19,555.	
13	Office expenses	115,731.	74,965.	19,571.	21,195.	
14	Information technology	113,731.	74,505.	17,3110	21,175.	
15	Royalties	330,482.	290,577.	26,010.	13,895.	
16 17	Occupancy	16,813.	16,813.	20,010.	13,055.	
18	Travel Payments of travel or entertainment expenses	10,013.	10,013.			
10	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	82,991.	61,639.	9,901.	11,451.	
20	Interest	2,797.	,	2,797.		
21	Payments to affiliates	28,447.		28,447.		
22	Depreciation, depletion, and amortization	274,264.	255,751.	10,285.	8,228.	
23	Insurance	82,419.	63,194.	11,551.	7,674.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)					
а	CLIENT ASSISTANCE	541,236.	541,236.			
b	IN-KIND EXPENSE	344,317.	344,317.			
c	FOOD	114,731.	114,731.		_	
d	SUPPLIES	76,989.	55,786.	9,688.	11,515.	
е	All other expenses	156,129.	95,453.	19,815.	40,861.	
25	Total functional expenses. Add lines 1 through 24e	7,426,549.	6,386,190.	538,204.	502,155.	
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)					
					E 000 (2242)	

Form 990 (2019)
Part X Balance Sheet

Par	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			700.	1	441,932.
	2	Savings and temporary cash investments			1,549,564.	2	1,109,440.
	3	Pledges and grants receivable, net			963,356.	3	707,111.
	4	Accounts receivable, net			440,003.	4	395,558.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied per				
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				118,881.	9	64,518.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	8,470,363.			
	b	Less: accumulated depreciation	10b	3,216,606.	5,501,720.	10c	5,253,757. 2,563,483.
	11	Investments - publicly traded securities	2,277,894.	11	2,563,483.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		1,153,949.	13	1,117,711.	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			12,006,067.	16	11,653,510.
	17	Accounts payable and accrued expenses	320,185.	17	394,301.		
	18	Grants payable	045 050	18	116.005		
	19	Deferred revenue			215,878.	19	146,395.
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iab.		controlled entity or family member of any of thes			200 407	22	222 222
_	23	Secured mortgages and notes payable to unrela			299,487.	23	223,200.
	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		· · · · · · · · · · · · · · · · · · ·	0		772 052
	00	of Schedule D			0. 835,550.		773,853. 1,537,749.
	26	Total liabilities. Add lines 17 through 25			033,330.	26	1,557,745.
ű		Organizations that follow FASB ASC 958, che	ck ner	e P 🛕			
nce	07	and complete lines 27, 28, 32, and 33.			8,333,378.	27	7,793,185.
ala	27	Net assets without donor restrictions			2,837,139.	28	2,322,576.
d B	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 98		2,031,137.	20	2,322,310.	
-E		and complete lines 29 through 33.					
ō	20	•				29	
əts	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				30	
\ss(	30	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	31				11,170,517.	32	10,115,761.
ž	32 33	Total liabilities and net assets/fund balances			12,006,067.	33	11,653,510.
	<b>3</b> 3	Total liabilities and net assets/fund balances			14,000,007.	აა	TT, 055, 510.

## YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Form 990 (2019)

OF UTAH, DBA YWCA UTAH

87-0212467 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 6,373,065. Total revenue (must equal Part VIII, column (A), line 12) 1 7,426,549. Total expenses (must equal Part IX, column (A), line 25) 2 2 -1,053,484. Revenue less expenses. Subtract line 2 from line 1 3 3 11,170,517. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 -6,590. Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 1,786 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 3,532 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 10,115,761. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х Act and OMB Circular A-133? За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

III 990 01 990-LZ

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.

**Public Charity Status and Public Support** 

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

OMB No. 1545-0047

2019

Open to Public Inspection

YOUNG WOMEN'S CHRISTIAN ASSOCIATION **Employer identification number** Name of the organization OF UTAH DBA YWCA UTAH 87-0212467 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). X 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 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 OF UTAH, DBA YWCA UTAH

87-0212467 Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5533679.	4741135.	4549835.	5067431.	4827995.	24720075.
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	5533679.	4741135.	4549835.	5067431.	4827995.	24720075.
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.						24720075.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	5533679.	4741135.	4549835.	5067431.		24720075.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	203,738.	90,475.	101,410.	103,914.	98,953.	598,490.
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	<b>Total support.</b> Add lines 7 through 10						25318565.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 7	,464,760.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	97.64 %
	Public support percentage from 2018	•				15	96.15 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies		•				
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	i <b>ere.</b> Explain in Pai	t VI how the orgar	nization
	meets the "facts-and-circumstances"	•			•		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the		•		• •		•
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

### 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.)

Se	ction A. Public Support	now, please comp	Diete Part II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public					т т	
	Public support percentage for 2019 (lin					15	%
						16	%
	ction D. Computation of Inves					T I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2019. If the						r is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec						. $\square$
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	<b>&gt;</b>

### 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.)

		Vac	Nic
		Yes	No
	1		
	2		
	3a		
	2h		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5h		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
_	10b		
~ O	an or ac	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	·20140

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son 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 fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 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 E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	-	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800		vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
Sec	lion C	5. Type ii Supporting Organizations		Vaa	Na
	More	a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		·			
		nagement of the supporting organization was vested in the same persons that controlled or managed upported organization(s).	1		
Sect		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in (2), did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	suppo	orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
-					
1 a		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ties Test. Answer (a) and (b) below.	uotionis,	Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	ipported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	<b>2</b> a		
b	Did th	e 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			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
I.		es of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
α		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	OI ILS S	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

### YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2019 OF UTAH, DBA YWCA UTAH

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections 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-functiona	lly integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)				
Secti	on D - Distributions		•	Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
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 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	T	T				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
_1_	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
<u>a</u>	From 2014						
<u>b</u>	From 2015						
<u> </u>	From 2016						
<u>d</u>	From 2017						
е	From 2018						
f_	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2019 distributable amount						
<u>    i                                </u>	Carryover from 2014 not applied (see instructions)						
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
_8_	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

### YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2019 OF UTAH, DBA YWCA UTAH 87-021<u>2467 Page 8</u> Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

### 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.

0040

2019

OMB No. 1545-0047

Name of the organization

Organization type (check one):

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Employer identification number

87-0212467

Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Oh a da ifa a suu a suu a su	Traking is accounted by the Consent Bule and Consist Bule					
	ization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> In 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
-	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 50 any one co	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from intributor, 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; 990-EZ, line 1. Complete Parts I and II.					
year, total	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contr is checked purpose. D	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \rightarrow 1					
but it <b>must</b> answer	ration that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF UTAH, DBA YWCA UTAH

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	DEPARTMENT OF JUSTICE, OFFICE OF VIOLENCE AGAINST WOMEN  950 PENNSYLVANIA AVENUE, NW  WASHINGTON, DC 20530	\$361,051.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	DEPARTMENT OF WORKFORCE SERVICES  140 EAST 300 SOUTH  SALT LAKE CITY, UT 84111	\$ <u>170,017.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	DEPARTMENT OF WORKFORCE SERVICES HOUSING AND COMMUNITY DEVELOPMENT DIVI  1385 SOUTH STATE STREET SUITE 400  SALT LAKE CITY, UT 84115	\$ 523,120.	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		
4	ESRR IMPACT ENDOWMENT FUND THE CHICAGO COMMUNITY FOUNDATION, 225 NORTH MICHIGAN AVENUE, SUITE 2200 CHICAGO, IL 60601	\$ 118,736.	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		
5	FLORENCE J. GILLMOR FOUNDATION C/O PARSONS BEHLE & LATIMER, 201 SOUTH MAIN STREET, SUITE 1800  SALT LAKE CITY, UT 84111	\$ 100,000.	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		
6	UTAH OFFICE FOR VICTIMS OF CRIME  350 EAST 500 SOUTH ST 200  SALT LAKE CITY, UT 84111	\$ <u>473,671.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF UTAH, DBA YWCA UTAH

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	UTAH DEPARTMENT OF CHILDREN & FAMILY SERVICES  195 NORTH 1950 WEST  SALT LAKE CITY, UT 84116	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person 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.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll 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.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization
YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF UTAH, DBA YWCA UTAH

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			
		\$				
(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			
		\$				

Name of organization

**Employer identification number** 

## YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)							
	completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	haritable, etc., contributions of <b>\$1,000 or</b>	r less for the year. (Enter this info. once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	ift				
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, and	(e) Transfer of gif	ift Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	I	(e) Transfer of gif	ift				
	Transferee's name, address, and		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee				

### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

	, (, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,				
	Section 501(c)(4), (5), or (6) organizat		3.0000T3.0TOX	F	
ivai		OMEN'S CHRISTIAN	ASSOCIATION	Emp	loyer identification number
D	art I-A   Complete if the org	, DBA YWCA UTAH panization is exempt under	r coation E01(a) a	r io o postion 527 or	87-0212467
P	art I-A Complete if the org	amzation is exempt under	Section 50 I(c) 0	r is a section 527 or	gariizatiori.
	Provide a description of the organiz	•	. •		
	Political campaign activity expendit			<b>&gt;</b> \$	·
3	Volunteer hours for political campai	gn activities			
Pa	art I-B   Complete if the org	anization is exempt under	r section 501(c)(3	).	
1	Enter the amount of any excise tax	•	. , , ,		
	Enter the amount of any excise tax				
	If the organization incurred a section				
	a Was a correction made?				
	o If "Yes," describe in Part IV.				
	art I-C Complete if the org	anization is exempt under	r section 501(c), e	except section 501(c	:)(3).
1	Enter the amount directly expended	by the filing organization for sect	ion 527 exempt function	on activities • \$	}
	Enter the amount of the filing organ				
	exempt function activities		J		
3	Total exempt function expenditures				
_	line 17b		•	<b>&gt;</b> \$	i
4					
5					
•	made payments. For each organiza	• •		•	• •
	contributions received that were pro				•
	political action committee (PAC). If	additional space is needed, provid	e information in Part I\	<i>I</i> .	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Namo	(b) / (da1000	(0) Env	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
			1		1

### YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2019 OF UTAH, DBA YWCA UTAH 87-0212467 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount

Schedule C (Form 990 or 990-EZ) 2019

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

87-0212467 Page 3

### Schedule C (Form 990 or 990-EZ) 2019 OF UTAH, DBA YWCA UTAH 87-02124 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.			No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?	X		1	765.
е	Publications, or published or broadcast statements?	X			588.
f	Grants to other organizations for lobbying purposes?		X		100
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			7,193.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			2,887.
i	Other activities?		X	1 /	122
j	Total. Add lines 1c through 1i		77	14	1,433.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Dar	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	 n 501(a)(/	5) or coo	tion	
rai	501(c)(6).	11 30 1(0)(	oj, di sed	tion	
	30 1(c)(0).			Yes	No
_	More as higher tall all (000) as a second along the higher than 0			162	INO
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3. is
	answered "Yes."		(,	<b>,</b>	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
AC1	IVITIES IN 19/20 INVOLVED 340 HOURS OF STAFF TIME,	PRIMA	RILY T	HE	
DIF	RECTOR OF PUBLIC POLICY (300 HOURS) AND THE CEO. NO	PUBL	IC FUN	DS	
. <b></b> -	NE WARD TO AVEDDE AVAIL LATER TO THE TOTAL THE TOTAL TO T				
WEF	RE USED TO SUPPORT SUCH ACTIVITIES, WHICH FOCUSED ON	STATI	i AND		
FEI	ERAL APPROPRIATIONS AND LEGISLATION AFFECTING THE Y	WCA'S	WORK (	ON	
- <del>-</del> -	INTEL OF HEALT MONTH AND WHEEL SAVELED A CONTINUES OF			T.17.0	
REF	NALF OF UTAH WOMEN AND THEIR FAMILIES. ACTIVITIES IN	CLUDEI	ע WKIT'.	TNG	

### YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2019 OF UTAH, DBA YWCA UTAH 87-0212467 Page 4 Part IV Supplemental Information (continued) LETTERS AND EMAILS, MAKING PHONE CALLS AND MEETING WITH LEGISLATIVE AND CONGRESSIONAL OFFICE STAFF AS WELL AS GOVERNMENT OFFICIALS. THE DIRECTOR OF PUBLIC POLICY ALSO COMMUNICATED WITH YWCA MEMBERS AND COMMUNITY STAKEHOLDERS VIA EMAIL AND SOCIAL MEDIA REGARDING STATE AND FEDERAL LEGISLATION AND APPROPRIATIONS, AS WELL AS GIVING SPEECHES AND CONDUCTING SEMINARS WITH COMMUNITY MEMBERS REGARDING YWCA POLICY ISSUES. ACTIVITIES ALSO INCLUDED SOME MEDIA INTERVIEWS AND SIGNING LETTERS GENERATED BY VARIOUS STATE AND NATIONAL PARTNER ORGANIZATIONS AND COALITIONS.

### **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

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

**Employer identification number** 87-0212467

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	e conferring
Part	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d 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
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
	Number of conservation easements modified, transferred, relea		
	year <b>&gt;</b>		
4	Number of states where property subject to conservation ease	ment is located >	_
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Part	Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in f	furtherance of public
	service, provide in Part XIII the text of the footnote to its financi	ial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furt	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB ASC	C 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$

Par	rt III Organizations Maintaining	Collections of Art	i, Historical Tre	asures, or Ot	ther S	imilar Ass	ets <sub>(conti</sub>	nued)			
	collection items (check all that apply):										
а	Public exhibition	d	Loan or excl	nange program							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's	collections and explain	how they further th	e organization's	exempt	purpose in P	art XIII.				
5	During the year, did the organization solicit	or receive donations of	of art, historical treas	ures, or other sir	nilar ass	sets					
	to be sold to raise funds rather than to be r						Yes		No		
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, F	art X, line 21.									
1a	Is the organization an agent, trustee, custo		•					_	_		
	on Form 990, Part X?						Yes		_ No		
b	If "Yes," explain the arrangement in Part XI	II and complete the foll	owing table:								
							Amour	t			
С	0 0					1c					
d	Additions during the year					1d					
е	<b>5</b> ,					1e					
f	Ending balance					1f					
	Did the organization include an amount on				-		Yes	L	_ No		
	If "Yes," explain the arrangement in Part XI										
Par	rt V Endowment Funds. Complete						.				
		(a) Current year	(b) Prior year	(c) Two years ba		Three years ba					
1a	0 0 ,		2,135,467.	2,077,61		1,829,68	_		617.		
b		308,834.	125,000.	29,68							
С	Net investment earnings, gains, and losses	68,706.	118,750.	145,78	31.	262,01	0.	-9,	,240.		
d	Grants or scholarships										
е		26.054	101 202	01 26	, ,	00.04	_	0.5	000		
_	and programs		101,323.	91,32		29,84			990.		
		0 560 400	2 277 204	26,28		24,85			520.		
g		•	2,277,894.		0 / •	2,077,61	1.  1	,029,	,680.		
2	Provide the estimated percentage of the cu	•		) held as:							
а	5	82.13	_%								
b		%									
С											
0-	The percentages on lines 2a, 2b, and 2c sh	·	4: a.a. 4la.a4 aa la.a.lal a	al a aluacius attaura al £							
sa	Are there endowment funds not in the poss	session of the organiza	tion that are neid an	a administered i	or the o	rganization		Vaa	No		
	by: (i) Unrelated organizations						3a(i)	Yes	No X		
									X		
h	(ii) Related organizations										
4	Describe in Part XIII the intended uses of the						35				
	rt VI Land, Buildings, and Equip		WITHCHT TURIGS.								
	Complete if the organization answer		Part IV. line 11a. S	ee Form 990. Pa	rt X. line	10.					
	Description of property	(a) Cost or o				mulated	(d) Boo	k valu	———		
	Becomplien of property	basis (investm				ciation	(4) 500	it valu	J		
1a	Land	· ·	· ·	3,011.	•		44	3.0	11.		
b				_	2,10	7,758.	4,54				
				9,789.		6,078.			11.		
				1,227,212. 1,042,770. 184,442.							
	Other		,			•					
	II. Add lines 1a through 1e. (Column (d) must	*	X column (R) line 1(	)c)			5,25	3,7	<del>57.</del>		
	(Oolullii) (u) Must	oquai i Oiiii 030, i dil /	<u> ~ ~~iairiii (⊌), IIII⊂ 10</u>	<u> </u>		········ P		<u> </u>			

Schedule D (Form 990) 2019 OF UTAH, DE	BA YWCA UTAH	87-	0212467 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes	on Form 990, Part IV, line 11		
(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.			
Complete if the organization answered "Yes	on Form 990. Part IV. line 11	c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) YWEMPOWERED LLC	1,117,711.	COST	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	1 117 711		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	1,117,711.		
	" on Form 000 Port IV line 11	ld Soc Form 000 Port V line 15	
Complete if the organization answered "Yes	) Description	1d. See Form 990, Part X, lifte 15.	(b) Book value
(1)	, <u> </u>		(2) 20011 14140
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	<b>)</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990, Part IV, line 11	le or 11f. See Form 990, Part X, line 25.	(h) Daali valva
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) ZIONS BANK - PPP LOAN			773,853.
			113,033.
(3)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)	<b>&gt;</b>	773,853.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,397,401.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-6,590.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-26,000.		
е	Add lines 2a through 2d			2e	-32,590.
3	Subtract line 2e from line 1			3	6,429,991.
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.)	4b	-56,926.		
С	Add lines 4a and 4b			4c	-56,926.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	6,373,065.
Par	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	7,453,943.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С	Other losses			-	
d	Other (Describe in Part XIII.)		53,394.		
е	Add lines 2a through 2d			2e	53,394. 7,400,549.
3	Subtract line 2e from line 1			3	7,400,549.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		26 000	-	
	Other (Describe in Part XIII.)	4b	26,000.		26 000
	Add lines <b>4a</b> and <b>4b</b>			4c	26,000.
5 Day	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII   Supplemental Information.			5	7,426,549.
			101 5 11/1: 4		( II
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part )	K, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	aditional Inform	ation.		
DAT	T V, LINE 4:				
IAI	II V, DING 4.				
тнь	E ENDOWMENT FUND (UNRESTRICTED, TEMPORARI	V RESTR	TOTED AND	PEI	YTTNENT.V
1111	I DADOWNENT TOND (UNKEDTRICTED, TEMPORAKI	II KLDIK	ICIDD, AND	1 111	WHITH I I I
RES	TRICTED FUNDS) IS INTENDED TO PROVIDE FU	NDING FO	R EMERGENC	y RI	ESERVES
	THISTED TOUDD, ID INTERDED TO THOUDE TO	TELLIC TO	it biibitobito		
CAE	PITAL MAINTENANCE, AND LONG-TERM SUPPORT	OR THE	ORGANIZATI	ON.	
PAF	RT X, LINE 2:				
THE	YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF U	JTAH AND	YWBUILDIN	G H	OPE ARE
ORG	ANIZED AS UTAH NONPROFIT CORPORATIONS AN	HAVE B	EEN RECOGN	IZEI	D BY THE
INI	ERNAL REVENUE SERVICE (IRS) AS EXEMPT FRO	OM FEDER	AL INCOME	TAXI	ES UNDER
	- , -,				
SEC	TION 501(A) OF THE INTERNAL REVENUE CODE	AS ORGA	NIZATIONS	DES	CRIBED IN
	· · · · · · · · · · · · · · · · · · ·				

SECTION 501(C)(3), QUALIFYING FOR THE CHARITABLE CONTRIBUTION DEDUCTION,

Part XIII | Supplemental Information (continued) AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS. THE CRITCHLOW AND YWEMPOWERED ARE LIMITED LIABILITY COMPANIES. AS SUCH, THE TAX EFFECTS OF THE ENTITIES' ACTIVITIES ACCRUE DIRECTLY TO THEIR MEMBERS AND NO TAX PROVISION IS RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH AND YWBUILDING HOPE ARE ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THESE ENTITIES ARE SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH AND YWBUILDING HOPE HAVE DETERMINED THEY ARE NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAVE NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS. THE YWCA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE YWCA WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. PART XI, LINE 2D - OTHER ADJUSTMENTS: INVESTMENT MANAGEMENT FEES -26,000.

PART XI, LINE 4B - OTHER ADJUSTMENTS: LOSS FROM THE CRITCHLOW LLC -3,532. LOSS ON INVESTMENT IN AFFILIATES -38,024. -15,370. LOSS ON DISPOSAL OF ASSETS -56,926. TOTAL TO SCHEDULE D, PART XI, LINE 4B

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule D (Form 990) 2019 OF UTAH, DBA YWCA UTAH	87-0212467 Page 5
Schedule D (Form 990) 2019 OF UTAH, DBA YWCA UTAH  Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOSS ON INVESTMENT IN AFFILIATES	38,024.
LOSS ON DISPOSAL OF FIXED ASSETS	15,370.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	53,394.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
TRANSFER TO YWBUILDING HOPE	
INVESTMENT MANAGEMENT FEES	26,000.

## **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

2019

Open to Public Inspection

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION Employer identification number OF UTAH, DBA YWCA UTAH 87-0212467 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 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. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

87-0212467 Page 2

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 LEADER STRONGER (add col. (a) through LUNCHEON TOGETHER BRE col. (c)) (event type) (event type) (total number) 393,604. 33,671. 3,736. 431,011. Gross receipts 97,242. 7,171. 104,413. 2 Less: Contributions 296,362. 26,500. 3,736. 326,598. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs \_\_\_\_\_ 65,390. 65,390. 7 Food and beverages 24,024. 24,024. 8 Entertainment 4,932. 4,932. Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 232,252. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (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:

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Sch	nedule G (Form 990 or 990-EZ) 2019 OF UTAH, DBA YWCA UTAH 87-0	212	467	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No 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:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a 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 amount			
	of gaming revenue retained by the third party  \$			
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			
	Director/officer Employee maependent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш,	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \( \subseteq \) \$  Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	t III. lin	00 0 0	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	L III, III II	es 9, :	90, 100,
	ios, ios, include in al approximation in a summitted in a summitte			

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION Schedule G (Form 990 or 990-EZ) OF UTAH, DEPART IV Supplemental Information (continued) OF UTAH, DBA YWCA UTAH 87-0212467 Page 4

# **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.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

OF UTAH, DBA YWCA UTAH Employer identification number 87-0212467

Pai	rt i   Types of Property							
	·	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d)  Method of denotes the contribution of the	etermin	_	s
			items contributed	Form 990, Part VIII, line 1g	THE THE SECTION OF TH			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		267,795.	DONOR DEFIN	ED		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	1,595.	FMV			
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	Х		74.927.	DONOR DEFIN	ED		
20	Drugs and medical supplies			, 2,32,0	201(011 221 21			
21	Taxidermy							
22	Historical artifacts							
23								
23 24	Scientific specimens							
	Archeological artifacts  Other ▶ ( DI VOUCHERS )		0	0	DONOR DEFIN	ת ידו		
25				0.	DONOR DEFIN	ענוו		
26	Other							
27	Other							
28	Other (							
29	Number of Forms 8283 received by the organiz	•	,					
	for which the organization completed Form 828	33, Part IV, I	Jonee Acknowledg	gement 29			,, I	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		ll contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	tions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	y for which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	D	Schedule I	M (Forr	n 990)	2019

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

Schedule M (Form 990) 2019

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DRA YWCA UTAH

Schedule M	(Form 990) 2019	OF UTAH,	DBA YWC	A UTAH	87-0212467	Page 2
Part II	Supplemental	I Information.	Provide the info	ormation required by Part I, line	es 30b, 32b, and 33, and whether the organizat received, or a combination of both. Also comp	tion

# **SCHEDULE 0**

(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

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

**Employer identification number** 87-0212467

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FREEDOM, AND DIGNITY FOR ALL.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
162 CHILDREN WHO LIVED IN SHELTER AND TRANSITIONAL HOUSING.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
RESIDENTIAL SELF-SUFFICIENCY - SAFE, SUPPORTIVE, RESPECTFUL, EMPOWERING
TRANSITIONAL HOUSING WHERE UP TO 12 SINGLE, HOMELESS WOMEN WHO ARE
SURVIVORS OF DOMESTIC VIOLENCE CAN HEAL AND DEVELOP HEALTHY, NEW
FRIENDSHIPS; STRENGTHEN THEIR SELF-DETERMINATION; ADVANCE ECONOMICALLY;
AND OBTAIN PERMANENT HOUSING. LAST YEAR, THE ROOM UTILIZATION RATE WAS
93 PERCENT. NINETEEN WOMEN CREATED HEALTHIER, MORE INDEPENDENT LIVES,
AND 10 PERCENT WERE EMPLOYED. OF THOSE WHO EXITED, 60 PERCENT MOVED
INTO PERMANENT HOUSING.
EXPENSES \$ 165,281. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,117.
KRH SUPPORTIVE SERVICES - SAFE, SUPPORTIVE SERVICES FOR HOMELESS
LOW-INCOME SINGLE PARENTS AND THEIR CHILDREN WHO ARE SURVIVORS OF
DOMESTIC VIOLENCE LIVING IN THE 36-UNIT KATHLEEN ROBISON HUNTSMAN (KRH)
APARTMENTS. KRH IS A RESPECTFUL, EMPOWERING PLACE WHERE SURVIVORS CAN
BEGIN TO HEAL AND CREATE HEALTHIER FAMILIES; STRENGTHEN THEIR
SELF-DETERMINATION; ADVANCE ECONOMICALLY; AND OBTAIN PERMANENT HOUSING.
LAST YEAR, 40 MOTHERS AND 108 CHILDREN LIVED IN THE KRH APARTMENTS FOR
AN AVERAGE OF 10 MONTHS. THE APARTMENT UTILIZATION RATE WAS 75 PERCENT.
18 PERCENT OF WOMEN WORKED OR ATTENDED JOB TRAINING, AND 50 PERCENT OF  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

	JNG WOMEN'S CHRISTIAN UTAH, DBA YWCA UTAH	ASSOCIATION	Employer identification number 87-0212467
THE WOMEN IMPROVE	D THEIR ECONOMIC STRE	NGTH BY INCREASING T	HEIR INCOME.
OF THE FAMILIES W	HO MOVED OUT OF KRH,	55 PERCENT FOUND PER	MANENT
HOUSING.			
EXPENSES \$ 712,21	.2. INCLUDING GRANTS	OF \$ 0. REVENUE \$	95,431.
SALT LAKE AREA FA	MILY JUSTICE CENTER -	A COLLABORATIVE PRO	JECT
INVOLVING POLICE,	PROSECUTORS, PROBATI	ON, LAW ENFORCEMENT,	VICTIM
ADVOCATES, LEGAL	AID SERVICES, CHILD W	ELFARE AGENCIES, AND	OTHERS THAT
IS DESIGNED TO DE	EVELOP A STRONGER, MOR	E COORDINATED COMMUN	ITY RESPONSE
TO FAMILY VIOLENCE	CE. THE SLAFJC MODEL O	F SERVICE DELIVERY B	RINGS
TOGETHER THE EFFO	ORTS AND EXPERTISE OF	MULTIPLE AGENCIES IN	ONE LOCATION
TO PROVIDE CO-LOC	CATED, WRAPAROUND SERV	ICES FOR ADULT FEMAL	E AND MALE
VICTIMS OF FAMILY	VIOLENCE IN SALT LAK	E COUNTY. THERE ARE	NOW 16
COMMUNITY PARTNER	RS IN THE SLAFJC. THE	SLAFJC SERVED 1,237	INDIVIDUALS
(827 NEW, 410 RET	CURNING) TOTALING 5,49	8 VISITS. 793 (64	
PERCENT) PARTICIPA	NTS CREATED SAFETY PL	ANS, AND ALL HAD CON	VERSATIONS
ABOUT SAFETY.			
EXPENSES \$ 989,78	32. INCLUDING GRANTS	OF \$ 0. REVENUE \$	0.
FOR EVERY WOMAN -	- "FOR EVERY WOMAN" PR	OGRAMMING INCLUDES W	OMEN'S
LEADERSHIP DEVELO	PMENT (REAL WOMEN RUN	I AND YWEMPOWERED), T	HE UTAH
WOMEN'S WELL-BEIN	IG INITIATIVE, AND MEM	BERSHIP AND OTHER AC	TIVITIES.
WOMEN'S LEADERSHI	P DEVELOPMENT: IN IT	'S NINTH YEAR, REAL W	OMEN RUN HELD
A NETWORKING SOCI	AL, FULL-DAY TRAINING	, FOLLOW-UP CANDIDAT	E TRAINING
REACHING MORE THA	N 200 WOMEN TOTAL. TH	IS COLLABORATIVE NON	PARTISAN
EFFORT EDUCATES A	AND EMPOWERS UTAH WOME	N TO PARTICIPATE FUL	LY IN PUBLIC
LIFE AND CIVIC LE	ADERSHIP THROUGH ELEC	TED POLITICAL OFFICE	AT ALL

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION **Employer identification number** 87-0212467 OF UTAH, DBA YWCA UTAH LEVELS, APPOINTMENTS TO BOARDS AND COMMISSIONS, PARTICIPATION IN CAMPAIGNS, AND ENGAGEMENT IN THE POLITICAL SYSTEM. THE YWCA YOUNG WOMEN'S COUNCIL ORGANIZED THE 12TH ANNUAL YOUNG WOMEN'S LEADERSHIP SUMMIT, WHICH ATTRACTED 220 YOUNG PROFESSIONAL WOMEN. YWEMPOWERED WELCOMED ITS THIRD COHORT OF 21 YOUNG PROFESSIONAL WOMEN FOR A YEAR-LONG LEADERSHIP DEVELOPMENT PROGRAM. AT THE YWCA'S ANNUAL LEADER LUNCHEON, FIVE WOMEN RECEIVED OUTSTANDING ACHIEVEMENT AWARDS. UTAH WOMEN'S WELL-BEING INITIATIVE: IN MAY 2014, THE YWCA LAUNCHED A COLLABORATIVE NONPARTISAN INITIATIVE TO ADVANCE THE WELL-BEING OF UTAH WOMEN IN KEY DIMENSIONS OF THEIR LIVES THROUGH RESEARCH, ISSUE EDUCATION, COLLABORATION, AND PUBLIC POLICY ADVOCACY. DEVELOPMENT AND ADVANCEMENT OF THE INITIATIVE CONTINUED IN 19/20 AND INCLUDED COLLABORATIVE RESEARCH WITH THE INSTITUTE FOR WOMEN'S POLICY RESEARCH REGARDING THE STATUS OF UTAH WOMEN IN KEY DIMENSIONS OF THEIR LIVES AND WITH THE UTAH WOMEN & LEADERSHIP PROJECT REGARDING STRATEGIES TO STRENGTHEN WOMEN'S IMPACT IN UTAH IN A VARIETY OF AREAS. COLLABORATION CONTINUED WITH OVER 20 COMMUNITY PARTNERS AS PART OF THE INITIATIVE, AS WELL AS ISSUE EDUCATION THROUGH PRESENTATIONS, EMAIL NEWSLETTERS, AND MEDIA OUTREACH THAT REACHED OVER 1,500 INDIVIDUALS. THE YWCA'S PUBLIC POLICY DIRECTOR WAS ALSO ACTIVE DURING THE 2020 LEGISLATIVE SESSION AS THE ONLY ADVOCATE IN UTAH FOCUSED SOLELY ON ISSUES IMPACTING WOMEN AND FAMILIES, TRACKING 138 BILLS AND ACTIVELY ADVOCATING FOR 13 OF THOSE (WITH 8 SUCCESSFULLY SIGNED INTO LAW). MEMBER AND OTHER ACTIVITIES: YWCA MEMBERSHIP OFFERED VARIED

OPPORTUNITIES THROUGHOUT THE YEAR TO ENGAGE MEANINGFULLY IN THE YWCA'S MISSION-BASED WORK THROUGH ADVOCACY, EDUCATION, SISTERHOOD, AND

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION **Employer identification number** 87-0212467 OF UTAH, DBA YWCA UTAH SERVICE. EDUCATIONAL AND OUTREACH EVENTS FOR THE BROADER COMMUNITY INCLUDED THE ANNUAL WEEK WITHOUT VIOLENCE AND THE ANNUAL STAND AGAINST RACISM. RACIAL JUSTICE PROGRAMMING AND ACTIVITIES: YWCA UTAH LAUNCHED A 21-DAY RACE EQUITY AND SOCIAL JUSTICE CHALLENGE WITH OVER 6,300 UNIQUE PARTICIPANTS AND 80 GROUPS FROM ACROSS THE COUNTRY AND WORLD. WE ALSO LAUNCHED A MONTH OF EDUCATION AND ENGAGEMENT INITIATIVE CALLED "LEARN MORE, DO MORE" IN WHICH EVERY MONTH A DIFFERENT RACE EQUITY AND SOCIAL JUSTICE THEME IS HIGHLIGHTED IN THE STYLE AND FORMAT OF THE 21-DAY CHALLENGE. YWCA ALSO CONTINUED OFFERINGS FOR YOUNG WOMEN OF COLOR WITH THE READING AND WRITING SERIES, WOKE WORDS, AND A COMMUNITY SUPPORT AND DIALOGUE GROUP FOR WOMEN OF COLOR LEADERS, COLOR COLLECTIVE. EXPENSES \$ 169,585. INCLUDING GRANTS OF \$ 0. REVENUE \$ 16,466. YWBUILDING HOPE YWEMPOWERED LLC EXPENSES \$ 1,200. INCLUDING GRANTS OF \$ 0. REVENUE \$ -38,024. THE CRITCHLOW LLC EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ -3,532. FORM 990, PART VI, SECTION A, LINE 6: ACCORDING TO YWCA BYLAWS, THE YWCA IS A MEMBERSHIP ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: ACCORDING TO YWCA BYLAWS, MEMBERS OF THE YWCA BOARD OF DIRECTORS ARE YWCA

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Employer identification number 87-0212467

MEMBERS ELECTED BY THE YWCA MEMBERSHIP TO SERVE ON THE BOARD.

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

ACCORDING TO THE YWCA BYLAWS, YWCA MEMBERS MUST APPROVE OF ANY PROPOSED

AMENDMENTS TO THE YWCA'S CONSTITUTION AND BYLAWS IF THE AMENDMENT CONCERNS:

THE VOTING RIGHTS OF MEMBERS; ELECTION OF THE BOARD OF DIRECTORS; THE

YWCA'S AFFILIATION WITH THE YWCA USA; AND/OR THE DISSOLUTION AND

DISTRIBUTION OF ASSETS.

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

BEFORE FORM 990 IS SUBMITTED, THE BOARD'S FINANCE COMMITTEE RECEIVES COPIES

AND REVIEWS THE FORM 990 WITH THE TAX PREPARER, WHO THEN MEETS WITH THE

FULL BOARD OF DIRECTORS, WHICH ALSO RECEIVES COPIES AND HAS THE OPPORTUNITY

TO ASK QUESTIONS BEFORE SUBMISSION.

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

EACH BOARD MEMBER, UPON ELECTION AND BEFORE ATTENDING A FIRST BOARD

MEETING, IS ASKED AND EXPECTED TO SIGN A CONFLICT OF INTEREST STATEMENT.

ANNUALLY, THEREAFTER, DURING THE LENGTH OF THE BOARD MEMBER'S SERVICE, THE

MEMBER IS ASKED AND EXPECTED TO SIGN A CONFLICT OF INTEREST STATEMENT. THE

CEO KEEPS THESE RECORDS.

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

THE EXECUTIVE COMMITTEE OF THE VOLUNTEER, INDEPENDENT BOARD OF DIRECTORS,

WITH LEADERSHIP FROM THE BOARD CHAIR, UNDERTAKES THE CEO PERFORMANCE REVIEW

AND APPROVES CEO COMPENSATION ARRANGEMENTS WITHOUT THE CEO PRESENT

(UNDERTAKEN IN 18/19). THE APPROPRIATE DATA AS TO COMPARABILITY OF

COMPENSATION PRIMARILY COME FROM A COMPENSATION SURVEY PUBLISHED EVERY TWO

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH	Employer identification number 87-0212467
YEARS BY THE UTAH NONPROFITS ASSOCIATION, WITH ADDITIONAL	GUIDANCE FROM THE
YWCA SALARY STRUCTURE, RECENTLY UPDATED IN 2017. YWCA UTF	AH MAINTAINS
WRITTEN RECORDS AS CONCURRENT DOCUMENTATION OF DECISIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE YWCA MAKES ITS AUDITED FINANCIAL STATEMENTS AND FORM S	990 AVAILABLE TO
THE PUBLIC UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE O	ON THE
ORGANIZATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
THE CRITCHLOW LLC	3,532.

## **SCHEDULE R** (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

**Employer identification number** 87-0212467

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) r Total inco	ome End-of-year	assets Direct	(f) controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, I	because it had one	or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
YWBUILDING HOPE - 26-3747857	HOLDS INTERESTS IN					Yes	No

501(C)(3)

LINE 12B, II YWCA UTAH

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

Х

ENTITIES THAT HOLD TITLE

TO PROPERTY USED BY YWCA

322 EAST 300 SOUTH

SALT LAKE CITY, UT 84111

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)										
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, lexcluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total					edominant income Share of total income income	Share of end-of-year assets	Disprop	ortionate itions?	Code V-UBI amount in box 20 of Schedule	General managir partner	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes N	o										
THE CRITCHLOW, LLC -																					
87-0574508, 322 EAST 300																					
SOUTH, SALT LAKE CITY, UT																					
84111	REAL ESTATE	UT	YWCA UTAH	RELATED	-3,532.	444,618.		X	N/A	X	10.00%										
YWEMPOWERED LLC - 81-0925606																					
322 EAST 300 SOUTH																					
SALT LAKE CITY, UT 84111	REAL ESTATE	UT	YWCA UTAH	RELATED	-38,024.	1,117,710.		X	N/A	X	10.00%										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

Yes No

Schedule R (Form 990) 2019 OF UTAH, DBA YWCA UTAH

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?							
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
	<b>b</b> Gift, grant, or capital contribution to related organization(s)										
С	c Gift, grant, or capital contribution from related organization(s)										
	d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)											
f Dividends from related organization(s)											
g	g Sale of assets to related organization(s)										
	h Purchase of assets from related organization(s)										
i	i Exchange of assets with related organization(s)										
j	j Lease of facilities, equipment, or other assets to related organization(s)										
k Lease of facilities, equipment, or other assets from related organization(s)											
-1	Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)											
р	Reimbursement paid to related organization(s) for expenses				1p		X				
	Reimbursement paid by related organization(s) for expenses						X				
r Other transfer of cash or property to related organization(s)											
s	s Other transfer of cash or property from related organization(s)										
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	nt involved						
1)	YWEMPOWERED, LLC	K	1,200.	FMV							
2) '	THE CRITCHLOW, LLC	D	389,097.	FMV							
3)											
4)											
5)											
6)											

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		General manage partner	(k) or Percentage ownership	
	_								000) 0040	

Part VII Supplemental Information  Provide additional information for responses to questions on Schedule R. See instructions.													
PART II	, IDENT	'IFIC	ATION	OF	RELATEI	) T <i>I</i>	AX-EXEMPT	ORGAN	NIZAT	ONS:			
NAME OF	' RELATE	D OR	GANIZA	ATIC	ON:								
YWBUILD	ING HOP	E											
PRIMARY	ACTIVI	TY:	HOLDS	INT	TERESTS	IN	ENTITIES	THAT	HOLD	TITLE	то	PROPERTY	
USED BY	YWCA U	TAH											