			** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047					
F	0	90	Return of Organization Exempt From		0000					
⊦or	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may							
		of the Treasury enue Service	st information.	Open to Public Inspection						
_				JUN 30, 2023	mepoonen					
	Check if		f organization	D Employer identificat	ion number					
â	pplicab									
	Addre	ge IWCA	CLARK COUNTY							
	Name chang Initial	ge Doing b	usiness as	91-0569882						
	returr Final	Number	and street (or P.O. box if mail is not delivered to street address)							
	returr_ termi	n-	MAIN STREET	360-696-01						
	ated ∖\Amer		own, state or province, country, and ZIP or foreign postal code OUVER, WA 98663	G Gross receipts \$	5,487,663.					
F	_returr Appli		nd address of principal officer: BRITTINI LASSEIGNE	H(a) Is this a group return for subordinates?						
	tion pendi		AS C ABOVE	H(b) Are all subordinates include						
1	Tax-ex	empt status:		527 If "No," attach a list						
	Nebsi		YWCACLARKCOUNTY.ORG	H(c) Group exemption n						
			X Corporation Trust Association Other L Y	′ear of formation: 1927 м S	tate of legal domicile: WA					
Pa	art I									
¢	1		be the organization's mission or most significant activities: YWCA CLA							
anc			INATE RACISM, EMPOWER WOMEN, AND PROMO		•					
ern	2									
Governance	3			<u> 13</u> 13						
	4		lependent voting members of the governing body (Part VI, line 1b)		95					
Activities &	6		of volunteers (estimate if necessary)		132					
ctiv	7a		d business revenue from Part VIII, column (C), line 12		0.					
_<				7b	0.					
				Prior Year	Current Year					
e	8	Contributions	and grants (Part VIII, line 1h)	5,022,068.	5,028,812.					
Revenue	9	•	ce revenue (Part VIII, line 2g)	74,349.	167,805.					
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	106,111. 8,038.	82,901. -112,011.					
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,210,566.	5,167,507.					
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	404,948.	720,441.					
	14		to or for members (Part IX, column (A), line 4)	0.	0.					
Ś	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	3,291,022.	3,543,600.					
use:	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.					
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 469,188.							
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	971,464.	1,320,128.					
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,667,434.	5,584,169.					
	19	Revenue less	expenses. Subtract line 18 from line 12	543,132.	-416,662.					
Assets or	20	Total constant"	Dart V. line 16)	Beginning of Current Year 6,920,801.	End of Year 6,724,808.					
Asse	20 21	Total assets (I		422,802.	393,165.					
Net /	21		s (Part X, line 26) fund balances. Subtract line 21 from line 20	6,497,999.	6,331,643.					
	art II			•, =, , , , , , , , , •	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date								
Here	BRITTINI LASSEIGNE, CHIEF	EXECUTIVE C	OFFICER							
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN				
Paid	GERARD DEBLOIS				self-employed	P01287653				
Preparer	Firm's name MCDONALD JACOBS,	P.C.			Firm's EIN 93-	0900579				
Use Only	Firm's address 121 SW SALMON ST.									
	PORTLAND, OR 9720	Phone no. (503) 227-0581							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2022) YWCA CLARK COUNTY 91-0569882 Page 2
a	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Check if Schedule O contains a response or note to any line in this Part III
	YWCA CLARK COUNTY'S MISSION IS TO ELIMINATE RACISM, EMPOWER WOMEN, AND
	PROMOTE PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL.
-	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.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O. 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.
I	(Code:) (Expenses \$ 2,160,570. including grants of \$ 524,329.) (Revenue \$ 2,000.)
	THE SAFECHOICE DOMESTIC VIOLENCE PROGRAM SERVED 8,961 VICTIMS VIA 24-HOUR CRISIS LINE IN THIS FISCAL YEAR AND PROVIDED SHELTER WITH 5,428
	BED NIGHTS. IT ALSO PROVIDED LEGAL CLINICS, SUPPORT GROUPS, AND
	COMMUNITY EDUCATION TO MORE THAN 303 INDIVIDUALS.
	(Code:) (Expenses \$ 592,049. including grants of \$ 13,322.) (Revenue \$)
	THIS FISCAL YEAR THE SEXUAL ASSAULT PROGRAM SERVED 514 VICTIMS AND
	THEIR FAMILIES THROUGH 24-HOUR ADVOCACY, INDIVIDUAL THERAPY, SUPPORT
	GROUPS, COMMUNITY EDUCATION, AND PREVENTION PROGRAMS. A TOTAL OF 1,403
	CALLS WERE FIELDED THROUGH OUR HOTLINE.
;	(Code:)(Expenses \$448,537. including grants of \$162,180.) (Revenue \$) TEEN PROGRAMS - THE INDEPENDENT LIVING SKILLS PROGRAM ASSISTED 100
	YOUTH AND YOUNG ADULTS THIS FISCAL YEAR, HELPING THEM TO TRANSITION
	FROM STATE-SUPPORTED CARE TO INDEPENDENT LIVING. EDUCATION, RESOURCES,
	AND ADVOCACY ALLOWS PARTICIPANTS TO DEFINE AND ACHIEVE GOALS.
ł	Other program services (Describe on Schedule O.)
	(Expenses \$ 533,829. including grants of \$ 20,610.) (Revenue \$ 165,805.)
•	Total program service expenses 3,734,985.
	Form 990 (2022)
)2	3
5	14 781409 9914 2022.05090 YWCA CLARK COUNTY 9914
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09240514 781409 9914

Form	990	(2022)

 Form 990 (2022)
 YWCA
 CLARK
 COUNTY

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X 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? If "Yes," complete			- v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
а		11a	Х	
h	Part VI	11a	- 23	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	Х	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	0000	X
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232003 12-13-22

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 Form 990 (2022)
 YWCA
 CLARK
 COUNTY

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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 the 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 line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	~		x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		<u> </u>
50		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		<u> </u>
57		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 106			
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	5			

Form	990 (2022) YWCA CLARK COUNTY 91-0569	882	Pa	_{age} 5				
Par	t 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 95	2b	X					
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
D	If "Yes," enter the name of the foreign country							
Fe	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
b C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30						
Ua		6a		х				
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua						
D		6b						
7	Organizations that may receive deductible contributions under section 170(c).	0.0						
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year? N/A	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	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 N/A 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
10-	amounts due or received from them.) [11b]	10-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a						
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u> Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a						
a	Note: See the instructions for additional information the organization must report on Schedule O.	104						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
~	organization is licensed to issue qualified health plans							
с	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?N/A	17						
	If "Yes," complete Form 6069.		0000					
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	ion A. Governing Body and Management				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13						
	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.								
	Enter the number of voting members included on line 1a, above, who are independent	1b	13						
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	<u> </u>							
	officer, director, trustee, or key employee?								
	Did the organization delegate control over management duties customarily performed by or under the			2		Х			
				2		х			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
	Did the organization make any significant changes to its governing documents since the prior Form 9								
	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X			
	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one c	or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders	, or						
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea								
	The governing body?		0	8a	Х				
	Each committee with authority to act on behalf of the governing body?			8b	X				
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х			
				9		- 11			
CUL	ion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue Code	e.)		Y.				
_					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•							
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b					
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filir	ig the form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y								
	on Schedule O how this was done	,		12c	x				
	Did the organization have a written whistleblower policy?			13	X				
				14	X				
	Did the organization have a written document retention and destruction policy?			14	Λ				
	Did the process for determining compensation of the following persons include a review and approva	, ,	ndent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	X				
	Other officers or key employees of the organization			15b	Х	_			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a							
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	-						
	exempt status with respect to such arrangements?			16b					
	ion C. Disclosure								
	List the states with which a copy of this Form 990 is required to be filed <u>WA</u>								
			ration EO1(-)(0)						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	10 990-1 (SE	CTION 501(C)(3)	s only) a	avallat	ле			
	for public inspection. Indicate how you made these available. Check all that apply.								
_	X Own website Another's website X Upon request Other (explain		,						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of inte	erest policy, an	d financ	cial				
	statements available to the public during the tax year.								
~	State the name, address, and telephone number of the person who possesses the organization's boo	ks and reco	ords						
20	HOLLY MORTON - 360-906-9139								
	3609 MAIN STREET, VANCOUVER, WA 98663								
				Form	990	(202			

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.

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YWCA CLARK COUNTY

Form 990 (2022)

Form 990 (2022)	YWCA CLARK COUNTY	91-0569882 Page	а 7						
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees		_						
Employees, and Independent Contractors									
Check if Sch	edule 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per						n an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		8	suadi		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		voldr	st con yee	_	1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRITTINI LASSEIGNE	40.00	_		0	×	1 0				
CEO		1		х				125,000.	0.	4,139.
(2) HOLLY MORTON	40.00									
CFO				х				100,007.	Ο.	11,611.
(3) VANESSA YARIE	40.00									
C00				х				98,427.	0.	3,389.
(4) KRISTI CRISWELL	1.00									
PRESIDENT		Х		X				0.	0.	0.
(5) MEGAN PEYTON	1.00							0	0	0
TREASURER	1 0 0	X		Х				0.	0.	0.
(6) RAFIK FOUAD	1.00			37				0	0	0
SECRETARY	1 0 0	X		Х				0.	0.	0.
(7) AMANDA MARTINEZ	1.00			37				0	0	0
VP OF BOARD DEVELOPMENT	1 00	X		Х				0.	0.	0.
(8) STEPHANIE NEVUE	1.00			37				0	0	0
VP OF FUND DEVELOPMENT	1.00	X		Х				0.	0.	0.
(9) KATHRYN HOLLAND MEMBER	1.00	x						0.	0	0
	1 00	A						0.	0.	0.
(10) BEN MOLL	1.00							0.	0	0
MEMBER	1 00	X						0.	0.	0.
(11) LAMONT WOODS	1.00							0	0	0
MEMBER	1 00	X						0.	0.	0.
(12) DEB WECHSELBLATT MEMBER	1.00	x						0.	0.	0
(13) PILAR PALOS	1.00	A						0.	0.	0.
(13) FILAR FALOS MEMBER	1.00	x						0.	0.	0.
(14) SAMANTHA CODI-WALKER	1.00	^						0.	0.	0.
MEMBER (08/24/22 - PRESENT)	1.00	x						0.	0.	0.
(15) RORI DICKER	1.00							0.	0.	0.
MEMBER (12/07/22 - PRESENT)	<u> </u>	x						0.	0.	0.
(16) JESSICA RICHARD	1.00									<u>J.</u>
MEMBER (02/22/23 - PRESENT)		x						0.	Ο.	0.

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Form 990 (2022)

09240514 781409 9914

Form 990 (202											569882	Page 8
Part VII Se	ection A. Officers, Directors, Trus		oloy	ees,			ghes	t C		, ,		
	(A) Name and title	(B) Average hours per week	box	not cł , unles	neck r ss per	ition more f son is	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatic from related	on a	(F) stimated mount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/ torg	npensation from the ganization nd related ganizations
									202.424			
	om continuation sheets to Part VI	I, Section A							323,434. 0. 323,434.		0.	<u>9,139.</u> 0. 9,139.
2 Total nu	dd lines 1b and 1c) mber of individuals (including but n sation from the organization									000 of reportable		3
	organization list any former officer,			-	•	-		Ŭ	• • •	2	3	Yes No
4 For any	If "Yes," complete Schedule J for s individual listed on line 1a, is the su ted organizations greater than \$150	im of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		
rendered	person listed on line 1a receive or a d to the organization? If "Yes." corr dependent Contractors	-				-		late	ed organization or individ	dual for services	5	X
•	te this table for your five highest co nization. Report compensation for	•	•							•	pensation fr	rom
	(A) Name and business	address							(B) Description of s	ervices		C) ensation
	OUNTY VOLUNTEER LA IN STREET, SUITE 1					•			PROVIDE LEGA SERVICES FOR		12	0,159.
2 Total nu	mber of independent contractors (i	ncluding but no	ot lin	nited	l to t	thos	e list	ed	above) who received m	ore than		
\$100,00	0 of compensation from the organi	zation				1					Form	990 (2022)

232008 12-13-22

			Check if Schedule O	conta	ains a respo	onse	or note to any line	((P)		L
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
Ś	1 :	а	Federated campaigns		1a						
unt			Membership dues								
0 E			Fundraising events				193,980.				
ΓA			Related organizations								
and Other Similar Amounts			Government grants (contr			3.	266,967.				
Sir			All other contributions, gifts,			- 1	,				
her			similar amounts not included	-		1.	567,865.				
Qt		a	Noncash contributions included in				15,265.				
and	1	-	Total. Add lines 1a-1f	11165 1		ν		5,028,812.			
10							Business Code	0,010,0110			
	2	a	Y'S CARE				624410	90,420.	90,420.		
			CARE CONNECTI	ON	SERVI	C	624410	71,720.	71,720.		
an			OTHER	011	DLICT	<u> </u>	624410	3,665.	3,665.		
ver		-	SAFE CHOICE				624410	2,000.	2,000.		
Be		u _					021110	270000	270001		
Revenue		e f	All other program service	rovor	2110						
								167,805.			
	3		Investment income (includ		dividanda i			107,005.			
	3			Ũ			,	70,681.			70,68
	4		Income from investment of				raaada	70,0010			,,,,,,
	4 5				-	-					
	5		Royalties		(i) Rea		(ii) Personal				
	6	_	Cross ronto	6-	(1) 1104						
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)))	(i) Securit		(ii) Other				
	1	а	Gross amount from sales of	_			(ii) Other				
		_	assets other than inventory	7a	194,35	55.					
			Less: cost or other basis	_	102 12						
			and sales expenses	7b	12, 22	$\frac{5}{2}$					
			()					10 000			10.00
			Net gain or (loss)					12,220.			12,22
5	8		Gross income from fundraisin								
5			including \$ 193								
			contributions reported on		-		10 200				
			Part IV, line 18			8a					
			Less: direct expenses				138,023.	105 500			105 50
			Net income or (loss) from		-			-125,723.			-125,72
	9 ;	а	Gross income from gamin								
			Part IV, line 19			<u>9a</u>					
	1	b	Less: direct expenses			9b					
		с	Net income or (loss) from	gami	ing activitie	s					
	10 ;		Gross sales of inventory, I								
			and allowances			10a					
	I	b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	s of invento	ry					
							Business Code				
Ð	11 ;	а	OTHER INCOME				900003	13,712.			13,71
nue	I	b									
Revenue		с									
m		d	All other revenue								
٦								4.0 54.0			
		е	Total. Add lines 11a-11d	<u></u>	<u></u>	<u></u>		<u>13,712.</u> 5,167,507.	167,805.		-29,11

Form 990 (2022) YWCA CL Part VIII Statement of Revenue

YWCA CLARK COUNTY

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YWCA CLARK COUNTY

	Check if Schedule O contains a respons	((0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	720,441.	720,441.		
3	Grants and other assistance to foreign	, 20, 1120	, 20, 2220		
	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,	312,123.	217,632.	68,384.	26,107
6	trustees, and key employees Compensation not included above to disqualified	512,125.	217,052.	00,304.	20,10
U	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	2,678,926.	1,867,917.	586,930.	224,079
7 8	Other salaries and wages Pension plan accruals and contributions (include	4,010,940.	<u> </u>	500,950.	223,072
Ŭ	section 401(k) and 403(b) employer contributions)	30,653.	21,373.	6,716.	2.564
9	Other employee benefits	268,505.	187,219.	58,827.	2,564
0	Payroll taxes	253,393.	176,682.	55,516.	21,19
1	Fees for services (nonemployees):				/
	Management				
	Legal	308.	121.	117.	7
	Accounting	27,310.	10,753.	10,373.	70 6,18
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25,121.		25,121.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)	532,131.	209,514.	202,117.	120,500
2	Advertising and promotion	62,391.	56,140.	3,245.	3,000
3	Office expenses	60,756.	28,540.	28,346.	3,870
4	Information technology	1,177.	778.	325.	74
5	Royalties				
6	Occupancy	149,984.	42,248.	106,117.	1,61
7	Travel	6,996.	3,926.	2,263.	80'
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		10.110	10.501	
9	Conferences, conventions, and meetings	32,870.	18,448.	10,631.	3,791
0	Interest	1,456.	203.	1,122.	13:
21	Payments to affiliates	100 100	40.042	100 010	2 405
2	Depreciation, depletion, and amortization	160,158.	49,843. 7,315.	106,818.	3,49
3	Insurance	52,445.	7,315.	40,409.	4,723
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	115,763.	94,296.	13,873.	7,594
b	PRINTING	28,974.	12,156.	5,476.	11,342
с	BAD DEBT EXPENSE	6,086.		6,086.	
d					
е	All other expenses	56,202.	9,440.	41,184.	5,578
5	Total functional expenses. Add lines 1 through 24e	5,584,169.	3,734,985.	1,379,996.	469,188
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	Check here very copped a weap resident				

232010 12-13-22

Check here

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

11 2022.05090 YWCA CLARK COUNTY

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YWCA CLARK COUNTY

	990 (2 rt X	2022) YWCA CLARK COU Balance Sheet	NTY				91-	0569882 Page 11
1 4		Check if Schedule O contains a response or not	e to an	v line in this Part X				
				<u>,</u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				149,578.	1	352,739.
	2	Savings and temporary cash investments				448,481.	2	65,365.
	3	Pledges and grants receivable, net				1,431,334.	3	1,243,758.
	4	Accounts receivable, net				7,382.	4	40,730.
	5	Loans and other receivables from any current or			····	.,	-	,
	Ŭ	trustee, key employee, creator or founder, subst			_			
		controlled entity or family member of any of thes			- E		5	
	6	Loans and other receivables from other disqualif			····		Ŭ	
	Ŭ	under section 4958(f)(1)), and persons described			- E		6	
	7	Notes and loans receivable, net			ŀ		7	
Assets	8	Inventories for sale or use					8	
Ase	9	_				89,846.	9	122,631.
		Land, buildings, and equipment: cost or other			···· -		Ť	111,0010
	100	basis. Complete Part VI of Schedule D	10a	3,550,35	i1.			
	b	Less: accumulated depreciation	10a	2,111,09		1,530,933.	10c	1,439,259.
	11	Investments - publicly traded securities				3,014,651.	11	3,204,698.
	12	Investments - other securities. See Part IV, line 1				248,596.	12	213,523.
	13	Investments - program-related. See Part IV, line -				210,3300	13	210,020
	14						14	
	15	Intangible assets Other assets. See Part IV, line 11				0.	15	42,105.
	16	Total assets. Add lines 1 through 15 (must equa				6,920,801.	16	6,724,808.
	17	Accounts payable and accrued expenses				275,201.	17	305,533.
	18	Grants payable				_/ • / = • = •	18	,
	19	Deferred revenue				77,280.	19	0.
	20	Tax-exempt bond liabilities				,	20	•••
	21	Escrow or custodial account liability. Complete F			···· -		21	
	22	Loans and other payables to any current or form			···· -			
Liabilities		trustee, key employee, creator or founder, subst			_			
ilidi		controlled entity or family member of any of thes			- E		22	
Lia	23	Secured mortgages and notes payable to unrela			Г	70,321.	23	45,527.
	24	Unsecured notes and loans payable to unrelated			····· F	- -	24	
	25	Other liabilities (including federal income tax, pa			····· F			
		parties, and other liabilities not included on lines						
		of Schedule D				0.	25	42,105.
	26	Total liabilities. Add lines 17 through 25			F	422,802.	26	393,165.
		Organizations that follow FASB ASC 958, che	ck her	e X				
es		and complete lines 27, 28, 32, and 33.			_			
anc	27				Γ	4,282,906.	27	4,063,337.
Bali	28				F	2,215,093.	28	2,268,306.
pu		Organizations that do not follow FASB ASC 9			····			
Ρū		and complete lines 29 through 33.			_			
ç	29	Capital stock or trust principal, or current funds			[29	
sets	30	Paid in or capital surplus, or land, building, or eq					30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			Г		31	
et	32	Total net assets or fund balances				6,497,999.	32	6,331,643.
~						6,920,801.	33	6,724,808.

Form 990 (2022)

Form	990 (2022) YWCA CLARK COUNTY	91-	-0569882	Pa	_{ae} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,167	7,5	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,584	1,1	69.
3	Revenue less expenses. Subtract line 2 from line 1	3	-416	5,6	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,497	7,9	99.
5	Net unrealized gains (losses) on investments	5	250),3	06.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,331	1,6	43.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nar	ne of t	he organization	~						identification number
			CLARK COU						1-0569882
	art I	Reason for Public (ee instruction	S.	
	organi	ization is not a private found		u ,					
1		A church, convention of ch				n 170(b)(1	I)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					-		41 1 ¹ 4 - 1 ¹
4		A medical research organiz	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 170(b)(1)(A	(III). Enter	the hospital's name,
_		city, and state:	ar the henefit of a cal		l ar anarat		verementel	ait describe	ad in
5		An organization operated for		liege of university owned	or operation	ed by a go	overnmental u	III describe	
6		section 170(b)(1)(A)(iv). (C		aantal unit daaavihad in	anation 17	70/L\/4\/A\	6.0		
6 7	X	A federal, state, or local gov	-						aublic described in
'	23	An organization that norma	-	nital part of its support if	on a gove	mmentai		ie general j	
8		section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \				
9	\square	An agricultural research org				d in coniu	inction with a	land-arant	college
5		or university or a non-land-	•			-		-	-
		university:	grant conege of agric			lame, ony	, and state of	the conege	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
		activities related to its exem							
		income and unrelated busir		-					-
		See section 509(a)(2). (Con		,			, .		,
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	ı 🗌	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	-						
c		Type III functionally inte						ly integrate	ed with,
		its supported organization							
c		J Type III non-functionally		• • •				-	
		that is not functionally int	v	0 1	•		•	an attentiv	/eness
		requirement (see instructi	-	-					
e	•	Check this box if the orga functionally integrated, or					турет, туре	n, rype m	
4	Ento	er the number of supported of		nany integrated support	ng organiz	ation.			
		vide the following information		d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tot	ai								

YWCA CLARK COUNTY

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3968628.	3686348.	4595856.	5022068.	5028812.	22301712.
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	108,088.	108,088.	108,088.	108,088.	108,088.	540,440.
	Total. Add lines 1 through 3	4076716.	3794436.	4703944.	5130156.		22842152.
	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)						506,037.
	Public support. Subtract line 5 from line 4.						22336115.
	tion B. Total Support						22330113.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4076716.	3794436.	4703944.	5130156.		22842152.
	Gross income from interest,	40707101	5754450.	105511.	5150150.	5150500.	220421521
	dividends, payments received on						
	securities loans, rents, royalties,	224,954.	119,512.	41,839.	48,829.	70,681.	505,815.
	and income from similar sources	224,954.	119,512.	41,059.	40,029.	70,001.	505,015.
	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital	0 067	9,663.	16 572	0 0 2 0	0 4 2 7	52 660
	assets (Explain in Part VI.)	8,967.	9,003.	16,573.	8,038.	9,427.	52,668. 23400635.
	Total support. Add lines 7 through 10		``````````````````````````````````````				343,831.
	Gross receipts from related activities,	-					343,031.
13	First 5 years. If the Form 990 is for th	-	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
800	organization, check this box and stor tion C. Computation of Publi						·····
						44	95.45 %
	Public support percentage for 2022 (•			14	0.6 1.0
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c	-					
	stop here. The organization qualifies		U U				
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		VI how the organiz	ation
	meets the facts-and-circumstances te	-	-	• • • •			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•		•••••		
18	Private foundation. If the organization	n did not check a l	<u>oox on line 13, 16a</u>	a, 16b, 17a, or 17b	o, check this box ar		<u>5</u>

Schedule A (Form 990) 2022

232022 12-09-22

Part III	Support Sch	edule for Organizatio	ons Described in	Section 509(a)(2)
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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves		•				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						ne 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the	-					
	line 18 is not more than 33 1/3%, che						ion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins		·····
23202	23 12-09-22		16			Schedu	ule A (Form 990) 2022

Ye<u>s</u>

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

10b Schedule A (Form 990) 2022

232024 12-09-22

Schedule A (Form 990) 2022 YWCA CLARK

2

1

Yes No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c	pelow, the governing body of a supported organization?	11a		
b	A far	nily member of a person described on line 11a above?	11b		
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	i in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1		he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported

COUNTY

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervis	ea. or controlled	a the supportir	ng organization.
Section C.	Type II Sup	porting Org	ganizations

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

Section D.	All Type	III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
-	oneon the box next to the method that the organization abed to satisfy the integral r art rest during the year	(,

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

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
------------	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | Schedule A (Form 990) 2022

2a

2b

3a

18 2022.05090 YWCA CLARK COUNTY Yes No

Sche	edule A (Form 990) 2022 YWCA CLARK COUNTY			91-0569882 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections 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):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	Section C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 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		

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

Schedule A (Form 990) 2022

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232026 12-09-22

(i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ **a** Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

 Schedule A (Form 990) 2022
 YWCA
 CLARK
 COUNTY

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

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2022 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Line 8 amount divided by line 9 amount

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Section D - Distributions

2

3

4

6

7

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9

10

1

2

3

4

5

6

7

8 9

10

Current Year



9914___1

Schedule A	(Form 990) 2022	YWCA	CLARK	COUNTY	91-0569882	Page 8
Part VI	Supplemental Infe Part IV, Section A, lines	s 1, 2, 3b, 3c,	4b, 4c, 5a,	explanations required by Part II, line 10; Part II, line 17a or 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section	C,
	Section D, lines 5, 6, al (See instructions.)	nd 8; and Part	V, Section	E, lines 2, 5, and 6. Also complete this part for any addition	nal information.	ιν,
232028 12-09-2	2				Schedule A (Form 9	90) 2022

223451 11-15-22

** PUBLIC DISCLOSURE COPY

YWCA CLARK COUNTY

Section:

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

91-0569882

Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	ion is covered by the General Rule or a Special Rule. D1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
-	cation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	

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

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

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

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

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

Schedule B (Form 990)

Department of the Treasury

Filers of:

Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule B (Form 990) (2022)

WCA CLARK	COUNTY	<u>c</u>	91-0569882
Part I Contri	butors (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
		\$1,005,820.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$963,329.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
3		\$721,529.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior

Schedule B (Form 990) (2022)
Name of organization

Employer identification number

01 0560000

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 3 </u>		\$721,529.	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
<u>4</u>		\$717,256.	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
<u> 5 </u>		\$ <u>323,012.</u>	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		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

YWCA (CLARK COUNTY		91-0569882		
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t 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		
		\$			

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2022.05090 YWCA CLARK COUNTY

25

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Name of o	organization			Employer identification number
YWCA	CLARK COUNTY			91-0569882
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	. For organizations	nat total more than \$1,000 for the year
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift 	(c) Use of gift	(d) Desc 	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	insferor to transferee
223454 11-15	5-22	26		Schedule B (Form 990) (2022)

09240514 781409 9914

2022.05090 YWCA CLARK COUNTY

26

(Form 980) Por Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 980 or Form 980-E2. Complete if the organization is described below. Attach to Form 980 or Form 980-E2. Section 501(c) organizations complete Part Is A and B. Do not complete Part Is A. Section 501(c) organizations complete Part Is A and B. Do not complete Part Is A. Section 501(c) organizations complete Part II. Name of organization Part IsA. Ybol C CLARK COUNTY Section 501(c) (c) or is a section 527 organization. Yes (C) CLARK COUNTY Section 501(c) or is a section 527 organization file Section 501(c) (c) or is a section 527 organization. Yes (C) CLARK COUNTY Section 501(c) (c), except section 501(c) (3). Enter the amount of any vocie tax incurred by programization malary andivities in Part IV. Yes (C) CLARK COUNTY Section 501(c) (c), except section 501(c) (3). Enter the amount of any vocie tax incurred by programization ma	SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047	
Complete if the organization is described below. A tach to Form 990 rEZ. The organization answered "Ves" on Form 990, Part IV, line 5, or Form 990, Part IV, line 6, or Form 990, Part IV, line 5, or Form 990,						2022		
							LULL	
		-	-			/-L2.		
	If the organization answ	vered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lin	e 46 (Political Camp	aign Acti	ivities), then	
	 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not con	plete Part I-C.				
If the organization answered "Ves," on Form 990, Part W, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then e. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. If the organization answered "Ves," on Form 990, Part W, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 350 (Proxy Tax) (See separate) (See section 551 (See See See See See See See See See Se	 Section 501(c) (other 	than section 50	1(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Par	t I-B.		
	 Section 527 organiza 	ations: Complete	Part I-A only.					
• Section 501(2)(2) organizations that have NOT field Form 5788 (election under section 501(h)): Complete Part II.B. Do not complete Part II.A. If the organization answard 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions), then • Section 501(c)(4), (b), or (B) organizations: Complete Part III. Name of organizations YWCA_CLARK_COUNTY	-							
If the organization answerd "Yes," on Form 980, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then Saction 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization YUCA CLARK COUNTY 91-0569882 Part I-B Complete If the organization is exempt under section 501(c) or is a section 527 organization. Porticle a description of the organization is direct and indirect political campaign activities in Part IV. Political campaign activity expendentures Part I-B Complete If the organization is exempt under section 501(c)(3). Fart the amount of any excise tax incurred by the organization under section 4865 S Terret the amount of any excise tax incurred by up organization magers under section 4855 Terret the amount of any excise tax incurred by up organization magers under section 4855 Terret the amount of any excise tax incurred by up organization magers under section 501(c), except section 501(c)(3). Fart the organization is exempt under section 501(c), except section 501(c)(3). Fart the anount of the filing organization is exempt under section 501(c), except section 501(c)(3). Fart the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). Fart the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). Fart the amount directly espended by the filing organization for section 527 second through activities S C Complete If the organization is exempt under section 501(c), except section 501(c)(3). Fart the amount directly espended by the filing organization for section 527 second through activities C Complete If the filing organization is fuel or section 527 political organization fuel work the filing organization is fuel organization fuel work as a separate segregated fund or a political commut field work that were promptly and directly delivered to a separate political organization fuel work the dinfinited organization fuel wor			ι.	()/				
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filing organization's funds. If none, enter -0. contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. image: separate political organization image: separate political organization image: separate politica	(a) Name)	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political	
delivered to a separate political organization. If none, enter -0.					filing organizatio	on's co		
political organization. If none, enter -0					funds. If none, ent			
							political organization.	
							If none, enter -0	
						—		
For Panerwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7								

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

Schedule C (Form 990) 2022

232041 11-08-22

	YWCA CLARK				569882 Page 2
Part II-A Complete if the orga	anization is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
	•	• • •	n Part IV each affiliated g	group member's nam	e, address, EIN,
	e of excess lobbying	• •			
Limit	s on Lobbying Expe			(a) Filing organization's	(b) Affiliated group totals
(The term "expend	itures" means amou	ints paid or incurred.)	totals	
1a Total lobbying expenditures to influ	ence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditures	•	· ·····			
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) of		bying nontaxable an			
Not over \$500,000 Over \$500,000 but not over \$1,000		the amount on line 1e			
Over \$1,000,000 but not over \$1,000	· · · · · · · · · · · · · · · · · · ·	00 plus 15% of the exc 00 plus 10% of the exc			
Over \$1,500,000 but not over \$1,50		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,				
	· · · · · · · · · · · · · · · · · · ·				
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	or less, enter -0		[
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this					Yes No
(Some organizations th		eraging Period Under 01(b) election do not		f the five columns b	elow
		ate instructions for li			
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d. Overene te postaval la succest					
 d Grassroots nontaxable amount e Grassroots ceiling amount 					
(150% of line 2d, column (e))					1
(
f Grassroots lobbying expenditures					
· · · · · · · ·				Sched	ule C (Form 990) 2022

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)		
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?	X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
с	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
	Other activities?	X		54	1,000.	
j	Total. Add lines 1c through 1i			54	1,000.	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR	(b) Part I	II-A, line	3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
2	expenses for which the section 527(f) tax was paid).	201				
-			2a			
	Current year					
	Carryover from last year					
-	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	Jillical				
F	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		4			
	t IV Supplemental Information		5	L		
	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	Δ lines 1 a	nd 2 (See		
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	130,1 411	A, 11103 T a	10 2 (000		
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
YWO	CA CLARK COUNTY ADVOCATES FOR THE EMPOWERMENT OF WOM	IEN ANI	D RACI	AL		
	THE THE THE THE THE AND TO NOT THE THE ANADENESS	י יידוס	ኮ∩ አፑፑ	ፑርጥ		
002	STICE. THE INTENTION IS NOT JUST TO RAISE AWARENESS,	<u>БОІ .</u>	IU AFF			
REA	AL, MEANINGFUL CHANGE. OUR PUBLIC POLICY COMMITTEE,	COMPR	ISED			
PR	IMARILY OF VOLUNTEERS, IDENTIFIES AREAS OF CONCERN A	ND ADI	DRESSE	S OUR		
PE	RSPECTIVES IN LITERATURE PLACED ON OUR WEBSITE, IN L	ETTER	S SENT	то		
23204	3 11-08-22		Schedu	ıle C (Form	990) 2022	

CONGRESSIONAL REPRESENTATIVES AND ALSO TO NEWS OUTLETS. THE YWCA ALSO

ATTENDS THE WASHINGTON STATE LOBBY DAYS WHERE STAFF MEMBERS CAN PRESENT

TO OFFICIALS ON VARIOUS BILLS BEING CONSIDERED, TYPICALLY LOBBYING FOR

FOSTER CARE, DOMESTIC VIOLENCE AND ASSAULT VICTIMS' RIGHTS.

Schedule C (Form 990) 2022

232044 11-08-22

(Forr Depart Interna	HEDULE D m 990) Iment of the Treasury I Revenue Service	Complete if the orga Part IV, line 6, 7, 8, 9, 10 A Go to www.irs.gov/Form99	al Financial Statements unization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 10 for instructions and the latest information.	OMB No. 1545-0047 2022 Open to Public Inspection
Nam	e of the organization	on YWCA CLARK COUNTY		Employer identification number $91 - 0569882$
Pa	rt I Organiza		d Funds or Other Similar Funds or Ac	
		n answered "Yes" on Form 990, Part IV, lir		
			(a) Donor advised funds (k	b) Funds and other accounts
1	Total number at er	nd of year		
2		f contributions to (during year)		
3	Aggregate value of	f grants from (during year)		
4		t end of year		
5	-		writing that the assets held in donor advised fund	
			exclusive legal control?	
6	•	•	advisors in writing that grant funds can be used on	
			or donor advisor, or for any other purpose conferring	
Pa	impermissible priva		ganization answered "Yes" on Form 990, Part IV, I	
1		servation easements held by the organizati		
'		of land for public use (for example, recrea		rically important land area
		f natural habitat	Preservation of a certifi	, ,
	—	of open space		
2		• •	fied conservation contribution in the form of a con	servation easement on the last
	day of the tax year		[Held at the End of the Tax Year
а	Total number of co	onservation easements		2a
b	Total acreage rest	ricted by conservation easements		2b
с	Number of conserv	vation easements on a certified historic str	ucture included in (a)	2c
d	Number of conserv	vation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure li	isted in the National Register		2d
3	Number of conservent	vation easements modified, transferred, re	leased, extinguished, or terminated by the organiz	ation during the tax
	year			
4		where property subject to conservation ea		
5		tion have a written policy regarding the pe		Yes No
6	,	orcement of the conservation easements i	t holds? handling of violations, and enforcing conservatior	
0		r nours devoted to morntoning, inspecting,		reasements during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ease	ements during the year
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i)
9			on easements in its revenue and expense stateme	
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial statements that	t describes the
		ounting for conservation easements.		
Pa		•	f Art, Historical Treasures, or Other Si	milar Assets.
		the organization answered "Yes" on Form		
1 a			8, not to report in its revenue statement and bala	
			blic exhibition, education, or research in furtherand	ce of public
h			ncial statements that describes these items. 58, to report in its revenue statement and balance	sheet works of
U	-		c exhibition, education, or research in furtherance	
		ng amounts relating to these items:		
	-			\$
2			asures, or other similar assets for financial gain, p	
		unts required to be reported under FASB A		
а	-		~ 	\$
b	Assets included in			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
232051 09-01-22	

09240514 781409 9914

Sche		ARK COUNTY							69882	2 P	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, o	r Othe	r Sin	nilar A	ssets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	: make s	ignific	ant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d		change progra							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how they further t	he organizatio	on's exe	mpt p	urpose ii	n Part	XIII.		
5	During the year, did the organization solicit o				er simila	r asse	ts		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		te if the organizati	on answered	"Yes" or	ו Form	n 990, Pa	art IV, I	ine 9, or		
10	Is the organization an agent, trustee, custodia		any for contribution	e or other as	eate not	incluc	hod				
Id									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							ட			
D			owing table.			Г			Amount	t	
c	Beginning balance						1c			-	
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance					" F	1f				
	Did the organization include an amount on Fo					lity?			Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has beer	provided on	Part XIII						
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on F	orm 990, Part							
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) ⊺	hree years	s back	(e) Four	years	back
1a	Beginning of year balance	1,843,264.	2,164,231	. 1,82	5,843.		1,950,	264.	1,	619,	579.
b	Contributions										
С	Net investment earnings, gains, and losses	189,576.	-247,478	. 42	5,062.		57,	406.		430,	373.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	73,960.	73,489	. 8	5,674.		181,	827.		99,	688.
	Administrative expenses	4 959 999	1 010 051				1 005			0.5.0	
g	End of year balance	1,958,880.	1,843,264		4,231.		1,825,	843.	1,	950,	264.
2	Provide the estimated percentage of the curr			a)) held as:							
	Board designated or quasi-endowment	.0000	_%								
	Permanent endowment 87.0900 Term endowment 12.9100	%									
с		%									
20	The percentages on lines 2a, 2b, and 2c shou		tion that are hold a	and administa	ad for th	20					
Ja	Are there endowment funds not in the posses organization by:	ssion of the organizat	lion that are held a		eu ior ti	le			ſ	Yes	No
	(i) Unrelated organizations								3a(i)	X	
	(ii) Related organizations								3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the								00		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a.	See Form 990	, Part X,	, line 1	10.				
	Description of property	(a) Cost or ot	her (b) Cos	t or other	(c) A	Accum	nulated		(d) Bool	k valu	е
		basis (investm	ient) basis	s (other)		precia			. ,		
1a	Land		30	00,000.							00.
	Buildings			40,935.	1,		,138		930),7	97.
	Leasehold improvements			35,796.			,796				0.
d	Equipment		41	73,620.		265	,158	•	208	3,4	62.
	Other									_	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part X	(, column (B), line	10c.)					1,439	9,2	59.
							Sch	nedule	D (Form	990)	2022

D (Form 990)

Schedule D (Form 990) 2022			COUNTY
Part VII Investments - Ot	ner Sec	unues.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives	. ,		
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l of year market value
	(w) DOOR VAIUE		a or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(=/			
(3)			
(3)			
(3) (4)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)	15)		
(3) (4) (5) (6) (7) (8)	15.)		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (b) Description of Urb it			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5) (6)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5) (6) (7)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5) (6) (7) (8)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of Complete if the organization of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5) (6) (7)			

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 YWCA CLARK COUNTY				0569882 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,524,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	250,306.		
b	Donated services and use of facilities	2b	131,588.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	381,894.
3	Subtract line 2e from line 1			3	5,142,386.
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	25,121.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	25,121.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	<u>5,167,507.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per l	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,690,636.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	131,588.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	131,588.
3	Subtract line 2e from line 1			3	5,559,048.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,121.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	25,121.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	5,584,169.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

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

ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX
232054 09-01-22 Schedule D (Form 990) 2022

34

Part XIII Supplemental Information (continued)

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH PROVISIONS OF THIS TOPIC.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1!				r 19, d	or if the	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990 c				_		Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and ti	ne latest information		Employer in	lentification number
		ARK COUNTY					91-056	
	complete this part	Complete if the organization answe	red "Y	es" or	ı Form 990, Part IV, li	ine 17	. Form 990-I	Z filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Y	es 🗌 No be
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. (i)	
			Yes	No				
Total								
3 List all states in whitor licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	xempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ots greater than \$5,000.
			(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
6			(event type)	(event type)	(total number)	– col. (c))
Revenue	1	Gross receipts	206,280.			206,280.
	2	Less: Contributions	193,980.			193,980.
	3	Gross income (line 1 minus line 2)	12,300.			12,300.
	4	Cash prizes				
(0	5	Noncash prizes	2,935.			2,935.
Direct Expenses	6	Rent/facility costs	1,000.			1,000.
rect Ex	7	Food and beverages	48,222.			48,222.
D	8	Entertainment	525.			525. 85,341.
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through	.,			138,023.
Pa	11 Irt I	Net income summary. Subtract line 10 from lin Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.				-125,723.
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
SS	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
						1

6	Volunteer labor	☐ Yes % No	└── Yes % └── No	└── Yes % └── 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? _____ Yes 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: ______

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Schedule G (Form 990) 2022

Yes

No

No

Sch	edule G (Form 990) 2022	YWCA CLARK	COUNTY	91-05	56988	2 Page 3
11	Does the organization conduct ga	aming activities with nor	nmembers?		Yes	No
			rust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	-	·····		Yes	No
13	Indicate the percentage of gaming					
					13a	%
					13b	%
			the organization's gaming/special events books and record		•	
	Name					
	Address					
15a	Does the organization have a con	tract with a third party f	from whom the organization receives gaming revenue?		Yes	No
	3		5 5 5			
b	If "Yes," enter the amount of gam	ina revenue received b	y the organization \$ and the an	nount		
	of gaming revenue retained by the					
c	If "Yes," enter name and address					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	,					
а	Is the organization required under	r state law to make char	ritable distributions from the gaming proceeds to			
	retain the state gaming license?				Yes	i 🛄 No
b		•	w to be distributed to other exempt organizations or spent	in the		
Do	organization's own exempt activit		\$			
Га			explanations required by Part I, line 2b, columns (iii) and (v)	; and Part	III, lines S	9, 96, 106,
	150, 15C, 16, and 17D, as	applicable. Also provid	de any additional information. See instructions.			
_						
2320	33 10-27-22			Schedu	e G (Fori	m 990) 2022

Schedule G (Form 990)

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SCHEDULE I (Form 990)		Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	er Assistand d Individuals ^{answered "Yes"}	J Other Assistance to Organizations, is, and Individuals in the United States nization answered "Yes" on Form 990, Part IV, line 21 or 2	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. gov/Form990 for the la	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	tion.		Open to Public Inspection
Name of the organization	tion YWCA CLARK COUNTY	COUNTY					Ш	Employer identification number 91 – 0569882
Part I General Ir	General Information on Grants and Assistance	ssistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	bstantiate the		or assistance, the c	grantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to ٤	criteria used to award the grants or assistance?	e;						X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ures for monito	oring the use of grant fu	unds in the United	States.			
Part II Grants an recipient the	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	estic Organiz 00. Part II can t	ations and Domestic be duplicated if additio	omestic Governments. Con if additional space is needed.	omplete if the orga ed.	nization answered "Y	es" on Form 990, Part IV	/, line 21, for any
1 (a) Name and ac or go	1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	overnment org	anizations listed in the	line 1 table				
7	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructio	ons for Form 990.					Schedule I (Form 990) 2022

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

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Schedule I (Form 990) 2022 YWCA CLARK COUNTY	Τ.Т.				91-0569882 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	. Complete if the	organization answei	red "Yes" on Form 99	00, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION, SCHOOL SUPPLIES, PERSONAL NEEDS, TRAVEL COSTS, HOUSING AND EMPLOYMENT SUPPORT	258	720,441.	0.		
Part IV Supplemental Information. Provide the information required in P	uired in Part I, line	2; Part III, column (art I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
PARTICIPATION IN OUR PROGRAM IS ALL	THE	FERIA NEED	CRITERIA NEEDED TO RECEIVE GRANT	LVE GRANT	
ASSISTANCE. APPLICATIONS FOR GRANT	T ASSISTANCE	IS	REQUIRED FOR 1	FEDERAL	
CONTRACTS AND ARE MONITORED BY AN E	EMERGENCY		ASSISTANCI	FINANCIAL ASSISTANCE COMMITTE.	
WE ONLY WRITE CHECKS DIRECTLY TO TH	THE VENDOR	AND NOT T	THE PARTICIPANT.	PANT. THESE	
GRANT ASSISTANCE EXPENSES ARE ALSO	REVI	EWED WHEN WE S	SUBMIT INVOICES	ICES.	

Schedule I (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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



YWCA CLARK COUNTY

Employer identification number 91-0569882

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

FREEDOM AND DIGNITY FOR ALL.

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

Y'S CARE - THE Y'S CARE CHILDREN'S PROGRAM PROVIDED 2,028 SERVICE DAYS

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

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

PROVIDING LICENSED, NURTURING EARLY CHILDHOOD EDUCATION AND CARE.

CARE CONNECTION - THEY ASSIST, CONNECT AND SUPPORT PARTICIPANTS FOR THE

PURPOSE OF PROVIDING HEALTH AND SOCIAL SERVICES TO INDIVIDUALS WHO ARE

IN ISOLATION AND QUARANTINING FROM COVID-19. ADVOCATES RECEIVED 288

REFERRALS AND HELPED 134 PARTICIPANTS.

VOLUNTEER DEVELOPMENT - THIS PROGRAM RECRUITS, TRAINS, AND SUPPORTS

QUALIFIED VOLUNTEERS AND ASSISTS COMMITTED COMMUNITY MEMBERS IN FINDING

MEANINGFUL SERVICE OPPORTUNITIES. IN THE CURRENT FISCAL YEAR, OVER 132

VOLUNTEERS CONTRIBUTED TO THE PROGRAM.

EXPENSES \$ 533,829. INCLUDING GRANTS OF \$ 20,610. REVENUE \$ 165,805.

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

EXECUTIVE COMMITTEE CONSISTS OF BOARD PRESIDENT, TREASURER, VP OF BOARD DEVELOPMENT, VP FUND DEVELOPMENT, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CHIEF OPERATIONS OFFICER AND CHIEF PHILANTHROPY OFFICER. THIS COMMITTEE MEETS MONTHLY TO GO OVER ALL COMMITTEE (FUND DEVELOPMENT, PUBLIC POLICY, ETC) ACTIVITIES AS WELL AS ADDRESS PRESSING ISSUES THAT AFFECT THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

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Name of the organization YWCA CLARK COUNTY	Employer identification number $91 - 0569882$
ORGANIZATION SUBSTANTIALLY, SUCH AS AN EMERGING CRISIS. T	HIS COMMITTEE HAS
AUTHORITY TO ACT ON BEHALF OF THE BOARD. FINANCE & AUDIT	COMMITTEE
CONSISTS OF BOARD PRESIDENT, TREASURER, CEO, CFO AND CPO.	THIS COMMITTEE
PROVIDES OVERSIGHT OF THE FINANCIAL REPORTING AND AUDIT PR	OCESS. HR
COMMITTEE OVERSEES SALARY SURVEYS AND COST OF LIVING THAT	DETERMINE PAY
RANGES FOR POSITIONS. THEY ALSO OVERSEE THE COMPANY'S HUM	AN RESOURCE
POLICIES AND PLANS. ALL THIS IS REVIEWED BY THIS COMMITTE	E TO RECOMMEND TO
THE BOARD.	

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

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

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

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

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

THE HUMAN RESOURCES DEPARTMENT CONTRACTED WITH AN OUTSIDE HR FIRM TO

PERFORM A COMPENSATION ANALYSIS TO DETERMINE A PAY RANGE FOR EACH POSITION.

WITHIN THAT RANGE, THE APPLICANT IS HIRED INTO THE POSITION BASED ON

BACKGROUND SKILLS, EMPLOYMENT HISTORY AND BUDGET FLEXIBILITY.

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

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

WEBSITE.

Name of the organization

YWCA CLARK COUNTY

FORM 990, PART XII, LINE 2C:

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

PRIOR YEARS.

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