# PUBLIC DISCLOSURE COPY

### \*\* PUBLIC DISCLOSURE COPY \*\*

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

<u> </u>	OI LITE	s 2021 Calefidat year, of tax year beginning 000 1, 2021 and	enuing U	ON 30, 2022	ı			
<b>B</b> c	heck if	C Name of organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF	1	D Employer identif	ication number			
	Addre	S ODEANED LOG ANGELEG						
	chang Name chang			95-16529	19			
	Initial return		Room/suite					
	Final return	1020 S. OLIVE STREET, 7TH FLOOR	1100III/3uito	(213) 36				
	termin ated			<b>G</b> Gross receipts \$ 13,113,184.				
	Ameno			H(a) Is this a group r				
F	Applic			for subordinate				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i				
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) ( )	or 527	<b>⊣</b> ` ′	a list. See instructions			
		e: ► WWW.YWCAGLA.ORG		H(c) Group exemption	on number 🕨			
K F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1894	M State of legal domicile: CA			
Pa	art I	Summary						
•		Briefly describe the organization's mission or most significant activities: WOME	N'S ME	MBERSHIP MO	VEMENT TO			
Activities & Governance		ELIMINATE RACISM & EMPOWER WOMEN.						
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3				
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)						
es 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)						
Ϋ́	6	Total number of volunteers (estimate if necessary)						
Λcti	I			7a				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>					
				Prior Year	Current Year			
ē	l	Contributions and grants (Part VIII, line 1h)		29,613,147.				
en	I	Program service revenue (Part VIII, line 2g)		310,995.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,444.				
_	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,348,397.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,293,983.				
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	· · · · · · · · · · · · · · · · · · ·			
	I	Benefits paid to or for members (Part IX, column (A), line 4)		7,722,254.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  602,46	61	<u> </u>	0.			
Exp	D			5,216,615.	6,129,383.			
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,938,869.				
		Revenue less expenses. Subtract line 18 from line 12		18,355,114.				
-Se	13	Thevenue less expenses. Subtract line 10 from line 12		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		37,921,425.				
Ass. Bal	21	Total liabilities (Part X, line 26)		28,325,921.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		9,595,504.	5,970,325.			
Pa	rt II	Signature Block		, ,	,			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
Sigr	n	Signature of officer		Date				
Her	е	RUBY YUEN, CFO						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check [	PTIN			
Paid		LIZBETH G. NEVAREZ LIZBETH G. NEVAR	REZ C	05/13/23 self-emplo	P01399868			
	arer	Firm's name GREEN HASSON & JANKS LLP		Firm's EIN ▶	95-1777440			
Use	Only	Firm's address 700 SOUTH FLOWER STREET, SUITE 3	300		140) 050 1555			
		LOS ANGELES, CA 90017		Phone no. ( 3	<u>810) 873-1600</u>			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

### YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREATER LOS ANGELES 95-1652919 <u> Page</u> **2** Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN AND PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL. Did the organization undertake any significant program services during the year which were not listed on the Yes X No If "Yes," describe these new services on Schedule O. Yes X No 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 5,465,878. including grants of \$ ) (Expenses \$ ) (Revenue \$ 4a EARLY CHILDHOOD EDUCATION THROUGH CHILD DEVELOPMENT SERVICES: SERVING MAINLY LOW-INCOME FAMILIES WITH PARENTS WHO ARE WORKING OR ATTENDING SCHOOL, THIS FREE PROGRAM, FOR QUALIFIED PARENTS, BOTH THE CHILDREN AND THEIR PARENTS BY PROVIDING SAFE, DEVELOPMENTALLY-ORIENTED CHILDCARE AND PARENTING EDUCATION. THE OVERALL GOAL FOR THE CHILD DEVELOPMENT PROGRAMS FOR THE YWCA GREATER LOS ANGELES IS TO PROVIDE A SAFE, NURTURING LEARNING ENVIRONMENT IN WHICH CHILDREN CAN FLOURISH WHILE ENABLING THEIR FAMILIES TO INCREASE THEIR CAPACITY TOWARD SELF-SUFFICIENCY. THE CHILD DEVELOPMENT PROGRAM PROVIDES DEVELOPMENTALLY APPROPRIATE, CULTURALLY DIVERSE PROGRAMS THAT ADDRESS ALL PHASES OF A CHILD'S GROWTH AND DEVELOPMENT-SOCIAL, EMOTIONAL, COGNITIVE, AND PHYSICAL. FAMILIES ARE INVOLVED IN ALL PHASES 2,591,429. including grants of \$ ) (Expenses \$ ) (Revenue \$ SEXUAL ASSAULT CRISIS SERVICES: THE YWCA GREATER LOS ANGELES CREATES SAFE SPACES TO LIVE, LEARN AND GROW FOR VICTIMS AND SURVIVORS FROM SEXUAL VIOLENCE. FOR MORE THAN 30 YEARS, THE YWCA GLA HAS PROVIDED NON-JUDGMENTAL SUPPORT AND SERVICES TO VICTIMS/SURVIVORS, AGES 12 YEARS AND UP, WHO ARE HEALING FROM SEXUAL VIOLENCE. AS THE LARGEST ORGANIZATION ADDRESSING SEXUAL VIOLENCE IN LOS ANGELES COUNTY, THE PROGRAM WAS DEVELOPED IN RESPONSE TO SPECIFIC NEEDS OF THE COMMUNITY. AS A CULTURALLY AND LINGUISTIC COMPETENT SERVICE PROVIDER, THE YWCA GLA ADDRESSES THE NEEDS AFFECTING YOUTH, LOW-INCOME INDIVIDUALS AND PERSONS OF COLOR. CERTIFIED SEXUAL ASSAULT COUNSELORS RESPOND 24 HOURS A DAY, SEVEN DAYS A WEEK VIA A RAPE CRISIS HOTLINE, TO POLICE DEPARTMENTS AND HOSPITALS, AND THROUGH THREE RAPE CRISIS 300,000.) (Revenue \$ \_ 1,854,454. including grants of \$ 346,000. SENIOR ENGAGEMENT & WELLNESS SERVICES: TO HELP DRIVE CREATIVE NEW WAYS TO KEEP SENIORS PRODUCTIVE AND CONNECTED TO THEIR COMMUNITIES, YWCA GLA LAUNCHED THE SENIOR ENGAGEMENT PROGRAM TO EXPLORE AND SUPPORT INNOVATIVE NEW COMMUNITY-BASED PROGRAMS DESIGNED TO HELP SENIORS LIVE, LEARN AND THRIVE. YWCA GLA IS DEDICATED IN PROVIDING OLDER ADULTS WITH THE MAXIMUM TOOLS AND EDUCATIONAL WORKSHOPS TO DECREASE ISOLATION AND INCREASE SOCIALIZATION. YWCA GLA'S COMPREHENSIVE PROGRAMMING PROMOTES HEALTHY AND HOLISTIC AGING, PROLONGS INDEPENDENCE, AND ENHANCES THE DIGNITY AND OVERALL QUALITY OF LIFE FOR OLDER ADULTS. THE SENIOR WELLNESS PROGRAM OFFERS A VARIETY OF HEALTH BENEFITS AS WELL AS EDUCATIONAL AND INFORMATION RESOURCES FOR SENIORS IN ALL DEMOGRAPHICS. GUIDING BEHAVIORS, HABITS AND LIFESTYLE ENHANCES Other program services (Describe on Schedule O.)

3

including grants of \$

9,911,761.

) (Revenue \$

Form 990 (2021)

Total program service expenses

### 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u></u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 91			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
132004	¥ 12-09-21	Form	990	(2021)

Form 990 (2021)

Part V

GREATER LOS ANGELES

Statements Regarding Other IRS Filings and Tax Compliance

95-1652919

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Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 186 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion 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 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.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	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.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	RUBY YUEN - (213) 251-1354								
	1020 S. OLIVE STREET, 7TH FLOOR, LOS ANGELES, CA 90015								

### Form 990 (2021)

GREATER LOS ANGELES 95-1652919 <u> Page</u> **7** 

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, 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.

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

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

(A)	(B)	ga		((	<b>C)</b>			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son is	s both	an	compensation	compensation	amount of
	week				10010	1711 431		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	om pe		1099-NEC)	,	and related
	below	/idual	Institutional trustee	er	Key employee	est co loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) FAYE WASHINGTON	40.00									
PRESIDENT/CEO	20.00	Х		Х				249,170.	0.	27,900.
(2) DONNA CROWDER	40.00									
CAO	0.00					X		175,512.	0.	28,035.
(3) SHARON SHELTON	40.00									
C00	0.00					X		166,861.	0.	25,237.
(4) DENISE ORME	40.00									
CFO (LEFT 10/22)	20.00			Х				165,174.	0.	23,575.
(5) RUBY YUEN	40.00									
DIR OF ACCOUNTING/CFO AS OF 10/22	20.00			Х				153,400.	0.	27,002.
(6) CYNTHIA HEARD	40.00									
V.P., COMMUNICATIONS/BUS.DEVELOPMENT	0.00					Х		147,949.	0.	22,825.
(7) BARBARA HARPER	40.00									
SR. PROGRAM ADMINISTRATOR	0.00					Х		112,667.	0.	9,975.
(8) DARNETTA DARTEST	40.00									
HR ASSOCIATE DIRECTOR	0.00					Х		101,129.	0.	23,300.
(9) ALVA P. ADAMS-MASON	1.00									
BOARD CHAIRWOMAN	0.00	Х		Х				0.	0.	0.
(10) KYMBERLY GARRETT, MBA GPHR	1.00									
BOARD VICE CHAIRWOMAN	0.00	Х		Х				0.	0.	0.
(11) KAREN D. MIESSNER, CFE, CPA	1.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(12) DELILAH LANOIX-HARRIS	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(13) MARGARET LEONG CHECCA	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(14) JARON P. HAMLET SR.	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(15) CYNTHIA KIM	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(16) CARON NG	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(17) TAYLOR MCKENZIE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

Form **990** (2021) 132007 12-09-21

(A) Name and title	(B) Average hours per		not c		itior more	) than o		(D) Reportable compensation	(E)  Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)					Highest compensated carp. Arrange employee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	cc	othe ompens from t organiza and rela rganiza	r ation he ation ated
(18) NICOLE HARPER RAWLINS DIRECTOR	1.00	Х						0.	0			0.
(19) FELIX WHITTAKER	1.00	^						0.	0	+		<u> </u>
DIRECTOR	0.00	х						0.	0	.		0.
(20) CHRISTINE SARKISSOF	1.00											
DIRECTOR	0.00	Х						0.	0	़		0.
										T		
1b Subtotal							<b>&gt;</b>	1,271,862.	0		87,8	
c Total from continuation sheets to Part VI								1,271,862.	0		87,8	0.
d Total (add lines 1b and 1c)							o re	· · · · · · · · · · · · · · · · · · ·	_	<u>•   +</u>	07,0	<u>, 4) •</u>
compensation from the organization											1	8
											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s.										3		Х
4 For any individual listed on line 1a, is the su												+
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? [f "Yes," com	plete Schedul	e J f	or su	ıch r	oers	on .				5		X
Complete this table for your five highest contactors	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	5100.000 of compens		from	
the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·			
(A)								(B)			(C)	
Name and business		1 0						Description of s	ervices	Comp	pensati	on
C-1 CONSTRUCTION CORPORAT WILSHIRE BLVD. SUITE 2206	-			ES		CA		CONSTRUCTION		2	89,3	326.
HILDHILL BLIB DOLL BOX	, 200 11				<u>,                                     </u>			001,011,001101			0,7,0	
							$\dashv$					
2 Total number of independent contractors (in	· ·	ot lin	nited	d to t	thos		ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation 📂									For	m <b>990</b>	(2021)

Form 990 (2021) Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
جَ ۾		Fundraising events 1c	430,658.				
fts, r A		d Related organizations 1d	1,000,000.				
ig ig		Government grants (contributions)  1e	9,086,401.				
Sin		All other contributions, gifts, grants, and	2,000,101.				
ē Ė	'		721,157.				
ë		similar amounts not included above 1f	281,168.				
	_	Noncash contributions included in lines 1a-1f	201,100.	11,238,216.			
Oa	<u> </u>	Total. Add lines 1a-1f	Business Code	11,230,210.			
	_	DEVIELODMENT / DRODEDTY MANAGEMETER	Business Code	210 050	210 050		
<u>ic</u>	2 a		_	218,959.	218,959.		
e c	b	DIGITAL LEARNING ACADEMY	611710	127,041.	127,041.		
n S	C		_				
ra Se	C	d	_				
Program Service Revenue	e		_				
•		All other program service revenue					
	Ç	Total. Add lines 2a-2f	<b>&gt;</b>	346,000.			
	3	Investment income (including dividends, int					
		other similar amounts)		63,396.			63,396.
	4	Income from investment of tax-exempt bon	d proceeds				
	5	Royalties	<b></b>				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a 1,293,24	9.				
	b	Less: rental expenses 6b	0.				
	c	Rental income or (loss) 6c 1,293,24	9.				
	c	Net rental income or (loss)		1,293,249.			1293249.
	7 a	a Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
ē		and sales expenses 7b 63,53	3.				
en	c	Gain or (loss) 7c -63,53	3.				
ther Revenue		d Net gain or (loss)	<b>•</b>	-63,533.			-63,533.
ē		a Gross income from fundraising events (not					·
퇀	-	including \$ 430,658. of					
		contributions reported on line 1c). See					
		· · · · ·	<b>8a</b> 0.				
	h		8b 596,959.				
		Net income or (loss) from fundraising event		-596,959.			-596,959.
		a Gross income from gaming activities. See		,			,
	•	• •	9a				
	h		9b				
		Net income or (loss) from gaming activities	<u> </u>				
		a Gross sales of inventory, less returns					
	10 8	·	10a				
			10b				
$\dashv$		Net income or (loss) from sales of inventory	Business Code				
S <sub>D</sub>	44 -	OTHER INCOME	900003	172,323.			172,323.
je ne				1/2,323.			1/2,323.
Miscellaneous Revenue	b		-				
Sce Be	C		-				
Ĕ		All other revenue		170 202			
		Total. Add lines 11a-11d		172,323.	246 000	_	060 476
	12	Total revenue. See instructions		12,452,692.	346,000.	0.	868,476.

### Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	300,000.	300,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	C1 C 001	405 450	104 720	16 703
	trustees, and key employees	616,981.	495,458.	104,730.	16,793
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	C 221 242	4 005 070	1 056 030	1.0 224
7	Other salaries and wages	6,221,242.	4,995,878.	1,056,030.	169,334
8	Pension plan accruals and contributions (include	ENE 600	106 006	05 020	12 764
	section 401(k) and 403(b) employer contributions)	505,689.	406,086.	85,839.	13,764 11,475
9	Other employee benefits	421,602.	338,562.	71,565.	10 500
10	Payroll taxes	389,069.	312,436.	66,043.	10,590
11	Fees for services (nonemployees):				
а		1 170 150		1 170 150	
b	9	1,179,159.	146 224	1,179,159.	4 000
	Accounting	196,425.	146,224.	45,212.	4,989
	Lobbying				
е	, ,	10 720		10 720	
f	Investment management fees	18,730.		18,730.	
g	` '	F21 201	250 051	165 657	c con
	column (A), amount, list line 11g expenses on Sch 0.)	531,391.	359,051.	165,657.	6,683
12	Advertising and promotion	704 745	F0C 007	146 242	F0 20F
13	Office expenses	724,745.	526,007.	146,343.	52,395
14	Information technology	76,114.	57,999.	16,136.	1,979
15	Royalties	761 100	206 067	261 116	12 200
16	Occupancy	761,183.	386,867.	361,116.	13,200
17	Travel	95,131.	72,949.	20,296.	1,886
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	124 102	100 047	20 //7	2 400
20	Interest	134,183.	102,247.	28,447.	3,489
21	Payments to affiliates	501 00 <i>6</i>		501 00 <i>6</i>	
22	Depreciation, depletion, and amortization	584,006. 219,938.	167 502	584,006. 46,627.	E 710
23	Insurance	419,938.	167,593.	40,04/.	5,718
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.)  PROGRAM MATERIALS, SUPP	1,041,300.	760,132.		281,168
a b	FOOD SUPPLIES	220,564.	220,564.		201,100
C	MAINTENANCE & REPAIRS	170,101.	129,617.	36,061.	4,423
d	DUES & SUBSCRIPTIONS	40,787.	30,888.	8,846.	1,053
	All other expenses	135,626.	103,203.	28,901.	3,522
	Total functional expenses. Add lines 1 through 24e	14,583,966.	9,911,761.	4,069,744.	602,461
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	11,303,300	J, J ± ± , 1 0 ± •	1,000,144.	002,401
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

# Form 990 (2021) Part X Balance Sheet

art 2	^	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,149,062.	1	1,153,563
:	2	Savings and temporary cash investments			19,553,677.	2	2,401,004
;	3	Pledges and grants receivable, net			979,816.	3	1,354,273
4		Accounts receivable, net		4			
4	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
(	6	Loans and other receivables from other disqual	ified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in secti	ion 4958(c)(3)(B)		6	
:   :	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
:   :	9				19,190.	9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	23,162,436.			
	b	Less: accumulated depreciation	10b	7,426,517.	16,162,388.	10c	15,735,91
1	1	Investments - publicly traded securities			11	11,443,06	
1:	2	Investments - other securities. See Part IV, line		12	701,58		
1:		Investments - program-related. See Part IV, line		13			
14	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11			57,292.	15	35,43
10	6	Total assets. Add lines 1 through 15 (must equ	ıal line 33	3)	37,921,425.	16	32,824,84
17		Accounts payable and accrued expenses			2,245,755.	17	2,696,79
18	8	Grants payable				18	
19	9	Deferred revenue	3,139,395.	19	3,228,66		
20	0	Tax-exempt bond liabilities			20		
2	1	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
22	2	Loans and other payables to any current or form	ner office	er, director,			
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
2		controlled entity or family member of any of the	se perso	ns		22	
23	3	Secured mortgages and notes payable to unrel	ated third	d parties	2,269,806.	23	1,958,96
24	4	Unsecured notes and loans payable to unrelate	d third p	arties	2,683,206.	24	1,426,52
2	5	Other liabilities (including federal income tax, pa	ayables to	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			17,987,759.	25	17,543,56
20	6	Total liabilities. Add lines 17 through 25			28,325,921.	26	26,854,51
.		Organizations that follow FASB ASC 958, che	eck here	<b>X</b>			
		and complete lines 27, 28, 32, and 33.			0 000 065		5 046 01
2	7				9,280,067.	27	5,846,21
28	8	Net assets with donor restrictions			315,437.	28	124,11
		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 🔲			
		and complete lines 29 through 33.					
29		Capital stock or trust principal, or current funds				29	
30		Paid-in or capital surplus, or land, building, or e				30	
3		Retained earnings, endowment, accumulated in			0 505 504	31	E 000 00
25 25 36 36 36 36 36		Total net assets or fund balances			9,595,504.	32	5,970,32
33	3	Total liabilities and net assets/fund balances			37,921,425.	33	32,824,843 Form <b>990</b> (20

Form **990** (2021)

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	12,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,58		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,13		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,59		
5	Net unrealized gains (losses) on investments	5	-1,49	<u>3,9</u>	<u>05.</u>
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	5,97	0,3	25.
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	Ο.			
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	ar guidite, avaleia vultu an Cabadula O and describe any stand taken to undergo queb quidite			v	1

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

**Employer identification number** 

GREATER LOS ANGELES 95-1652919 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71		,						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and		, ,	, ,	, ,	• •	,,			
	membership fees received. (Do not									
	include any "unusual grants.")	27098413.	23714273.	9453986.	9613147.	11238216.	81118035.			
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			184,193.	249,684.	142,735.	1258439.			
4	Total. Add lines 1 through 3	27443281.	24051232.	9638179.	9862831.	11380951.	82376474.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						000000			
	Public support, Subtract line 5 from line 4.						82376474.			
	etion B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2017 27443281.	(b) 2018	(c) 2019 9638179.	(d) 2020	(e) 2021 11380951.	(f) Total			
	Amounts from line 4	2/443201.	Z4USIZSZ.	9030179.	9002031.	11300331.	043/04/4.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	14,701.	14,670.	750.	11/2075	1356645.	2534841.			
_	and income from similar sources	14,701.	14,070.	750.	11400/3.	1330043.	2334041.			
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)	53,064.	16,615.	30,023.	221 766.	172 323.	493,791.			
11	Total support. Add lines 7 through 10	33,001	10,013.	30,023	221,7001		85405106.			
	Gross receipts from related activities,	etc (see instruction	nne)				,901,731.			
	First 5 years. If the Form 990 is for the	•					700=7.0=0			
	organization, check this box and stop	-								
Sec	ction C. Computation of Publi						,			
	Public support percentage for 2021 (I			column (f))		14	96.45 %			
	Public support percentage from 2020					15	98.05 %			
	33 1/3% support test - 2021. If the					ore, check this box	•			
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X			
b	33 1/3% support test - 2020. If the									
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ition			<b>&gt;</b>			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶□			
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the									
	organization meets the facts-and-circ	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐			
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>			

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
k	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								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support				•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 6		, ,	, ,		1			
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	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.)								
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,		
	check this box and stop here	-							
Se	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2021 (I			column (f))		15	%		
	Public support percentage from 2020					16	%		
Se	ction D. Computation of Inves	tment Income	Percentage						
17	7 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %								
	Investment income percentage from 2020 Schedule A, Part III, line 17								
	a 33 1/3% support tests - 2021. If the								
-	more than 33 1/3%, check this box ar								
ŀ	33 1/3% support tests - 2020. If the	=	-	•			and		
-	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization						<b>&gt;</b>		

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Schedule A (Form 990) 2021

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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")? |f "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?
- 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).
- 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	4		
مادرا	10b	n 000	2024
ule	A (Forn	n 990)	2021

Par	rt IV   Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family 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			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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			l
	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			l
	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			l
	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			
800	supported organizations played in this regard.	3		
	ction 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 instruc	tions).		
a	Somplete Selem			
b		( :tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			l
	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			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	ion 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		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Sche	Schedule A (Form 990) 2021 GREATER LOS ANGELES 95-1652919 Page 7							
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)					
Secti	on D - Distributions			Current Year				
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity	2						
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2021 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021				
_1_	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
_3_	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
С	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
ī	Carryover from 2016 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7:							
а	Applied to underdistributions of prior years							
	Applied to 2021 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
_	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
·	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
_	EA0000 HOIH EUE I							

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **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

2021

ľ	Name	of the	organization	

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREATER LOS ANGELES

**Employer identification number** 

95-1652919

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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				

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GREATER LOS ANGELES

Employer identification number

95-1652919

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1		- \$\_3,621,205.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2		- _ \$ <u>1,951,456.</u> -	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3		\$ 1,634,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
	Name, address, and ZIP + 4	Total contributions  - \$ 730,692.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		- - - \$	Person Payroll Complete Part II for noncash contributions.)					

Name of organization
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GREATER LOS ANGELES

Employer identification number

95-1652919

art II	Noncash Property (see instructions). Use duplicate copies of Par	rt 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

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF 95-1652919 GREATER LOS ANGELES Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREATER LOS ANGELES

**Employer identification number** 95-1652919

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	vised	I funds	(	<b>b)</b> Fun	ds and other accounts
1	Total number at end of year				`	-	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		s hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	r any	other purpose c	onferri	ng	
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				е		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year	oment is leasted					
4	Number of states where property subject to conservation eas			an handling of			
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing conse			
Ū	b	riariding of violations	, and	a critorolling corisc	oi vatio	ii casc	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcina conservati	on eas	sement	ts during the year
-	<b>▶</b> \$			5.5g 5555	J., Jul		is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h	)(4)(B)(	(i)	
	and section 170(h)(4)(B)(ii)?	•		· ·			Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furthe	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treatments	asures, or other simila	ar as	sets for financial	gain, p	provide	•
	the following amounts required to be reported under FASB AS	~					
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

132051 10-28-21

Schedule D (Form 990) 2021

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

GREATER LOS ANGELES

a   Braing the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that papy):  a   Public exhibition   d	Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	r Assets	contii	nued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make sig	nificant	use of its			
b Scholarly research e Other Preservation for Nuture generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collection?  Part W Escrow and Custodial Arrangements. Complete if the organization collection?  Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  In the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? line 21.  If the organization and provide wear and the organization and the provided organization and the provided organization and the provided organization and the organization or other intermediary for contributions or other assets not included an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If the organization during the year and the organization answered "Yes" on Form 990, Part X, line 10.  If Yes are all the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  In the organization include an amount on Form 990, Part X, line 21, or escrow or custodial account liability?  In the organization has a part X, line 10.  In the organization include an amount on Form 990, Part X, line 21, or escrow or custodial account liability?  In the organization has a part X, line 10.  In the organization has a part X, line 10.  In the organization include an amount on Form 990, Part X, line 10.  In the organization organizat		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 6 During the year, did the organization to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1	а	Public exhibition	d		Loan or exc	hange progra	am					
4. Provide a description of the organization's collections and explain how they further the organization's eventy purpose in Part XIII.  To be sold to raise funds afther than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" or Form 990, Part IV, line 9, or representation and programs of the programs of the organization answered an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:    Comparison or Comparison or Complete in Part XIII. In the Pa	b	Scholarly research	е		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
Part W   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV; line 21, for escrow or custodial or other assets not included on Form 990, Part XV; line 21, for escrow or custodial account liability?   Yes   No   No   Modified the organization include an amount on Form 990, Part XV; line 21, for escrow or custodial account liability?   Yes   No   If "Yes, 'explain the arrangement in Part XIII and complete the following table:   Amount   Te   Te   Amount   Te   Te   Te   Te   Te   Te   Te   T	5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er similar a	assets		_		_
Teported an amount on Form 990, Part X, line 21.   Yes	_											No
1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the	e organizatio	n answered '	'Yes" on I	Form 990	), Part IV,	line 9, or		
on Form 990, Part X?    Ves		reported an amount on Form 990, Par	t X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a			•					_	_	_	_
C   Beginning balance     1   1									L	Yes		No
d Additions during the year	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										Amoun	t	
e Distributions during the year 1   Ending balance   Int   I												
the funding balance   1	d											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Contributions (c) Net investment earnings, gains, and losses (d) Grants or scholarships (e) Contributions (for any organization answered "Yes" on Form 990, Part IV, line 10.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	е							- 1				
Describe in Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the organization answered "Yes" on Form 990, Part IV, line 10.    Call Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years										7		7
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back		_						y?	L	_ Yes		_ No
1a   Beginning of year balance												
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	ı aı	Endowment rands. Complete							vaare hack	(a) Fou	r voare	hack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	4.	Designation of consultations	(a) Current year	(D) F	rior year	(C) TWO year	S DACK (	u) Illiee	years back	( <b>e)</b> Fou	i years	Dack
c Net investment earnings, gains, and losses d Grants or scholarships												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С											
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment    W   West   West	d											
g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶	е											
g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	_											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	Ţ											
Board designated or quasi-endowment				- /l: 1 -	(-)	\\				<u> </u>		
b Permanent endowment ▶					g, column (a)	)) neid as:						
c Term endowment       ▶	_			_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Relat												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related orga	C											
Second   S	22		•	tion tha	t are hold ar	ad administor	ad for the	organiz	ation			
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       1,142,322.       1,142,322.       1,142,322.         b Buildings       17,753,895.       5,767,085.       11,986,810.         c Leasehold improvements       212,999.       112,176.       100,823.         d Equipment       1,822,201.       1,473,527.       348,674.         e Other       2,231,019.       73,729.       2,157,290.	Ja		ssion of the organiza	ilion ina	it are rielu ar	iu auministei	eu ioi tile	organiz	ation		Yes	No
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       1,142,322.       1,142,322.       1,142,322.         b Buildings       17,753,895.       5,767,085.       11,986,810.         c Leasehold improvements       212,999.       112,176.       100,823.         d Equipment       1,822,201.       1,473,527.       348,674.         e Other       2,231,019.       73,729.       2,157,290.										32(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  1,142,322.  b Buildings  17,753,895.  1,142,322.  1,142,322.  b Buildings  17,753,895.  17,753,895.  17,763.  100,823.  d Equipment  1,822,201.  1,473,527.  348,674.  e Other  2,231,019.  73,729.  2,157,290.												
4 Describe in Part XIII the intended uses of the organization's endowment funds.           Part VI Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation           1a Land         1,142,322.         1,142,322.           b Buildings         17,753,895.         5,767,085.         11,986,810.           c Leasehold improvements         212,999.         112,176.         100,823.           d Equipment         1,822,201.         1,473,527.         348,674.           e Other         2,231,019.         73,729.         2,157,290.	h	If "Yes" on line 3a(ii) are the related organiza	tions listed as requir	ed on S	chedule R2							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation     1a Land										<u> </u>		
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         1,142,322.         1,142,322.         1,142,322.           b Buildings         17,753,895.         5,767,085.         11,986,810.           c Leasehold improvements         212,999.         112,176.         100,823.           d Equipment         1,822,201.         1,473,527.         348,674.           e Other         2,231,019.         73,729.         2,157,290.				WITHOUTE I	arrao.							
ta Land         basis (investment)         basis (other)         depreciation           b Buildings         1,142,322.         1,142,322.           c Leasehold improvements         212,999.         112,176.         100,823.           d Equipment         1,822,201.         1,473,527.         348,674.           e Other         2,231,019.         73,729.         2,157,290.		Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a. S	ee Form 990	, Part X, Ii	ine 10.				
ta Land         basis (investment)         basis (other)         depreciation           b Buildings         1,142,322.         1,142,322.           c Leasehold improvements         212,999.         112,176.         100,823.           d Equipment         1,822,201.         1,473,527.         348,674.           e Other         2,231,019.         73,729.         2,157,290.		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	<u>—</u>
b Buildings       17,753,895.       5,767,085.       11,986,810.         c Leasehold improvements       212,999.       112,176.       100,823.         d Equipment       1,822,201.       1,473,527.       348,674.         e Other       2,231,019.       73,729.       2,157,290.			1 ' '		` '	I	dep	reciation		( )		
b Buildings       17,753,895.       5,767,085.       11,986,810.         c Leasehold improvements       212,999.       112,176.       100,823.         d Equipment       1,822,201.       1,473,527.       348,674.         e Other       2,231,019.       73,729.       2,157,290.	1a	Land			1,14	2,322.				1,14	2,3	22.
c Leasehold improvements       212,999.       112,176.       100,823.         d Equipment       1,822,201.       1,473,527.       348,674.         e Other       2,231,019.       73,729.       2,157,290.	_						5,7	67,0	85. 1			
d Equipment       1,822,201.       1,473,527.       348,674.         e Other       2,231,019.       73,729.       2,157,290.	С											
e Other 2,231,019. 73,729. 2,157,290.	_				1							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	е				2,23	1,019.			29.	2,15	7,2	90.
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. colun	nn (B), line 1	0c.)			<b>▶</b> 1	5,73	5,9	19.

Schedule D (Form 990) 2021

		OS ANGELES		95-1652919 Page <b>3</b>
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Y	es" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of secur	ity) <b>(b)</b> Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	o) must equal Form 990, Part X, col. (B) line 12.)	<b>•</b>		
Part VIII	Investments - Program Related			
	Complete if the organization answered "Y		11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1)	(4)	()	(0,	
(2)			1	
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)	-\			
Part IX	o) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
I alt IX	Complete if the organization answered "Y	on Form 000 Port IV line	11d Soc Form 000 Port V line 15	
	Complete if the organization answered if	(a) Description	Tru. See Form 990, Fait A, line 15.	(b) Pook volue
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B	) line 15.)		<b>&gt;</b>
Part X	Other Liabilities.			
	Complete if the organization answered "Y	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
<u>1.                                    </u>	(a) Description of liability			(b) Book value
(1) Fed	eral income taxes			
(2) RE	LATED PARTY PAYABLE			17,543,565.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B	) line 25 )		<b>▶</b> 17,543,565.
10010	,,	·····		

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

Schedule D (Form 990) 2021

GREATER LOS ANGELES

Part	t XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,082,792.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,493,905. 142,735.		
	Donated services and use of facilities	2b	142,735.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	-1,351,170. 12,433,962.
3	Subtract line 2e from line 1			3	12,433,962.
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	18,730.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	18,730. 12,452,692.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	.)		5	12,452,692.
Part	t XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	14,707,971.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	142,735.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	142,735.
	Subtract line 2e from line 1			3	14,565,236.
	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	18,730.		
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	18,730.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	14,583,966.
Part	t XIII Supplemental Information.				
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b a	and 2b; Part V, line 4	; Part :	X, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional inform	ation.		
PAR	T X, LINE 2:				
YWC.	A RECOGNIZES THE IMPACT OF TAX POSITION	NS IN THE	FINANCIAL	STA	TEMENTS IF
THA	T POSITION IS MORE LIKELY THAN NOT TO	BE SUSTAIN	ED ON AUDI	Т,	BASED ON
THE	TECHNICAL MERITS OF THE POSITION. DUR	ING THE YE	AR ENDED J	UNE	30, 2022,
YWC.	A PERFORMED AN EVALUATION OF UNCERTAIN	TAX POSIT	IONS AND D	ID :	NOT NOTE
ANY	MATTERS THAT WOULD REQUIRE RECOGNITION	N IN THE F	INANCIAL S	TAT	EMENTS OR
WHI	CH MIGHT HAVE AN EFFECT ON ITS TAX-EXE	MPT STATUS	•		

### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

### **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

GREATER LOS ANGELES

**Employer identification number** 

95-1652919

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

	i Oilli 330, i ait iv	', III IC 14D.								
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other assistance,					
	=	-		he selection criteria used to award the		Yes No				
	and graintees engiamity is	or are graine or a			g.a					
2	For grantmakers Desc	rihe in Part V the	organization's r	procedures for monitoring the use of its	grants and other assistance outside	de the				
_		or grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the								
_	United States.  Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)									
_3_						(6) T-1-1				
	(a) Region	(b) Number of	(c) Number of employees.	1	(e) If activity listed in (d)	(f) Total expenditures				
		1	agents, and			for and				
		in the region	contractors			investments				
			in the region	recipients located in the region)	or service(s) in the region	in the region				
CENT	TRAL AMERICA AND									
	CARIBBEAN	0	0	INVESTMENTS		450,000.				
						,				
		offices agents, and independent contractors in the region  offices agents, and independent contractors in the region  AMERICA AND  (by type) (such as, fundraising, program service, gram services, investments, grants to recipients located in the region)  is a program service, describe specific type of service(s) in the region								
3 a	Subtotal	0	0			450,000.				
	Total from continuation					,				
J	sheets to Part I	0	0			0.				

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

Schedule F (Form 990) 2021

450,000.

c Totals (add lines 3a

and 3b)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

95-1652919

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
					1	l		1

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

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

	(Form 990) 2021	(
Part IV	Foreign Forms	s

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Open to Public

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

Employer identification number

	TOS WINGETES				95-1652	313		
Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a								
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity  (vi) Amount paid to (or retained by) fundraiser listed in col. (i)								
		Yes	No					
Fotal			<b>•</b>					
<b>3</b> List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration		

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

Schedule G (Form 990) 2021

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PHENOMENAL NONE (add col. (a) through WOMEN LUNCH col. (c)) (event type) (total number) (event type) 430,658. 430,658. Gross receipts 430,658. 430,658. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 145,142. 145,142. 7 Food and beverages Entertainment 8 451,817. 451,817. Other direct expenses <del>59</del>6,959. **10** Direct expense summary. Add lines 4 through 9 in column (d) -596,959. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: \_ Schedule G (Form 990) 2021

132082 10-21-21

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREATER LOS ANGELES

Sch	edule G (Form 990) 2021 GREATER LOS ANGELES 95-	TODZ	919	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
	retain the state gaming license?	Ш	162	L NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year > \$ It IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P		0 /	0h 10h
ıa		art III, IIr	ies 9, 1	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
			_	

## YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

Schedule G	(Form 990)	GREATER LOS	ANGELES	95-1652919	Page 4
Part IV	(Form 990) Supplemental Inform	mation (continued)			
		(55)			
					-
-					
	<u> </u>				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF Name of the organization **Employer identification number** CREATER LOS ANGELES 95-1652919

	GREATER D	OS ANGEDE	S .					33-1032	2272
Part I Gener	al Information on Grants a	nd Assistance							
-	ganization maintain records t		_			_		<b>v</b>	—— □ No
	to award the grants or assis Part IV the organization's pro							A res	NO
	s and Other Assistance to I					anization anawarad "\	(as" as Form 000 Bort	IV line 21 for any	
	ent that received more than \$						es on Form 990, Part	TV, IIIIe 21, IOI arry	
	d address of organization r government	(b) EIN	(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 grai or assistance	nt
COMMUNITY DEVE	LOPMENT TECHNOLOGIES							SOUTH LOS ANGELES	
CENTER - 520 W	. 23RD STREET - LOS							NONPROFIT CAREER	
ANGELES, CA 90	007	95-4546040	501(C)(3)	300,000.	0.			APPRENTICESHIP PROG	RAM
	umber of section 501(c)(3) a	•							1.
3 Enter total n	umber of other organizations	s listed in the line 1	l table						

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

Schedule I (Form 990) 2021

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

GREATER LOS ANGELES Schedule I (Form 990) 2021

95-1652919 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	uired in Part I. lin	e 2: Part III. column	(b): and any other ad	ditional information.	

Part IV	<b>Supplemental information.</b> Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
PART	T. LINE 2:

GRANTEES WILL PROVIDE YWCA GLA WITH REGULAR PROGRAM PROGRESS REPORTS

(MONTHLY AND QUARTERLY) THROUGHOUT THE TERM OF THE GRANT.

#### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

Employer identification number 95-1652919

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FAYE WASHINGTON	(i)	241,970.	0.	7,200.	24,947.	2,953.	277,070.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONNA CROWDER	(i)	175,512.	0.	0.	17,551.	10,484.	203,547.	0.
CAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHARON SHELTON	(i)	166,861.	0.	0.	16,686.	8,551.	192,098.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DENISE ORME	(i)	165,174.	0.	0.	21,680.	1,895.	188,749.	0.
CFO (LEFT 10/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RUBY YUEN	(i)	153,400.	0.	0.	26,976.	26.	180,402.	0.
DIR OF ACCOUNTING/CFO AS OF 10/22	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CYNTHIA HEARD	(i)	147,949.	0.	0.	14,795.	8,030.	170,774.	0.
V.P., COMMUNICATIONS/BUS.DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREATER LOS ANGELES

Employer identification number 95-1652919

Par	t I Types of Property						
		(a)	<b>(b)</b> Number of	(c) Noncash contribution	(d)		
		Check if applicable	contributions or	amounts reported on	Method of dete noncash contributi		·S
		аррпоавіс	items contributed	Form 990, Part VIII, line 1g	Horiodori contributi		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24 25	Archeological artifacts  Other ▶ (SUPPLIES & GI)	X	9	281,168.	EM7		
26				201,100.	111		
27	Other ( ) Other ( )						
28	Other ( )						
29	Number of Forms 8283 received by the organiz	ration during	the tax vear for co	ontributions			
	for which the organization completed Form 828	-	•				
	3	,	3			Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?	<b>)</b>				30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31	Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

### YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

Schedule M (Form 990) 2021 GREATER LOS ANGELES	95-1652919	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a	nd whether the organiza	tion
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combin	ation of both. Also com	olete
this part for any additional information.		
GOVERNMENT OF THE COLUMN (D)		
SCHEDULE M, PART I, COLUMN (B):		
NONCASH CONTRIBUTIONS ARE LISTED BY NUMBER OF CONTRIBUTORS.		

Schedule M (Form 990) 2021

132142 11-17-21

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREATER LOS ANGELES

Employer identification number 95-1652919

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF THEIR CHILD'S EDUCATIONAL PROGRESS THROUGH PLANNING, IMPLEMENTATION,

AND EVALUATION. OPPORTUNITIES TO BUILD KNOWLEDGE ARE AVAILABLE TO ALL

CHILDREN THROUGH CONCRETE HANDS-ON EXPERIENCES. A STRONG EMPHASIS IS

PLACED ON A CHILD'S LEARNING TO THINK CRITICALLY, WORK COOPERATIVELY,

AND PROBLEM SOLVE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CENTERS. COMPREHENSIVE AND CONFIDENTIAL SERVICES ARE PROVIDED TO

VICTIMS OF RAPE AND OTHER SEXUAL ASSAULTS, AND THEIR FAMILY MEMBERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

QUALITY OF LIFE FOR MANY SENIORS, AND OFFERS IDEAS AND TIPS ON HOW TO

LIVE LONGER, HEALTHIER LIVES. THE FOCUS OF SENIOR HEALTH OR WELLNESS

PROGRAMS IS TO EDUCATE ADULTS AND MOST ESPECIALLY SENIORS ON HOW BEST

TO MANAGE THEIR HEALTH AND ACTIVITY LEVELS FOR OPTIMAL FUNCTION AND

PERFORMANCE.

DIGITAL LEARNING ACADEMY:

YWCA GLA, IN AN EFFORT TO DELIVER HIGH QUALITY VOCATIONAL/CAREER

TECHNICAL TRAINING THAT ADDRESSES THE NEEDS OF THE LOS ANGELES LABOR

FORCE, HAS IMPLEMENTED THE DIGITAL LEARNING ACADEMY (DLA). YWCA GLA HAS

STEPPED FORTH ASSERTIVELY TO ADDRESS THE TECHNICAL SKILLS' GAP WHICH IS

AN INCREASING ENDEMIC IN TODAY'S AVAILABLE LABOR FORCE. THE DLA

STRUCTURE IS DESIGNED TO MEET THE OBJECTIVES AND GOALS OF PROVIDING

HIGH QUALITY CAREER AND TECHNICAL EDUCATION AND TRAINING RESULTING IN

132211 11-11-21

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

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

**Employer identification number** 

GREATER LOS ANGELES 95-1652919 CERTIFICATED GRADUATES PLACED IN EMPLOYMENT POSITIONS IN THE TECHNICAL AND DIGITAL INDUSTRIES. THE FOLLOWING THREE RAPIDLY GROWING BUSINESS SECTORS ARE INCREASINGLY RELIANT ON DIGITAL TECHNOLOGY AND ARE THE FOCUS OF THE DLA: (1) GRAPHIC COMMUNICATIONS (2) DIGITAL PRINTING, AND (3) 3D PRINTING AND 3D CODING. THESE SECTORS HAVE SIGNIFICANT GAPS BETWEEN OPEN POSITIONS AND QUALIFIED TALENT TO EMPLOY. THROUGH SPECIALIZED TRAINING, COACHING, MENTORING, CAREER COUNSELING AND JOB COACHING, THE DLA ADDRESSES THE NEED FOR SKILLED TALENT.

FORM 990, PART VI, SECTION A, LINE 8B:

THIS QUESTION IS NOT APPLICABLE SINCE THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

THE AUDIT COMMITTEE REVIEWS THE FORM 990. A COPY OF THE FORM IS THEN GIVEN TO ALL BOARD MEMBERS PRIOR TO FILING.

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

ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES ARE DISTRIBUTED TO ALL BOARD MEMBERS FOR SIGNATURE. HUMAN RESOURCES AND BOARD/SENIOR DIRECTORS MONITOR THE COMPLIANCE OF THE CONFLICT OF INTEREST POLICY.

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

COMPARABILITY DATA DERIVED FROM NOT FOR PROFIT MATERIALS SUCH AS THE CENTER FOR NON-PROFIT MANAGEMENT SALARY AND BENEFIT DATA IS PROVIDED TO THE EXECUTIVE COMMITTEE BY HUMAN RESOURCES. THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION ARRANGEMENTS FOR MANAGEMENT, OFFICERS, AND OTHER

KEY EMPLOYEES INDEPENDENTLY WITHOUT THE PARTICIPATION OF INTERESTED

Schedule O (Form 990) 2021	Page 2
Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREATER LOS ANGELES	Employer identification number 95-1652919
PARTIES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT (	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
NO PROCESSES HAVE CHANGED FROM THE PRIOR YEAR.	

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

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREATER LOS ANGELES

**Employer identification number** 95-1652919

OMB No. 1545-0047

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.									
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity				
YWCA GLA DIGITAL LEARNING ACADEMY, LLC - 99-9999999, 1020 S. OLIVE STREET, 7TH FLOOR, LOS ANGELES, CA 90015	SOCIAL ENTERPRISE WORKFORCE DEVELOPMENT TRAINING	CALIFORNIA	70,436.		YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREATER LOS ANGELES				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
YWCA GLA URBAN CAMPUS DEVELOPMENT	TO SUPPORT THE YWCA						
CORPORATION - 27-0927029, 1020 S. OLIVE	GREATER LOS ANGELES IN						
STREET, 7TH FLOOR, LOS ANGELES, CA 90015	BUILDING THE URBAN CAMPUS	CALIFORNIA	501(C)(3)	509(A)(3)	YWCA GLA	Х	

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

Schedule R (Form 990) 2021

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) (i)		(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disproportionate allocations?			General (	Percentage
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	
	1										

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

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

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)							
С	c Gift, grant, or capital contribution from related organization(s)							
	d Loans or loan guarantees to or for related organization(s)							
	e Loans or loan guarantees by related organization(s)							
f	Dividends from related organization(s)				1f		X	
	Sale of assets to related organization(s)				1g		X	
	h Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)							
j	j Lease of facilities, equipment, or other assets to related organization(s)							
						X		
k	k Lease of facilities, equipment, or other assets from related organization(s)							
I Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	o Sharing of paid employees with related organization(s)							
р	p Reimbursement paid to related organization(s) for expenses						_X_	
q	q Reimbursement paid by related organization(s) for expenses						X	
	Other transfer of cash or property to related organization(s)						_X_	
	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete thi	s line, including covered re	elationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount invo	olved			
7	WCA GLA URBAN CAMPUS DEVELOPMENT							
(1)	CORPORATION	С	1,000,000.	FMV				
	THE STATE OF THE S							

Name of related organization
Transaction type (a-s)

YWCA GLA URBAN CAMPUS DEVELOPMENT
(1) CORPORATION
C 1,000,000. FMV

YWCA GLA URBAN CAMPUS DEVELOPMENT
(2) CORPORATION
K 253,483. FMV

YWCA GLA URBAN CAMPUS DEVELOPMENT
(3) CORPORATION
L 218,959. FMV

(4)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Percentage ing ownership
	-									
	_							Ochodolo		

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
YWCA GLA URBAN CAMPUS DEVELOPMENT CORPORATION
PRIMARY ACTIVITY: TO SUPPORT THE YWCA GREATER LOS ANGELES IN BUILDING THE
URBAN CAMPUS PROJECT

Schedule R (Form 990) 2021