

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 2022, and ending 20
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2022

Department of the Treasury
Internal Revenue Service

EIN or SSN

YWCA OF EASTERN UNION COUNTY, INC. **22-1487399**

Name and title of officer or person subject to tax
KAREN GEER

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,805,668
<input type="checkbox"/> 2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) (EIN) and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **BKC, CPAS, PC** ERO firm name to enter my PIN **54321** as my signature
Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **11/10/23**

Part III Certification and Authentication

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

22220026941

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MICHAEL A. HOLK, CPA** Date **11/10/23**

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022
Open to Public 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.

A For the 2022 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
YWCA OF EASTERN UNION COUNTY, INC.

Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address)
1131 E. JERSEY STREET
 City or town, state or provinces, country, and ZIP or foreign postal code
ELIZABETH NJ 07201

D Employer identification number
22-1487399

E Telephone number
908-355-1995

F Name and address of principal officer:
KAREN GEER
1131 E. JERSEY STREET
ELIZABETH NJ 07201

G Gross receipts \$ **4,856,701**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 if "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) _____ (insert no.) 4947(a)(1) or 527

J Website: **YWCAUNIONCOUNTY.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1920** **M** State of legal domicile: **NJ**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE YWCA IS DEDICATED TO THE ELIMINATION OF RACISM AND THE EMPOWERMENT OF WOMEN, AND PROMOTING PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3 14**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4 14**

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) **5 58**

6 Total number of volunteers (estimate if necessary) **6 40**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a 0**

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b 0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,762,264	4,603,915
9 Program service revenue (Part VIII, line 2g)	71,430	100,951
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,079	9,682
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,026	91,120
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,904,799	4,805,668
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	202,880	33,150
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,251,576	2,234,789
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)		81,334
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	598,217	1,051,519
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,052,673	3,319,458
19 Revenue less expenses. Subtract line 18 from line 12	852,126	1,486,210
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	5,314,640	7,095,755
22 Net assets or fund balances. Subtract line 21 from line 20	110,932	471,542
Part II Signature Block	5,203,708	6,624,213

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

Sign Here

Signature of officer
KAREN GEER Date _____

Type or print name and title
EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name
MICHAEL A. HOLK, CPA Preparer's signature
MICHAEL A. HOLK, CPA

Date
11/10/23 Check if self-employed PTIN
P01315390

Firm's name
BKC, CPAS, PC Firm's EIN
22-3299874

Firm's address
39 STATE ROUTE 12 STE 2 Phone no.
FLEMINGTON, NJ 08822 **908-782-7900**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022) DAA

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE YWCA IS DEDICATED TO THE ELIMINATION OF RACISM AND THE EMPOWERMENT OF WOMEN, AND PROMOTING PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 849,378 including grants of \$ 18,150) (Revenue \$ 59,991)

EMERGENCY SHELTER - THE EMERGENCY SHELTER PROVIDES A SAFE, COMFORTABLE ENVIRONMENT FOR VICTIMS AND THEIR CHILDREN IN NEED OF IMMEDIATE SAFETY. THE SHELTER IS IN AN UNDISCLOSED LOCATION, AND STAFFED 24/7 BY CARING AND COMPASSIONATE SHELTER ADVOCATES. THE WELCOMING HOME-LIKE ATMOSPHERE IS FOSTERED BY SPECIAL EVENTS THROUGHOUT THE YEAR INCLUDING HOLIDAY CELEBRATIONS, SELF-CARE ACTIVITIES, CHILDREN ENRICHMENT EXPERIENCES AND SEASONAL WORKSHOPS. IN 2022 THROUGHOUT THE YEAR WE HOSTED ONSITE EVENTS WHERE RESIDENTS COULD 'SHOP' FOR BACK-TO-SCHOOL SUPPLIES, THANKSGIVING MEALS, WINTER GEAR AND HOLIDAY TOYS. ADDITIONALLY, ART CLASSES, MUSIC WORKSHOPS, AND SPECIAL SELF-CARE EVENTS LIKE YOGA WERE CONDUCTED FOR RESIDENTS AND THEIR CHILDREN.

4b (Code:) (Expenses \$ 493,372 including grants of \$ 5,000) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 301,538 including grants of \$ 5,000) (Revenue \$)

FAMILY JUSTICE CENTER & COURT ADVOCACY - ON SEPTEMBER 13, 2022, THE FAMILY JUSTICE CENTER CELEBRATED THE FIVE YEAR ANNIVERSARY OF OPENING. HAVING SERVED OVER 2,702 CLIENTS IN THE FIRST FIVE YEARS, PROVIDING CLIENTS WITH NEARLY 7,000 REFERRALS AND PROVIDING OVER 15,000 INDIVIDUAL SERVICES, THE FJC TEAM IS LOOKING FORWARD TO THE NEXT FIVE YEARS. IN 2022, THE FJC TEAM WORKED WITH 595 CLIENTS AND THE COURT ADVOCATES, BASED OUT THE FJC, PROVIDED SUPPORT TO AN ADDITIONAL 379.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,444,043 including grants of \$ 5,000) (Revenue \$ 40,960)

4e Total program service expenses 3,088,331

Form 990 (2022) **YWCA OF EASTERN UNION COUNTY, INC.** 22-1487399
Part IV Checklist of Required Schedules

	Yes	No
1	<input checked="" type="checkbox"/>	
2	<input checked="" type="checkbox"/>	
3		<input checked="" type="checkbox"/>
4		<input checked="" type="checkbox"/>
5		<input checked="" type="checkbox"/>
6		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>
10		<input checked="" type="checkbox"/>
11a	<input checked="" type="checkbox"/>	
11b		<input checked="" type="checkbox"/>
11c		<input checked="" type="checkbox"/>
11d		<input checked="" type="checkbox"/>
11e	<input checked="" type="checkbox"/>	
11f	<input checked="" type="checkbox"/>	
12a	<input checked="" type="checkbox"/>	
12b		<input checked="" type="checkbox"/>
13		<input checked="" type="checkbox"/>
14a		<input checked="" type="checkbox"/>
14b		<input checked="" type="checkbox"/>
15		<input checked="" type="checkbox"/>
16		<input checked="" type="checkbox"/>
17		<input checked="" type="checkbox"/>
18	<input checked="" type="checkbox"/>	
19		<input checked="" type="checkbox"/>
20a		<input checked="" type="checkbox"/>
20b		
21		<input checked="" type="checkbox"/>

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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

c 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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question Number, Question Text, and Yes/No columns. Rows 22-38 contain various questions regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question Number, Question Text, and Yes/No columns. Rows 1a-1c contain questions about Form 1096, Form W-2G, and reportable gaming winnings.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		58
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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 any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
b	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	13a	
c	Enter the amount of reserves on hand	13b	
		13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.	16	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
	If "Yes," complete Form 6069.		

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

Section A. Governing Body and Management

	1a	1b	14	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b Enter the number of voting members included on line 1a, above, who are independent.					
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?					<input checked="" type="checkbox"/>
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?					<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?					<input checked="" type="checkbox"/>
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?					<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?					<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?					<input checked="" type="checkbox"/>
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.					<input checked="" type="checkbox"/>

Section 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?		<input checked="" type="checkbox"/>
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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? <ul style="list-style-type: none"> a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial 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
KAREN GEER
ELIZABETH
1131 E. JERSEY STREET
NJ 07201

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) KAREN GEER EXECUTIVE DIRECTOR	40.00 0.00			X			106,289	0	0
(2) KATE COSCARELLI SECRETARY	1.00 0.00	X		X			0	0	0
(3) ANA DIAZ MEMBER AT LARGE	1.00 0.00	X					0	0	0
(4) TINA EARLEY PRESIDENT	1.00 0.00	X		X			0	0	0
(5) SHAHRZAD HEIDARY MEMBER AT LARGE	1.00 0.00	X					0	0	0
(6) LISA HISCANO MEMBER AT LARGE	1.00 0.00	X					0	0	0
(7) CELIA INTILLI MEMBER AT LARGE	1.00 0.00	X					0	0	0
(8) ARETHA JOHNSON VICE PRESIDENT	1.00 0.00	X		X			0	0	0
(9) JEAN LACHOWICZ TREASURER	1.00 0.00	X		X			0	0	0
(10) JOSEPHINE MORAN MEMBER AT LARGE	1.00 0.00	X					0	0	0
(11) IJUZ SANTANA MEMBER AT LARGE	1.00 0.00	X					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ELISA SANTOS	1.00							0	0	0
MEMBER AT LARGE	0.00	X								
(13) NANCY SHERIDAN	1.00							0	0	0
MEMBER AT LARGE	0.00	X								
(14) JEMIA KINSEY SINGLETON	1.00							0	0	0
MEMBER AT LARGE	0.00	X								
(15) HAWAIIAN THOMPSON-EPPS	1.00							0	0	0
MEMBER AT LARGE	0.00	X								
1b Subtotal								106,289		
c Total from continuation sheets to Part VII, Section A								106,289		
d Total (add lines 1b and 1c)								106,289		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1	(A) Name and business address	(B) Description of services	(C) Compensation
1			
2			
2			0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	1b Membership dues					
	1c Fundraising events	164,391				
	1d Related organizations					
	1e Government grants (contributions)	3,575,129				
	1f All other contributions, gifts, grants, and similar amounts not included above	864,395				
	1g Noncash contributions included in lines 1a-1f	33,150				
	1g \$	33,150				
	h Total. Add lines 1a-1f	4,603,915				
	2a FEES FOR SERVICES	Business Code 900099	100,951	100,951		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		100,951				
3 Investment income (including dividends, interest, and other similar amounts)		9,415			9,415	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6a Gross rents					
	b Less: rental expenses					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Real (ii) Personal				
	b Less: cost or other basis and sales exps.	(i) Securities (ii) Other				
	7a		267			
	b					
	c Gain or (loss)					
	d Net gain or (loss)		267			267
8a Gross income from fundraising events (not including \$ 164,391 of contributions reported on line 1c). See Part IV, line 18						
b Less: direct expenses						
c Net income or (loss) from fundraising events		-51,033				
9a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold						
c Net income or (loss) from sales of inventory	Business Code					
Miscellaneous Revenue	11a OTHER INCOME		142,153			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		142,153			
12 Total revenue. See instructions		4,805,668	243,104	0	9,682	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	33,150	33,150		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	40,983	35,245	4,918	820
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,747,036	1,702,659	16,633	27,744
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,547	68,562	269	2,716
9 Other employee benefits	211,352	204,656	2,074	4,622
10 Payroll taxes	163,871	159,320	1,817	2,734
11 Fees for services (nonemployees):				
a Management				
b Legal	2,200	2,200		
c Accounting	105,309		105,309	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	52,733	24,547		28,186
12 Advertising and promotion	16,622	6,607	124	9,891
13 Office expenses	28,253	27,332	148	773
14 Information technology				
15 Royalties				
16 Occupancy	255,309	255,309		
17 Travel	4,239	4,068	89	82
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	645	645		
20 Interest	5,633		5,633	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,496	65,496		
23 Insurance	77,784	73,740	4,044	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	216,000	216,000		
b CLIENT ASSISTANCE	100,866	100,866		
c REPAIRS	37,339	35,139	1,100	1,100
d DUES AND SUBSCRIPTIONS	35,200	30,918	3,327	955
e All other expenses	47,891	41,872	4,308	1,711
25 Total functional expenses. Add lines 1 through 24e	3,319,458	3,088,331	149,793	81,334
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

	(A) Beginning of year	(B) End of year
Assets		
1 Cash—non-interest-bearing	1,830,374	2,136,928
2 Savings and temporary cash investments		107,129
3 Pledges and grants receivable, net	837,955	614,515
4 Accounts receivable, net		
5 Loans and other receivables from 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		
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
7 Notes and loans receivable, net		
8 Inventories for sale or use		
9 Prepaid expenses and deferred charges	13,511	15,399
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
10b Less: accumulated depreciation	4,465,432	
11 Investments—publicly traded securities	2,206,157	3,852,548
12 Investments—other securities. See Part IV, line 11	394,579	336,925
13 Investments—program-related. See Part IV, line 11		
14 Intangible assets		
15 Other assets. See Part IV, line 11	32,064	32,311
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,314,640	7,095,755
17 Accounts payable and accrued expenses	110,932	74,160
18 Grants payable		
19 Deferred revenue		
20 Tax-exempt bond liabilities		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		
22 Loans and other 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		
23 Secured mortgages and notes payable to unrelated third parties		
24 Unsecured notes and loans payable to unrelated third parties		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
26 Total liabilities. Add lines 17 through 25	110,932	72,383
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>		
and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions	5,021,664	6,398,400
28 Net assets with donor restrictions	182,044	225,813
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>		
and complete lines 29 through 33.		
29 Capital stock or trust principal, or current funds		
30 Paid-in or capital surplus, or land, building, or equipment fund		
31 Retained earnings, endowment, accumulated income, or other funds		
32 Total net assets or fund balances	5,203,708	6,624,213
33 Total liabilities and net assets/fund balances	5,314,640	7,095,755
Liabilities		
Net Assets or Fund Balances		

Part 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)	4,805,668
2	Total expenses (must equal Part IX, column (A), line 25)	3,319,458
3	Revenue less expenses. Subtract line 2 from line 1	1,486,210
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5,203,708
5	Net unrealized gains (losses) on investments	-63,937
6	Donated services and use of facilities	
7	Investment expenses	-1,768
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	6,624,213

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		X

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

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

Name of the organization

YWCA OF EASTERN UNION COUNTY, INC.

Employer identification number

22-1487399

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 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).
- 4 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:
- 5 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).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 university:
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

(A) (B) (C) (D) (E)	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Part I 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,073,708	3,438,729	4,051,251	3,833,695	4,603,915	19,001,298
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,073,708	3,438,729	4,051,251	3,833,695	4,603,915	19,001,298
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,902,055

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3,073,708	3,438,729	4,051,251	3,833,695	4,603,915	19,001,298
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,508	16,290	13,091	8,281	9,415	56,585
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						19,057,883

12 Gross receipts from related activities, etc. (see instructions) 12 243,104

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	89.72%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.67%

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, 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-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Table with columns for years (a) 2018 through (f) Total and rows for various support categories (1-8) including gifts, gross receipts, tax revenues, and public support.

Section B. Total Support

Table with columns for years (a) 2018 through (f) Total and rows for total support categories (9-13) including amounts from line 6, gross income, and net income.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with columns for years 15 and 16 and rows for public support percentages for 2022 and 2021.

Section D. Computation of Investment Income Percentage

Table with columns for years 17 and 18 and rows for investment income percentages for 2022 and 2021.

Part IV Supporting Organizations

(Complete only if you checked a box on 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

Table with 3 columns: Question, Yes, No. Contains 10 main questions (1-10) and sub-questions (3a-3c, 5a-5c, 9a-9c, 10a-10b) regarding supported organizations, control, and business holdings.

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a 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?
 - b A family member of a person described on line 11a above?
 - c 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.

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

	Yes	No
2a		
2b		
3a		
3b		

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Parent of organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B – Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1		
a		
b		
c		
d		
e		
2		
3		
4		
5		
6		
7		
8		

Section C – Distributable Amount

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		

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

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

Section D – Distributions

	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			8
9	Distributable amount for 2022 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount			10

Section E – Distribution Allocations (see instructions)

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

Schedule 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

2022

Name of the organization

Employer identification number

YWCA OF EASTERN UNION COUNTY, INC.

22-1487399

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number
22-1487399

YWCA OF EASTERN UNION COUNTY, INC.

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	STATE OF NJ DIV OF CRIMINAL JUSTICE 25 MARKT STREET PO BOX 085 TRENTON NJ 08625	\$ 624,241	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COUNTY OF UNION 10 ELIZABETH TOWN PLAZA ELIZABETH NJ 07207	\$ 557,760	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS 101 SOUTH BROAD STREET TRENTON NJ 08625	\$ 710,138	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NEW JERSEY DEPARTMENT OF HUMAN SERVICES 222 SOUTH WARREN STREET TRENTON NJ 08625	\$ 1,534,548	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**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

2022

Open to Public Inspection

Name of the organization

Employer identification number

YWCA OF EASTERN UNION COUNTY, INC.

22-1487399

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
- 4 Number of states where property subject to conservation easement is located
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, 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? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
c Beginning balance					
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? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a 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 %
- b Permanent endowment %
- 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

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)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		140,700		140,700
b Buildings		3,830,718	315,997	3,514,721
c Leasehold improvements				
d Equipment		429,597	232,470	197,127
e Other		64,417	64,417	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,852,548

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	72,383
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	72,383

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,825,040
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-63,937
b	Donated services and use of facilities	2b	85,077
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	21,140
3	Subtract line 2e from line 1	3	4,803,900
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,768
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,768
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,805,668

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,404,535
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	85,077
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	85,077
3	Subtract line 2e from line 1	3	3,319,458
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,319,458

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, ACCOUNTING FOR INCOME TAXES, RELATED TO UNCERTAIN INCOME TAX PROVISIONS, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT, FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT, THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

**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

2022

Open to Public Inspection

Name of the organization

YWCA OF EASTERN UNION COUNTY, INC.

Employer identification number

22-1487399

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17, or Form 990-EZ, line 6a. filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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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 <u>GALA</u> (event type)	(b) Event #2 <u>TWIN</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	102,391	62,000		164,391
2 Less: Contributions	102,391	62,000		164,391
3 Gross income (line 1 minus line 2)				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	40,071	10,962		51,033
10 Direct expense summary. Add lines 4 through 9 in column (d)				51,033
11 Net income summary. Subtract line 10 from line 3, column (d)				-51,033

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

YWCA OF EASTERN UNION COUNTY, INC.

Employer identification number
22-1487399

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or 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 grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 INKIND GOODS	408		33,150		PHONES, FOOD
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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

Department of the Treasury
Internal Revenue Service

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

**Open To Public
Inspection**

Name of the organization

Employer identification number

YWCA OF EASTERN UNION COUNTY, INC.

22-1487399

Part I Types of Property

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X 102	6,430
20	Drugs and medical supplies		
21	Taxidermy		
22	Historical artifacts		
23	Scientific specimens		
24	Archeological artifacts		
25	Other (CELL PHONES)	X 40	20,000
26	Other (GIFT CARDS)	X 266	6,720
27	Other ()		
28	Other ()		
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	

30a	Yes	No
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		
If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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.

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

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

YWCA OF EASTERN UNION COUNTY, INC.

Employer identification number

22-1487399

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

PALS-

THE PALS PROGRAM PROVIDES SERVICES TO THE NON-OFFENDING PARENT AND CHILDREN BETWEEN THE AGES OF 3-17 YEARS OLD. THE GOAL OF THE PALS PROGRAM IS TRAUMA REDUCTION THROUGH CREATIVE ARTS. THE PROGRAM PROVIDES SIX MONTHS OF CREATIVE ARTS THERAPY SERVICES TO CHILDREN USING DIVERSE CREATIVE ARTS MODALITIES SUCH A DRAMA AND MOVEMENT, ART AND MUSIC THERAPY. CREATIVE ARTS THERAPISTS FOCUS ON PALS GOALS SUCH AS: INCREASING PERSONAL SENSE OF SAFETY, IMPROVING EMOTIONAL WELLBEING AND COMMUNICATION SKILLS, AND DEVELOPING HEALTHY RELATIONSHIPS. INDIVIDUAL THERAPISTS AND A CASE MANAGER PROVIDE THE NON-OFFENDING PARENT WITH RESOURCES, REFERRALS AND COUNSELING SERVICES. PALS WAS THRILLED TO RE-OPEN OUR DOORS FOR IN-PERSON SESSIONS WITH CHILDREN IN 2022. WHEN GIVEN A CHOICE BETWEEN IN-PERSON AND VIRTUAL, AS THE YEAR WENT ON, MORE AND MORE CLIENTS CHOSE TO COME BACK IN-PERSON.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

SERVED HUNDREDS OF INDIVIDUALS THROUGH SERVICES INCLUDING COUNSELING, DOMESTIC VIOLENCE RESPONSE TEAMS, SUPPORTIVE HOUSING, CASE MANAGEMENT, CHILDREN'S SERVICES AND COMMUNITY/PROFESSIONAL EDUCATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS CIRCULATED TO EACH BOARD MEMBER FOR REVIEW, DISCUSSION AND APPROVAL. ONCE THE BOARD APPROVES THE 990, IT IS SIGNED AND SUBMITTED TO THE IRS.

Name of the organization

Employer identification number

YWCA OF EASTERN UNION COUNTY, INC.

22-1487399

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY COMPLIANCE IS MONITORED THROUGH MEETINGS AND DAILY CONTACT WITH BOARD MEMBERS, EMPLOYEES AND OTHERS ASSOCIATED WITH THE ORGANIZATION. INTEGRITY AND ETHICS IS STRONGLY PROMOTED THROUGHOUT THE ORGANIZATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION OF EMPLOYEES IS COMPARED TO THAT OF SIMILAR ORGANIZATIONS WITH RESPECT TO SCOPE OF SERVICES AND EMPLOYMENT. ANNUAL EMPLOYEE EVALUATIONS ARE CONDUCTED.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION OF EMPLOYEES IS COMPARED TO THAT OF SIMILAR ORGANIZATIONS WITH RESPECT TO SCOPE OF SERVICES AND EMPLOYMENT. ANNUAL EMPLOYEE EVALUATIONS ARE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2022

Attachment Sequence No. 179

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Identifying number

YWCA OF EASTERN UNION COUNTY, INC.

22-1487399

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description of property, (b) Cost, (c) Elected cost, and Total amount. Includes rows for maximum amount, total cost, threshold cost, reduction, and dollar limitation.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 columns: Line number, Description of property, and Total amount. Includes rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Table with 3 columns: Line number, Description of property, and Total amount. Includes rows for MACRS deductions for assets placed in service in tax years beginning before 2022.

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows for 3-year through 25-year property and residential/nonresidential real property.

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 3 columns: Line number, Description of property, and Total amount. Includes rows for class life, 12-year, 30-year, and 40-year property.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description of property, and Total amount. Includes rows for listed property and total amounts from lines 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21.

For Paperwork Reduction Act Notice, see separate instructions. THERE ARE NO AMOUNTS FOR PAGE 2

Asset	Description	Date In Service	Cost	Bus Sec %	179 Bonus	Basis for Depr	Pct Conv Meth	Prior	Current
Other Depreciation:									
1	Land	1/01/19	59,900			59,900	0 -- Land	0	0
6	Air Group Natural Gas Generator Generac	5/08/14	41,266			41,266	5 MO S/L	41,266	0
7	Best Buy Washer Machine 5yr warranty	2/01/16	1,035			1,035	5 MO S/L	1,035	0
8	AO Smith Commercial Water Heater	8/01/16	6,576			6,576	5 MO S/L	6,576	0
9	Commercial DVR for Kenilworth office	6/01/16	1,424			1,424	5 MO S/L	1,424	0
10	Samsung dryer 5yr protection plan	1/31/17	834			834	5 MO S/L	820	14
11	Silent Knight fire alarm panel	7/06/17	5,600			5,600	5 MO S/L	5,040	560
12	Best Buy Samsung TV for CSS	4/30/20	1,000			1,000	5 MO S/L	733	200
13	7 panic buttons, 6 cameras, 1 DVR 2 monit	6/18/18	24,516			24,516	5 MO S/L	17,162	4,903
14	4 VITAL PLUS credit card terminals	11/12/19	1,260			1,260	5 MO S/L	546	252
15	Avaya IP Office R10	11/09/20	29,769			29,769	5 MO S/L	6,450	5,954
16	M&M Electronics 8 cameras @ Roselle	1/08/20	2,850			2,850	5 MO S/L	1,140	570
17	Cooperative Comm 3 phones VX36 @ Ros	1/15/21	746			746	5 MO S/L	187	149
18	Mathijssen firewall Sophos XF 125W Rose	3/10/20	2,105			2,105	5 MO S/L	772	421
19	3 temperature screenings 986 Labs	11/17/21	9,045			9,045	5 MO S/L	226	1,809
20	6 Air cleaners/purifiers Alen Corp	12/17/21	2,265			2,265	5 MO S/L	19	453
21	20 Air Cleaners/purifiers Alen Corp	11/18/21	7,550			7,550	5 MO S/L	189	1,510
22	HP Server ML350P/G8 6Core 043015	4/01/20	10,069			10,069	5 MO S/L	10,069	0
23	HP Server ML350P/G8 6CORE set up 0430	4/01/20	6,172			6,172	5 MO S/L	6,171	1
24	Toshiba C55-B5297 Laptop Intel Core i3-3	4/01/15	588			588	5 MO S/L	588	0
25	Osniium statistics database software and imp	10/01/20	5,899			5,899	5 MO S/L	5,899	0
26	3 Laptops DELL Latitude 3550	3/01/20	1,617			1,617	5 MO S/L	1,617	0
27	2 Laptops DELL Latitude 3570	4/01/17	1,078			1,078	5 MO S/L	1,078	0
28	New website ImpressM design and build	5/19/17	5,780			5,780	5 MO S/L	5,298	482
29	FJC equip 1 laptops 3 desktops HP	9/25/17	4,775			4,775	5 MO S/L	4,059	716
30	css 4 dELL LATITUDE 3570 INTERNS	9/07/17	2,086			2,086	5 MO S/L	1,808	139
31	2 laptops Dell Inspiron 15 5000 series	2/02/18	1,879			1,879	5 MO S/L	1,472	375
32	2 laptops Dell latitude 5590	4/26/18	3,697			3,697	5 MO S/L	2,711	739
33	2 laptops Dell Latitude 3590 AAA Comput	4/30/18	1,852			1,852	5 MO S/L	1,358	370
34	4 laptops Dell Latitude 3590 AAA Comput	5/16/18	3,703			3,703	5 MO S/L	2,654	741
35	1 Sonic wall TZ Wireless	5/15/18	1,000			1,000	5 MO S/L	717	200
36	2 laptops Dell Latitude 3590 AAA Comput	10/30/18	1,759			1,759	5 MO S/L	1,114	352
37	Mathijssen 6 desktops M710E 2 laptops EE	12/03/19	8,054			8,054	5 MO S/L	3,356	1,611
38	Mathijssen 5 desktops M720S 6 Laptops E	12/31/19	13,750			13,750	5 MO S/L	5,729	2,750
39	AAA Computers 7 Laptops Counts, shelter &	9/22/20	6,125			6,125	5 MO S/L	1,633	1,225
40	AAA Computers 5 Laptops Lenove i5 FJC	12/23/20	3,960			3,960	5 MO S/L	858	792
41	2 Lenovo i5 Windows Pro	10/05/21	24,995			24,995	5 MO S/L	99	396
42	2007 Toyota Siena	6/01/20	1,980			1,980	5 MO S/L	24,995	0
43	2009 Toyota Sienna LE	12/01/08	25,661			25,661	5 MO S/L	25,661	0
44	2009 Nissan Quest donated/transferred PR	7/01/12	13,761			13,761	5 MO S/L	13,761	0
45	3 metal bunk beds and 36 mattresses	12/01/08	6,953			6,953	7 MO S/L	6,953	0
46	10 metal bunk beds 1 twin mattress	12/01/08	7,711			7,711	7 MO S/L	7,711	0
47	1 sleep sofa	12/01/08	846			846	7 MO S/L	846	0
48	Desk, Chairs, file Cabinets	12/01/08	10,596			10,596	7 MO S/L	10,596	0
49	Dinning room tble and chairs	12/01/09	1,599			1,599	7 MO S/L	1,599	0
50	Target 3 couches 3 toddler beds, mattress	12/19/11	916			916	7 MO S/L	916	0
51	Metal furniture 12 bunk beds TAF	9/01/12	11,917			11,917	5 MO S/L	11,917	0
52	1 Madison Sofa Butler Woodcrafters for Sh	1/09/17	1,231			1,231	7 MO S/L	879	176
53	1 Desk black/walnut CM National Business	4/11/18	717			717	7 MO S/L	376	102
54	1 conference table and 6 chairs ED National	4/25/18	1,722			1,722	7 MO S/L	902	246
55	10' conference table CSS National Business	4/30/18	658			658	7 MO S/L	345	94
56	1 Playhouse for playground Designed for F	5/16/18	5,000			5,000	7 MO S/L	2,560	714
57	2 desks black shelter	5/18/18	1,322			1,322	7 MO S/L	677	189
58	2 ashley Sofas an chairs Butlerwoodscrafter	5/25/18	4,643			4,643	7 MO S/L	2,377	663
59	4 Guests chairs vinyl Shelter	6/28/18	1,468			1,468	7 MO S/L	734	210
60	2 Armless chairs Res. Director 1 end table	6/28/18	982			982	7 MO S/L	491	140
61	Double pedestal desk National Business Fu	8/15/18	568			568	7 MO S/L	270	82
62	Atlas Furniture pre-configured partitions	12/21/20	12,740			12,740	7 MO S/L	1,972	1,820
63	Plexiglass	12/30/20	7,534			7,534	7 MO S/L	1,076	1,077
64	Roselle Land	1/01/19	80,800			80,800	0 -- Land	0	0
65	Roselle Bldg	4/01/07	506,036			506,036	30 MO S/L	188,358	16,868
66	Construction renov Roselle Property Adv C	6/01/07	46,200			46,200	30 MO S/L	17,197	1,540
67	Rekey exterior locks Roselle property	6/01/07	160			160	30 MO S/L	60	5
68	Tax maps environmental review Roselle proj	6/01/07	56			56	30 MO S/L	21	2
69	Inspection fees Roselle property home insp	6/01/07	1,425			1,425	30 MO S/L	530	48
70	Const permit Roselle project Money order	6/01/07	11			11	30 MO S/L	4	0
71	Preliminary design Roselle project	6/01/07	805			805	30 MO S/L	300	26
72	Schematic design Roselle project	6/01/07	10,000			10,000	30 MO S/L	3,722	334

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec %	179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
73	Mortgage recording fee Roselle project reir	6/01/07	60			60	30 MO S/L	22	2
74	Survey Roselle project	6/01/07	450			450	30 MO S/L	168	15
75	Solar System applicant fee Roselle project	6/01/07	50			50	30 MO S/L	19	1
76	Roselle Renovations 5% Downpayment	6/01/07	5,900			5,900	30 MO S/L	2,196	197
77	Roselle Renovations 45% construct renovati	6/01/08	53,100			53,100	30 MO S/L	19,765	1,770
78	Melo Contractor Roselle Renovations SFH	11/01/10	90,750			90,750	30 MO S/L	33,779	3,025
79	Borough of Roselle permit fee renovations	3/15/10	3,196			3,196	30 MO S/L	1,190	106
80	Melo Contractor Roselle Renovations 2nd f	9/15/10	6,680			6,680	30 MO S/L	2,486	223
81	Roof replacement	5/01/12	17,180			17,180	30 MO S/L	5,536	572
82	Replace gutters, repair sunroom, kitchen cei	4/08/13	21,500			21,500	30 MO S/L	6,450	717
83	Replace 2 Chimneys	8/01/15	4,000			4,000	30 MO S/L	850	133
84	Melo Contractor fire sprinkler, alarm upgra	11/20/19	71,315			71,315	30 MO S/L	4,754	2,378
85	M&M Elect sensor horn/strobe & fire bell	6/03/20	1,433			1,433	30 MO S/L	73	48
86	Buildg. Upgrade Serpico Architect drawing:	3/23/20	1,530			1,530	30 MO S/L	51	51
88	Assoc. Fire Alarm system for new bldg.	5/24/22	25,000			25,000	5 MO S/L	0	0
89	Maffey's security system for new bldg.	6/20/22	145,135			145,135	5 MO S/L	0	0
90	NJ Rest. Equipment kitchen appl.	6/24/22	64,614			64,614	5 MO S/L	0	0
91	ECHELON HVAC system	12/20/22	70,200			70,200	5 MO S/L	0	0
92	1 laptop Lenovo	1/20/22	985			985	5 MO S/L	0	197
93	HP Proliant Server Matthjssen	8/31/22	28,178			28,178	5 MO S/L	0	1,879
94	17 laptops Lenovo AAA Computer	8/31/22	21,290			21,290	5 MO S/L	0	2,129
95	Fundraising 50 Software SAGE INSTALLE	12/22/22	10,075			10,075	5 MO S/L	0	0
96	Atlas Furniture for new bldg.	6/16/22	179,114			179,114	7 MO S/L	0	0
97	Butler Woodcraft furniture for new bldg	8/31/22	41,281			41,281	7 MO S/L	0	0
98	Legal Fees	4/01/07	1,000			1,000	30 MO S/L	372	34
	Total Other Depreciation		<u>1,936,613</u>			<u>1,936,613</u>		<u>547,390</u>	<u>65,497</u>

Total ACRS and Other Depreciation	<u>1,936,613</u>	<u>1,936,613</u>	<u>547,390</u>	<u>65,497</u>
Grand Totals	<u>1,936,613</u>	<u>1,936,613</u>	<u>547,390</u>	<u>65,497</u>
Less: Dispositions and Transfers	0	0	0	0
Less: Start-up/Org Expense	0	0	0	0
Net Grand Totals	<u>1,936,613</u>	<u>1,936,613</u>	<u>547,390</u>	<u>65,497</u>

Client Copy

Depreciation Adjustment Report
All Business Activities

AMT
Adjustments/
Preferences

Form Unit Asset Description Tax AMT

There are no assets that meet the criteria of this report

Client Copy

Asset	Description	Date In Service	Cost	Tax	AMT
1	Land	1/01/19	59,900	0	0
2	James Guerra Preliminary Design New Building	12/31/23	5,000	0	0
3	Pinnacle Pre-construction services new buildi	12/31/23	5,000	0	0
4	New bldg. expenses 2020 12/31/20	12/31/23	294,975	0	0
5	New bldg. expenses 2021 12/31/21	12/31/23	1,097,828	0	0
6	Air Group Natural Gas Generator Generac	5/08/14	41,266	0	0
7	Best Buy Washer Machine 5yr warranty	2/01/16	1,035	0	0
8	AO Smith Commercial Water Heater	8/01/16	6,576	0	0
9	Commercial DVR for Kenilworth office	6/01/16	1,424	0	0
10	Samsung dryer 5yr protection plan	1/31/17	834	0	0
11	Silemt Knight fire alarm panel	7/06/17	5,600	0	0
12	Best Buy Samsung TV for CSS	4/30/20	1,000	67	0
13	7 panic buttons, 6 cameras, 1 DVR 2 monitors	6/18/18	24,516	2,451	0
14	4 VITAL PLUS credit card terminals	11/12/19	1,260	252	0
15	Avaya IP Office R10	11/09/20	29,769	5,954	0
16	M&M Electronics 8 cameras @ Roselle	1/08/20	2,850	570	0
17	Cooperative Comm 3 phones VX36 @ Roselle	1/15/21	746	149	0
18	Matthijssen firewall Sophos XF 125W Roselle	3/10/20	2,105	421	0
19	3 temperature screenings 986 Labs	11/17/21	9,045	1,809	0
20	6 Air cleaners/purifiers Alien Corp	12/17/21	2,265	455	0
21	20 Air Cleaners/purifiers Alien Corp	11/18/21	7,550	1,510	0
22	HP Server ML350P/G8 6Core 043015	4/01/20	10,069	0	0
23	HP Server ML350P/G8 6CORE set up 043015	4/01/20	6,172	0	0
24	Toshiba C55-B5297 Laptop Intel Core i3-32174	4/01/15	588	0	0
25	Osnum statistics database software and imple	10/01/20	5,899	0	0
26	3 Laptops DELL Latitude 3550	3/01/20	1,617	0	0
27	2 Laptops DELL Latitude 3570	4/01/17	1,078	0	0
28	New website ImpressM design and build	5/19/17	5,780	0	0
29	FJC equip 1 laptops 3 desktops HP	9/25/17	4,775	0	0
30	css 4 DELL LATTITUDE 3570 INTERNS	9/07/17	2,086	139	0
31	2 laptops Dell Inspiron 15 5000 series	2/02/18	1,879	32	0
32	2 laptops Dell latitude 5590	4/26/18	3,697	247	0
33	2 laptops Dell Latitude 3590 AAA Computer	4/30/18	1,852	124	0
34	4 laptops Dell Latitude 3590 AAA Computer	5/16/18	3,703	308	0
35	1 Sonic wall TZ Wireless	5/15/18	1,000	83	0
36	2 laptops Dell Latitude 3590 AAA Computer FJ	10/30/18	1,759	293	0
37	Matthijssen 6 desktops M710E 2 laptops E590	12/03/19	8,054	1,611	0
38	Matthijssen 5 desktops M720S 6 Laptops E590	12/31/19	13,750	2,750	0
39	AAA Computers 7 Laptops Couns, shelter & DV	9/22/20	6,125	1,225	0
40	AAA Computers 5 Laptops Lenove i5 FJC	12/23/20	3,960	792	0
41	2 Lenovo i5 Windows Pro	10/05/21	1,980	396	0
42	2007 Toyota Siena	6/01/20	24,995	0	0
43	2009 Toyota Sienna LE	12/01/08	25,661	0	0
44	2009 Nissan Quest donated/transferred PR	7/01/12	13,761	0	0
45	3 metal bunk beds and 36 mattresses	12/01/08	6,953	0	0
46	10 metal bunk beds 1 twin mattress	12/01/08	7,711	0	0
47	1 sleep sofa	12/01/08	846	0	0
48	Desk, Chairs, file Cabinets	12/01/09	10,596	0	0
49	Dinning room tbae and chairs	12/01/09	1,599	0	0
50	Target 3 couches 3 toddler beds, mattress	12/19/11	916	0	0
51	Metal furniture 12 bunk beds TAF	9/01/12	11,917	0	0
52	1 Madison Sofa Butler Woodcrafters for Shelte	1/09/17	1,231	176	0
53	1 Desk black/walnut CM National Business Furr	4/11/18	717	102	0
54	Conference table and 6 chairs ED National Bus	4/25/18	1,722	246	0
55	10' conference table CSS National Business Fu	4/30/18	658	94	0
56	1 Playhouse for playground Designed for Fun	5/16/18	5,000	714	0
57	2 desks black shelter	5/18/18	1,322	188	0
58	2 ashley Sofas an chairs Butlerwoodcrafters	5/25/18	4,643	663	0
59	4 Guests chairs Res. Director 1 end table	6/28/18	1,468	209	0
60	2 Armless chairs Res. Director 1 end table	8/15/18	982	141	0
61	Double pedestal desk National Business Fur	12/21/20	568	81	0
62	Atlas Furniture pre-configured partitions	12/21/20	12,740	1,820	0
63	Plexiglass	12/30/20	7,534	1,076	0
64	Roselle Land	1/01/19	80,800	0	0
65	Roselle Bldg	4/01/07	506,036	16,868	0
66	Construction renov Roselle Property Adv Const	6/01/07	46,200	1,540	0
67	Rekey exterior locks Roselle property	6/01/07	160	5	0

Other Depreciation:

Client Copy

Asset	Description	Date In Service	Cost	Tax	AMT
68	Tax maps environmental review Roselle property	6/01/07	56	2	0
69	Inspection fees Roselle property home insp	6/01/07	1,425	47	0
70	Const permit Roselle project Money order	6/01/07	11	1	0
71	Preliminary design Roselle project	6/01/07	805	27	0
72	Schematic design Roselle project	6/01/07	10,000	333	0
73	Mortgage recording fee Roselle project reimb	6/01/07	60	2	0
74	Survey Roselle project	6/01/07	450	15	0
75	Solar System applicant fee Roselle project	6/01/07	50	2	0
76	Roselle Renovations 5% Downpayment	6/01/07	5,900	196	0
77	Roselle Renovations 45% construct renovation	6/01/08	53,100	1,770	0
78	Melo Contractor Roselle Renovations SFH	11/01/10	90,750	3,025	0
79	Borough of Roselle permit fee renovations	3/15/10	3,196	107	0
80	Melo Contractor Roselle Renovations 2nd floor	9/15/10	6,680	223	0
81	Roof replacement	5/01/12	17,180	573	0
82	Replace gutters, repair sunroom, kitchen ceil	4/08/13	21,500	716	0
83	Replace 2 Chimneys	8/01/15	4,000	134	0
84	Melo Contractor fire sprinkler, alarm upgrade	11/20/19	71,315	2,377	0
85	M&M Elect sensor horn/strobe & fire bell	6/03/20	1,433	48	0
86	Buildg. Upgrade Serpico Architect drawings	3/23/20	1,530	51	0
87	New bldg. expenses 2022 12/31/22	12/31/23	1,126,015	0	0
88	Assoc. Fire Alarm system for new bldg.	5/24/22	25,000	5,000	0
89	Maffey's security system for new bldg.	6/20/22	145,135	29,027	0
90	NJ Rest. Equipment kitchen appl.	6/24/22	64,614	12,923	0
91	ECHELON HVAC system	12/20/22	70,200	14,040	0
92	1 laptop. Lenovo	1/20/22	985	197	0
93	HP Proliant Server Matthijssen	8/31/22	28,178	5,635	0
94	17 laptops Lenovo AAA Computer	8/31/22	21,290	4,258	0
95	Fundraising 50 Software SAGE INSTALLED 20	12/22/22	10,075	2,015	0
96	Atlas Furniture for new bldg.	6/16/22	179,114	25,588	0
97	Butler Woodcraft furniture for new bldg	8/31/22	41,281	5,897	0
98	Legal Fees	4/01/07	1,000	33	0
	Total Other Depreciation		<u>4,465,431</u>	<u>159,821</u>	<u>0</u>

Total ACRS and Other Depreciation

4,465,431 159,821 0

Grand Totals

4,465,431 159,821 0

Form 990 **Two Year Comparison Report** **2021 & 2022**

For calendar year 2022, or tax year beginning _____, ending _____

Name

YWCA OF EASTERN UNION COUNTY, INC.

Taxpayer Identification Number

22-1487399

	2021	2022	Differences
1. Contributions, gifts, grants	939,281	1,028,786	89,505
2. Membership dues and assessments			
3. Government contributions and grants	2,822,983	3,575,129	752,146
4. Program service revenue	71,430	100,951	29,521
5. Investment income	9,424	9,415	-9
6. Proceeds from tax exempt bonds			
7. Net gain or (loss) from sale of assets other than inventory	1,655	267	-1,388
8. Net income or (loss) from fundraising events	-22,569	-51,033	-28,464
9. Net income or (loss) from gaming			
10. Net gain or (loss) on sales of inventory			
11. Other revenue	82,595	142,153	59,558
12. Total revenue. Add lines 1 through 11	3,904,799	4,805,668	900,869
13. Grants and similar amounts paid	202,880	33,150	-169,730
14. Benefits paid to or for members			
15. Compensation of officers, directors, trustees, etc.	51,172	40,983	-10,189
16. Salaries, other compensation, and employee benefits	1,756,308	2,193,806	437,498
17. Professional fundraising fees			
18. Other professional fees	91,770	160,242	68,472
19. Occupancy, rent, utilities, and maintenance	241,989	255,309	13,320
20. Depreciation and Depletion	61,456	65,496	4,040
21. Other expenses	647,098	570,472	-76,626
22. Total expenses. Add lines 13 through 21	3,052,673	3,319,458	266,785
23. Excess or (Deficit). Subtract line 22 from line 12	852,126	1,486,210	634,084
24. Total exempt revenue	3,904,799	4,805,668	900,869
25. Total unrelated revenue			
26. Total excludable revenue	142,535	252,786	110,251
27. Total assets	5,314,640	7,095,755	1,781,115
28. Total liabilities	110,932	471,542	360,610
29. Retained earnings	5,203,708	6,624,213	1,420,505
30. Number of voting members of governing body	16	14	
31. Number of independent voting members of governing body	16	14	
32. Number of employees	66	58	
33. Number of volunteers	36	40	

Other Information