

Return of Organization Exempt From Income Tax

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

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 2024 calendar year, or tax year beginning, and ending

B Check if applicable: C Name of organization YWCA OF EASTERN UNION COUNTY, INC. D Employer identification number 22-1487399 E Telephone number 908-355-1995 F Name and address of principal officer: KATHRYN LYNCH 1131 E. JERSEY STREET ELIZABETH NJ 07201 G Gross receipts \$ 4,992,128 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: YWCAUNIONCOUNTY.ORG K Form of organization: L Year of formation: 1920 M State of legal domicile: NJ

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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 KATHRYN LYNCH, EXEC DIRECTOR. Date. Preparer's name DIANE TESTA, CPA, Preparer's signature DIANE TESTA, CPA, Date 08/04/25, Check self-employed, PTIN P01398867. Firm's name BKC, CPAS, PC, Firm's EIN 22-3299874, Firm's address 39 STATE ROUTE 12 STE 2 FLEMINGTON, NJ 08822, Phone no. 908-782-7900.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**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  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  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 \$ **166,485** including grants of \$ ) (Revenue \$ )

**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 2023, 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 \$ **106,100** including grants of \$ ) (Revenue \$ )

**PALS-**

**THE PALS PROGRAM PROVIDES SERVICES TO NON-OFFENDING PARENTS 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 AS DRAMA AND MOVEMENT, ART AND MUSIC THERAPY. 2023 HAS BEEN A PRODUCTIVE YEAR IN PALS, WITH OUR PROGRAM SERVING 30 NEW ADULTS AND 53 CHILDREN PROVIDING THEM WITH 663 CREATIVE ARTS THERAPY SESSIONS. AS WELL THE RETURN OF SUPPORT GROUPS, FAMILY FUN NIGHT, SUMMER WELLNESS, YOGA, AND HALLOWEEN THEMED NIGHTS.**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

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

(Expenses \$ **3,144,148** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **3,416,733**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
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		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.		X

**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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	44
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>66</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		

**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.

**KATHRYN LYNCH**  
**ELIZABETH**

**1131 E. JERSEY STREET**

**NJ 07201**

**905-355-1995**

**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	Former			
(1) <b>KATHRYN LYNCH</b>	40.00									
EXEC DIRECTOR	0.00	X		X			143,876	0	0	
(2) <b>CHARLINDA BROWN</b>	0.00									
MEMBER AT LARGE	0.00	X					0	0	0	
(3) <b>NICOLE CIPPOLETTI</b>	0.00									
MEMBER AT LARGE	0.00	X					0	0	0	
(4) <b>MARILYN CLINTRON</b>	0.00									
MEMBER AT LARGE	0.00	X					0	0	0	
(5) <b>RACHEL DIKOVICS</b>	0.00									
MEMBER AT LARGE	0.00	X					0	0	0	
(6) <b>KAREN GEER</b>	40.00									
EXECUTIVE DIRECTOR	0.00	X		X			0	0	0	
(7) <b>SHAHRZAD HEIDARY</b>	0.00									
MEMBER AT LARGE	0.00	X					0	0	0	
(8) <b>ANN JANSON</b>	0.00									
MEMBER AT LARGE	0.00	X					0	0	0	
(9) <b>ARETHA JOHNSON</b>	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(10) <b>LAURA JOHNSON</b>	0.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(11) <b>LA'TESHA SAMPSON</b>	0.00									
MEMBER AT LARGE	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) <b>NANCY SHERIDAN</b>										
(12) <b>SECRETARY</b>	0.00									
(13) <b>JEMIA KINSEY SINGLETON</b>										
(13) <b>MEMBER AT LARGE</b>	0.00	X					0	0	0	
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>							<b>143,876</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>143,876</b>			

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

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

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

**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 **0**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,947,740				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	473,522				
	g Noncash contributions included in lines 1a-1f	1g	\$ 11,593				
	<b>h Total.</b> Add lines 1a-1f		<b>4,421,262</b>				
	<b>Program Service Revenue</b>	2a APPLICATION FEES	Business Code	121,965	121,965		
b							
c							
d							
e							
f All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			<b>121,965</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		20,869	833		20,036	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		124,029				
		b Less: direct expenses	8b	54,331			
		c Net income or (loss) from fundraising events		69,698			
9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	11a NON OPERATING INCOME	Business Code	302,314	302,314			
	b OTHER INCOME		1,689	1,689			
	c						
	d All other revenue						
	<b>e Total.</b> Add lines 11a-11d		<b>304,003</b>				
<b>12 Total revenue.</b> See instructions		<b>4,937,797</b>	<b>426,801</b>	<b>0</b>	<b>20,036</b>		

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,004,584	1,989,515	12,916	2,153
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,184	60,593	3,935	656
9 Other employee benefits	183,034	150,381	27,989	4,664
10 Payroll taxes	173,596	171,382	1,898	316
11 Fees for services (nonemployees):				
a Management				
b Legal	32,314	32,314		
c Accounting	4,184		4,184	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	291	250	35	6
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	560,718	466,230	9,074	85,414
12 Advertising and promotion	12,965	8,383	642	3,940
13 Office expenses	7,617	7,617		
14 Information technology				
15 Royalties				
16 Occupancy	160,331	158,838	1,280	213
17 Travel	4,971	4,971		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,348	1,335	11	2
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,154	74,154		
23 Insurance	74,384	72,781	947	656
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 <b>VARIOUS PROGRAM EXPENSES</b>	128,496	128,496		
b <b>DUES AND SUBSCRIPTIONS</b>	26,164	23,119	2,252	793
c <b>SUPPLIES</b>	19,987	19,987		
d <b>TELEPHONE</b>	15,696	15,696		
e All other expenses	33,351	30,691	1,972	688
25 Total functional expenses. Add lines 1 through 24e	3,583,369	3,416,733	67,135	99,501
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	
<b>Assets</b>	1	Cash—non-interest-bearing	1,764,372	1	500,374
	2	Savings and temporary cash investments	107,932	2	
	3	Pledges and grants receivable, net	342,857	3	404,238
	4	Accounts receivable, net		4	
	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		5	
	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)		6	
	7	Notes and loans receivable, net	43,549	7	136,335
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	37,998	9	8,817
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9,346,638		
	b	Less: accumulated depreciation	776,120	10c	8,570,518
	11	Investments—publicly traded securities	33,658	11	37,566
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	32,679	15	20,466
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	8,577,623	16	9,678,314	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	211,478	17	101,537
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	846,260	24	624,993
	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	212,886	25	286,990
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,270,624	26	1,013,520
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	7,112,659	27	8,470,454
	28	Net assets with donor restrictions	194,340	28	194,340
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	7,306,999	32	8,664,794
33	<b>Total liabilities and net assets/fund balances</b>	8,577,623	33	9,678,314	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>4,937,797</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,583,369</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>1,354,428</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>7,306,999</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>3,366</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>1</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>8,664,794</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</b>	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.		
<b>3a</b>	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?	<b>X</b>	
<b>3b</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	<b>X</b>	

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2024**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://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).

(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)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,051,251	3,833,695	4,603,915	4,371,670	4,421,262	21,281,793
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4,051,251	3,833,695	4,603,915	4,371,670	4,421,262	21,281,793
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						21,281,793

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	4,051,251	3,833,695	4,603,915	4,371,670	4,421,262	21,281,793
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,091	8,281	9,415	16,440	20,036	67,263
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						21,349,056

**12** Gross receipts from related activities, etc. (see instructions) 12 836,772

**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 2024 (line 6, column (f), divided by line 11, column (f)) 14 99.68%

**15** Public support percentage from 2023 Schedule A, Part II, line 14 15 99.69%

**16a 33 1/3% support test — 2024.** 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 — 2023.** 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 — 2024.** 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 — 2023.** 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 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 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 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</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? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions	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 <b>Total annual distributions.</b> 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 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019 .....			
b From 2020 .....			
c From 2021 .....			
d From 2022 .....			
e From 2023 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 .....			
b Excess from 2021 .....			
c Excess from 2022 .....			
d Excess from 2023 .....			
e Excess from 2024 .....			



**Schedule B**  
**(Form 990)**  
 (Rev. December 2024)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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 33<sup>1</sup>/<sub>3</sub>% 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).

Name of organization

**YWCA OF EASTERN UNION COUNTY, INC.**

Employer identification number

**22-1487399**

**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	REMAINDER UNITRUST OF LEONA T. SCOTT 620 LIBERTY AVENUE PITTSBURGH PA 15222	\$ 11,953	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITED FUND OF WESTFIELD 133 PROSPECT STREET 2ND FLOOR SUITE WESTFIELD NJ 07090	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ELIZABETHTOWN HEALTHCARE FOUNDATION PO BOX 259 ELIZABETH NJ 07207-0259	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PNC INSTITUTIONAL ASSET MGT 1600 MARKET STREET 19TH FLOOR PHILADELPHIA PA 19103	\$ 129,743	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	E.J. GRASSMAN TRUST PO BOX 4470 WARREN NJ 07059-0470	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE HYDE AND WATSON FOUNDATION 31 MOUNTAIN BLVD #F WARREN NJ 07059	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**YWCA OF EASTERN UNION COUNTY, INC.**

Employer identification number

**22-1487399**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UNION FOUNDATION 405 WEST SEVENTH STREET CINCINNATI OH 45203	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	TURRELL FUND 21 VAN VLECK STREET MONTCLAIR NJ 07042	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE SUMMIT FOUNDATION 103 S HARRIS STREET BRECKENRIDGE CO 80424	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE PROVIDENT BANK FOUNDATION P.O. BOX 1001 ISELIN NJ 08830-1001	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE TYLER FOUNDATION 2 WATER ST LEBANON NJ 08833-4530	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE WESTFIELD FOUNDATION 940 SOUTH AVE W WESTFIELD NJ 07090	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**YWCA OF EASTERN UNION COUNTY, INC.**

Employer identification number

**22-1487399**

**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
13	MONTCLAIR FUND FOR WOMEN 41 WATCHUNG PLAZA #72 MONTCLAIR NJ 07042	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PEAPACK GLADSTONE BANK 500 HILLS DRIVE, SUITE 300 BEDMINSTER NJ 07921	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE PLAINFIELD FOUNDATION 100 S COMMONS STE 116 PITTSBURGH PA 15212	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	FINANCIAL RESOURCES FCU 3040 ROUTE 22 WEST, BUILDING 2 BRANCBURG NJ 08876	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	NJ STATE BAR FOUNDATION ONE CONSTITUTION SQUARE NEW BRUNSWICK NJ 08901	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

(Rev. December 2024) 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

Open to Public Inspection

Name of the organization

YWCA OF EASTERN UNION COUNTY, INC.

Employer identification number

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Sub-rows 2a-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?, 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 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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. 1b 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.
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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 in Part XIII

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations? ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations? .....  | <b>3a(ii)</b> |    |
- 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
<b>1a</b> Land .....		<b>140,700</b>		<b>140,700</b>
<b>b</b> Buildings .....		<b>7,846,048</b>	<b>374,629</b>	<b>7,471,419</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>1,295,473</b>	<b>337,074</b>	<b>958,399</b>
<b>e</b> Other .....		<b>64,417</b>	<b>64,417</b>	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>8,570,518</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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) <b>CONTRACT ADVANCES</b>	<b>193,324</b>
(3) <b>PAYROLL LIABILITIES</b>	<b>96,713</b>
(4) <b>RETIREMENT FUND PAYABLE</b>	<b>1,388</b>
(5) <b>OTHER FRINGE PAYABLE</b>	<b>-4,435</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>286,990</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>4,937,797</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	<b>4,937,797</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>4,937,797</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>3,583,368</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	<b>3,583,368</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>1</b>	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	<b>1</b>
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>3,583,369</b>

**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 (ASU) TOPIC 740, ACCOUNTING FOR 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.

**PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER**

BOOK / TAX DEPRECIATION DIFFERENCE \$ 1



**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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. Form 990-EZ filers are not required to complete this part.

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of nongovernment 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							
<b>Total</b> .....							

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.

.....  
.....  
.....  
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>TWIN</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	124,029		124,029
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	124,029		124,029
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	54,331		54,331
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				69,698

**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))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_
- a Is the organization licensed to conduct gaming activities in each of these states?  Yes  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 O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

YWCA OF EASTERN UNION COUNTY, INC.

Employer identification number

22-1487399

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.

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 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES  
DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
CONTRACT SERVICES	\$ -79,687	\$ 0	\$ 0
CONTRACT SERVICES	\$ 0	\$ 852	\$ 0
PROFESSIONAL FEES - FISCAL	\$ 200,275	\$ 0	\$ 0
PROFESSIONAL FEES - AUDIT	\$ 0	\$ 708	\$ 0
PROFESSIONAL FEES - LEGAL	\$ 0	\$ 4,509	\$ 0
PROFESSIONAL FEES - MANAGEMEN	\$ 0	\$ 2,759	\$ 0
PAYROLL SERVICES	\$ 0	\$ 246	\$ 0
PROFESSIONAL FEES - FISCAL	\$ 0	\$ 0	\$ 2,323
PROFESSIONAL FEES - AUDIT	\$ 0	\$ 0	\$ 384
PROFESSIONAL FEES - LEGAL			

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization		Employer identification number	
YWCA OF EASTERN UNION COUNTY, INC.		22-1487399	
\$	0	\$	0
PROFESSIONAL FEES - PROGRAMAT		\$	751
\$	0	\$	0
PROFESSIONAL FEES - MANAGEMEN		\$	420
\$	0	\$	0
PAYROLL SERVICES		\$	2,567
\$	0	\$	0
CONTRACT SERVICES		\$	134
\$	0	\$	0
PROFESSIONAL FEES - OTHER		\$	78,835
\$	196,698	\$	0
PROFESSIONAL FEES - AUDIT		\$	0
\$	32,458	\$	0
PROFESSIONAL FEES - PROGRAMAT		\$	0
\$	8,046	\$	0
PROFESSIONAL FEES - MANAGEMEN		\$	0
\$	-5,326	\$	0
PROFESSIONAL FEES - HR		\$	0
\$	101,975	\$	0
PAYROLL SERVICES		\$	0
\$	11,791	\$	0
TOTAL		\$	0
\$	466,230	\$	9,074
\$		\$	85,414

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION  
BOOK / TAX DEPRECIATION DIFFERENCE \$ 1

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**

Attachment Sequence No. **179**

**YWCA OF EASTERN UNION COUNTY, INC.**

Identifying number  
**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.

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>3,050,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>54,423</b>

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	<b>19,731</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>74,154</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
101	Generator	3/14/24	297,000				X 297,000	5	MQ200DB	0	0
110	Capital Improvements - Buildings 2024	12/31/24	599,047				X 599,047	5	MQ200DB	0	0
			<u>896,047</u>				<u>896,047</u>			<u>0</u>	<u>0</u>
<b>15-year GDS Property:</b>											
99	New bldg. expenses 2023 12/31/2023	12/31/24	1,907,910				X 1,907,910	15	MQ S/L	0	0
109	New bldg. expenses 2024 12/31/2024	12/31/24	1,664,090				X 1,664,090	15	MQ S/L	0	0
			<u>3,572,000</u>				<u>3,572,000</u>			<u>0</u>	<u>0</u>
<b>Prior MACRS:</b>											
100	HVAC Equipment	1/31/23	46,155				X 28,974	15	MQ S/L	17,181	9,231
102	Arco Construction Group	6/30/23	13,500				X 12,150	5	MQ200DB	1,350	2,700
103	Lenovo Thinkbook 15 G4	10/31/23	30,000				X 29,000	5	MQ200DB	1,000	6,000
104	11/27/2023 Bills Batch Summary Entry	11/27/23	6,000				X 5,900	5	MQ200DB	100	1,200
105	Brown&Brown Insurance	7/31/23	4,200				X 3,950	7	MQ200DB	250	600
106	Capital Improvements - Buildings 2023	12/31/23	290,071				X 290,071	5	MQ200DB	0	0
107	Capital Improvements - Washer & Dryer	12/31/23	10,275				X 10,275	5	MQ200DB	0	0
108	Capital Improvements - Furniture and Fixtu	12/31/23	3,000				X 3,000	5	MQ200DB	0	0
			<u>403,201</u>				<u>383,320</u>			<u>19,881</u>	<u>19,731</u>
<b>Other Depreciation:</b>											
1	Land	1/01/19	59,900				59,900	0	-- Land	0	0
2	James Guerra Preliminary Design New Buil	12/31/23	5,000				5,000	30	MO S/L	0	0
3	Pinnacle Pre-construction services new buil	12/31/23	5,000				5,000	30	MO S/L	0	0
4	New bldg. expenses 2020 12/31/20	12/31/24	294,975				294,975	30	MO S/L	0	0
5	New bldg. expenses 2021 12/31/21	12/31/24	1,097,828				1,097,828	30	MO S/L	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	834	0
11	Silemt Knight fire alarm panel	7/06/17	5,600				5,600	5	MO S/L	5,600	0
12	Best Buy Samsung TV for CSS	4/30/20	1,000				1,000	5	MO S/L	1,000	0
13	7 panic buttons, 6 cameras, 1 DVR 2 monit	6/18/18	24,516				24,516	5	MO S/L	24,516	0
14	4 VITAL PLUS credit card terminals	11/12/19	1,260				1,260	5	MO S/L	1,050	210
15	Avaya IP Office R10	11/09/20	29,769				29,769	5	MO S/L	18,358	5,954
16	M&M Electronics 8 cameras @ Roselle	1/08/20	2,850				2,850	5	MO S/L	2,280	570
17	Cooperative Comm 3 phones VX36 @ Rose	1/15/21	746				746	5	MO S/L	485	149
18	Matthijssen firewall Sophos XF 125W Rose	3/10/20	2,105				2,105	5	MO S/L	1,614	421
19	3 temperature screenings 986 Labs	11/17/21	9,045				9,045	5	MO S/L	3,844	1,809
20	6 Air cleaners/purifiers Alen Corp	12/17/21	2,265				2,265	5	MO S/L	925	453
21	20 Air Cleaners/purifiers Alen Corp	11/18/21	7,550				7,550	5	MO S/L	3,209	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	6,172	0
24	Toshiba C55-B5297 Laptop Intel Core i3-3	4/01/15	588				588	5	MO S/L	588	0
25	Osnium 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	5,780	0
29	FJC equip 1 laptops 3 desktops HP	9/25/17	4,775				4,775	5	MO S/L	4,775	0
30	css 4 dELL LATITUDE 3570 INTERNS	9/07/17	2,086				2,086	5	MO S/L	2,086	0
31	2 laptops Dell Inspiron 15 5000 series	2/02/18	1,879				1,879	5	MO S/L	1,879	0
32	2 laptops Dell latitude 5590	4/26/18	3,697				3,697	5	MO S/L	3,697	0
33	2 laptops Dell Latitude 3590 AAA Compute	4/30/18	1,852				1,852	5	MO S/L	1,852	0
34	4 laptops Dell Latitude 3590 AAA Compute	5/16/18	3,703				3,703	5	MO S/L	3,703	0
35	1 Sonic wall TZ Wireless	5/15/18	1,000				1,000	5	MO S/L	1,000	0
36	2 laptops Dell Latitude 3590 AAA Compute	10/30/18	1,759				1,759	5	MO S/L	1,759	0
37	Matthijssen 6 desktops M710E 2 laptops E5	12/03/19	8,054				8,054	5	MO S/L	6,578	1,476
38	Matthijssen 5 desktops M720S 6 Laptops E	12/31/19	13,750				13,750	5	MO S/L	11,229	2,521
39	AAA Computers 7 Laptops Couns, shelter &	9/22/20	6,125				6,125	5	MO S/L	4,083	1,225
40	AAA Computers 5 Laptops Lenove i5 FJC	12/23/20	3,960				3,960	5	MO S/L	2,442	792
41	2 Lenovo i5 Windows Pro	10/05/21	1,980				1,980	5	MO S/L	891	396
42	2007 Toyota Siena	6/01/20	24,995				24,995	5	MO S/L	24,995	0

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
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 table 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	1,231	0
53	1 Desk black/walnut CM National Business	4/11/18	717			717	7 MO S/L	580	103
54	Conference table and 6 chairs ED National I	4/25/18	1,722			1,722	7 MO S/L	1,394	246
55	10' conference table CSS National Business	4/30/18	658			658	7 MO S/L	188	94
56	1 Playhouse for playground Designed for Fu	5/16/18	5,000			5,000	7 MO S/L	3,988	714
57	2 desks black shelter	5/18/18	1,322			1,322	7 MO S/L	1,054	189
58	2 ashley Sofas an chairs Butlerwoodscrafter	5/25/18	4,643			4,643	7 MO S/L	3,703	664
59	4 Guests chairs vinyl Shelter	6/28/18	1,468			1,468	7 MO S/L	1,153	210
60	2 Armless chairs Res. Director 1 end table	6/28/18	982			982	7 MO S/L	772	140
61	Double pedestal desk National Business Fur	8/15/18	568			568	7 MO S/L	433	81
62	Atlas Furniture pre-configured partitions	12/21/20	12,740			12,740	7 MO S/L	5,612	1,820
63	Plexiglass	12/30/20	7,534			7,534	7 MO S/L	3,229	1,076
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	222,094	5,784
66	Construction renov Roselle Property Adv C	6/01/07	46,200			46,200	30 MO S/L	20,277	1,540
67	Rekey exterior locks Roselle property	6/01/07	160			160	30 MO S/L	70	6
68	Tax maps envormental review Roselle proj	6/01/07	56			56	30 MO S/L	25	1
69	Inspection fees Roselle property home insp	6/01/07	1,425			1,425	30 MO S/L	625	48
70	Const permit Roselle project Money order	6/01/07	11			11	30 MO S/L	5	0
71	Preliminary design Roselle project	6/01/07	805			805	30 MO S/L	353	27
72	Schematic design Roselle project	6/01/07	10,000			10,000	30 MO S/L	4,389	333
73	Mortgage recording fee Roselle project reim	6/01/07	60			60	30 MO S/L	26	2
74	Survey Roselle project	6/01/07	450			450	30 MO S/L	198	15
75	Solar System applicant fee Roselle project	6/01/07	50			50	30 MO S/L	22	2
76	Roselle Renovations 5% Downpayment	6/01/07	5,900			5,900	30 MO S/L	2,589	204
77	Roselle Renovations 45% construct renovati	6/01/08	53,100			53,100	30 MO S/L	23,305	1,831
78	Melo Contractor Roselle Renovations SFH	11/01/10	90,750			90,750	30 MO S/L	39,829	3,361
79	Borough of Roselle permit fee renovations	3/15/10	3,196			3,196	30 MO S/L	1,403	118
80	Melo Contractor Roselle Renovations 2nd f	9/15/10	6,680			6,680	30 MO S/L	2,932	247
81	Roof replacement	5/01/12	17,180			17,180	30 MO S/L	6,681	687
82	Replace gutters, repair sunroom, kitchen cei	4/08/13	21,500			21,500	30 MO S/L	7,883	896
83	Replace 2 Chimneys	8/01/15	4,000			4,000	30 MO S/L	1,117	181
84	Melo Contractor fire sprinkler, alarm upgrac	11/20/19	71,315			71,315	30 MO S/L	9,509	3,962
85	M&M Elect sensor horn/strobe & fire bell	6/03/20	1,433			1,433	30 MO S/L	169	84
86	Buildg. Upgrade Serpico Architect drawings	3/23/20	1,530			1,530	30 MO S/L	153	90
87	New bldg. expenses 2022 12/31/22	12/31/24	1,126,015			1,126,015	30 MO S/L	0	0
88	Assoc. Fire Alarm system for new bldg.	5/24/22	25,000			25,000	5 MO S/L	0	0
89	Maffey 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	394	197
93	HP Prolian Server Matthjssen	8/31/22	28,178			28,178	5 MO S/L	7,514	5,636
94	17 laptops Lenovo AAA Computer	8/31/22	21,290			21,290	5 MO S/L	6,387	4,258
95	Fundraising 50 Software SAGE INSTALLE	12/22/22	10,075			10,075	5 MO S/L	2,015	2,015
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	439	33
111	Installation of a pole for service	12/31/24	2,500			2,500	5 MO S/L	0	42
112	Phone Equipment	7/22/24	7,458			7,458	5 MO S/L	0	0
<b>Total Other Depreciation</b>			<b>4,475,389</b>			<b>4,475,389</b>		<b>679,888</b>	<b>54,423</b>
<b>Total ACRS and Other Depreciation</b>			<b>4,475,389</b>			<b>4,475,389</b>		<b>679,888</b>	<b>54,423</b>
<b>Grand Totals</b>			<b>9,346,637</b>			<b>9,326,756</b>		<b>699,769</b>	<b>74,154</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>9,346,637</b>			<b>9,326,756</b>		<b>699,769</b>	<b>74,154</b>

12662 YWCA of Eastern Union County, Inc.

22-1487399

FYE: 12/31/2024

# Bonus Depreciation Report

## Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
99	New bldg. expenses 2023 12/31/2023	12/31/24	1,907,910		0	0	0	1,907,910
100	HVAC Equipment	1/31/23	46,155		0	0	17,181	28,974
101	Generator	3/14/24	297,000		0	0	0	297,000
102	Arco Construction Group	6/30/23	13,500		0	0	1,350	12,150
103	Lenovo Thinkbook 15 G4	10/31/23	30,000		0	0	1,000	29,000
104	11/27/2023 Bills Batch Summary Entry	11/27/23	6,000		0	0	100	5,900
105	Brown&Brown Insurance	7/31/23	4,200		0	0	250	3,950
106	Capital Improvements - Buildings 2023	12/31/23	290,071		0	0	0	290,071
107	Capital Improvements - Washer & Dryer	12/31/23	10,275		0	0	0	10,275
108	Capital Improvements - Furniture and Fixture	12/31/23	3,000		0	0	0	3,000
109	New bldg. expenses 2024 12/31/2024	12/31/24	1,664,090		0	0	0	1,664,090
110	Capital Improvements - Buildings 2024	12/31/24	599,047		0	0	0	599,047
<b>Grand Total</b>			<u>4,871,248</u>		<u>0</u>	<u>0</u>	<u>19,881</u>	<u>4,851,367</u>

12662 YWCA of Eastern Union County, Inc.

22-1487399

FYE: 12/31/2024

## Depreciation Adjustment Report

### All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
99	New bldg. expenses 2023 12/31/2023	12/31/24	1,907,910	127,194	0
100	HVAC Equipment	1/31/23	46,155	1,316	0
101	Generator	3/14/24	297,000	118,800	0
102	Arco Construction Group	6/30/23	13,500	3,780	0
103	Lenovo Thinkbook 15 G4	10/31/23	30,000	9,200	0
104	11/27/2023 Bills Batch Summary Entry	11/27/23	6,000	1,880	0
105	Brown&Brown Insurance	7/31/23	4,200	957	0
106	Capital Improvements - Buildings 2023	12/31/23	290,071	116,028	0
107	Capital Improvements - Washer & Dryer	12/31/23	10,275	4,110	0
108	Capital Improvements - Furniture and Fixtures	12/31/23	3,000	1,200	0
109	New bldg. expenses 2024 12/31/2024	12/31/24	1,664,090	110,939	0
110	Capital Improvements - Buildings 2024	12/31/24	599,047	239,619	0
			<u>4,871,248</u>	<u>735,023</u>	<u>0</u>

**Other Depreciation:**

1	Land	1/01/19	59,900	0	0
2	James Guerra Preliminary Design New Building	12/31/23	5,000	167	0
3	Pinnacle Pre-construction services new buildi	12/31/23	5,000	167	0
4	New bldg. expenses 2020 12/31/20	12/31/24	294,975	9,832	0
5	New bldg. expenses 2021 12/31/21	12/31/24	1,097,828	36,594	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	0	0
13	7 panic buttons, 6 cameras, 1 DVR 2 monitors	6/18/18	24,516	0	0
14	4 VITAL PLUS credit card terminals	11/12/19	1,260	0	0
15	Avaya IP Office R10	11/09/20	29,769	5,457	0
16	M&M Electronics 8 cameras @ Roselle	1/08/20	2,850	0	0
17	Cooperative Comm 3 phones VX36 @ Roselle	1/15/21	746	112	0
18	Matthijssen firewall Sophos XF 125W Roselle	3/10/20	2,105	70	0
19	3 temperature screenings 986 Labs	11/17/21	9,045	1,809	0
20	6 Air cleaners/purifiers Alen Corp	12/17/21	2,265	453	0
21	20 Air Cleaners/purifiers Alen 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	Osnium 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 LATITUDE 3570 INTERNS	9/07/17	2,086	0	0
31	2 laptops Dell Inspiron 15 5000 series	2/02/18	1,879	0	0
32	2 laptops Dell latitude 5590	4/26/18	3,697	0	0
33	2 laptops Dell Latitude 3590 AAA Computer	4/30/18	1,852	0	0
34	4 laptops Dell Latitude 3590 AAA Computer	5/16/18	3,703	0	0
35	1 Sonic wall TZ Wireless	5/15/18	1,000	0	0
36	2 laptops Dell Latitude 3590 AAA Computer FJC	10/30/18	1,759	0	0
37	Matthijssen 6 desktops M710E 2 laptops E590	12/03/19	8,054	0	0
38	Matthijssen 5 desktops M720S 6 Laptops E590	12/31/19	13,750	0	0
39	AAA Computers 7 Laptops Couns, shelter & DV	9/22/20	6,125	817	0
40	AAA Computers 5 Laptops Lenove i5 FJC	12/23/20	3,960	726	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	12/01/08	10,596	0	0
49	Dinning room thale and chairs	12/01/09	1,599	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
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	0	0
53	1 Desk black/walnut CM National Business Furn	4/11/18	717	34	0
54	Conference table and 6 chairs ED National Bus	4/25/18	1,722	82	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	298	0
57	2 desks black shelter	5/18/18	1,322	79	0
58	2 ashley Sofas an chairs Butlerwoodcrafters	5/25/18	4,643	276	0
59	4 Guests chairs vinyl Shelter	6/28/18	1,468	105	0
60	2 Armless chairs Res. Director 1 end table	6/28/18	982	70	0
61	Double pedestal desk National Business Fur	8/15/18	568	54	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
68	Tax maps envormental 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	334	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	1	0
76	Roselle Renovations 5% Downpayment	6/01/07	5,900	197	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	717	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	12/31/24	1,126,015	37,534	0
88	Assoc. Fire Alarm system for new bldg.	5/24/22	25,000	5,000	0
89	Maffeys 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 Prolian Server Matthjssen	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	34	0
111	Installation of a pole for service	12/31/24	2,500	500	0
112	Phone Equipment	7/22/24	7,458	1,492	0
	<b>Total Other Depreciation</b>		<u>4,475,389</u>	<u>234,302</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>4,475,389</u>	<u>234,302</u>	<u>0</u>
	<b>Grand Totals</b>		<u>9,346,637</u>	<u>969,325</u>	<u>0</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2023 &amp; 2024</b>
For calendar year 2024, or tax year beginning _____, ending _____		

Name **YWCA OF EASTERN UNION COUNTY, INC.** Taxpayer Identification Number **22-1487399**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	516,955	473,522	-43,433
	2. Membership dues and assessments			
	3. Government contributions and grants	3,854,715	3,947,740	93,025
	4. Program service revenue	2,610	121,965	119,355
	5. Investment income	16,440	20,869	4,429
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	37,245		-37,245
	8. Net income or (loss) from fundraising events	1,474	69,698	68,224
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	16,718	304,003	287,285
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>4,446,157</b>	<b>4,937,797</b>	<b>491,640</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	2,426,566	2,426,398	-168
	17. Professional fundraising fees			
	18. Other professional fees	369,017	597,507	228,490
	19. Occupancy, rent, utilities, and maintenance	231,567	160,331	-71,236
	20. Depreciation and Depletion	89,081	74,154	-14,927
	21. Other expenses	647,142	324,979	-322,163
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>3,763,373</b>	<b>3,583,369</b>	<b>-180,004</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>682,784</b>	<b>1,354,428</b>	<b>671,644</b>
<b>Other Information</b>	24. Total exempt revenue	4,446,157	4,937,797	491,640
	25. Total unrelated revenue			
	26. Total excludable revenue	73,013	446,837	373,824
	27. Total assets	8,577,623	9,678,314	1,100,691
	28. Total liabilities	1,270,624	1,013,520	-257,104
	29. Retained earnings	7,306,999	8,664,794	1,357,795
	30. Number of voting members of governing body	17	10	
	31. Number of independent voting members of governing body	17	10	
	32. Number of employees	71	66	
	33. Number of volunteers	34	40	

Form <b>990</b>	<b>Tax Return History</b>	<b>2024</b>
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Name <b>YWCA OF EASTERN UNION COUNTY, INC.</b>	Employer Identification Number <b>22-1487399</b>
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	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....			4,603,915	4,371,670	4,421,262	
Membership dues .....						
Program service revenue .....			100,951	2,610	121,965	
Capital gain or loss .....			267	37,245		
Investment income .....			9,415	16,440	20,869	
Fundraising revenue (income/loss) .....			-51,033	1,474	69,698	
Gaming revenue (income/loss) .....						
Other revenue .....			142,153	16,718	304,003	
<b>Total revenue</b> .....			<b>4,805,668</b>	<b>4,446,157</b>	<b>4,937,797</b>	
Grants and similar amounts paid .....			33,150			
Benefits paid to or for members .....						
Compensation of officers, etc. ....			40,983			
Other compensation .....			2,193,806	2,426,566	2,426,398	
Professional fees .....			160,242	369,017	597,507	
Occupancy costs .....			255,309	231,567	160,331	
Depreciation and depletion .....			65,496	89,081	74,154	
Other expenses .....			570,472	647,142	324,979	
<b>Total expenses</b> .....			<b>3,319,458</b>	<b>3,763,373</b>	<b>3,583,369</b>	
<b>Excess or (Deficit)</b> .....			<b>1,486,210</b>	<b>682,784</b>	<b>1,354,428</b>	
<b>Total exempt revenue</b> .....			<b>4,805,668</b>	<b>4,446,157</b>	<b>4,937,797</b>	
Total unrelated revenue .....						
Total excludable revenue .....			252,786	73,013	446,837	
Total Assets .....			7,095,755	8,577,623	9,678,314	
Total Liabilities .....			471,542	1,270,624	1,013,520	
Net Fund Balances .....			6,624,213	7,306,999	8,664,794	