YWCA of Eastern Union County,
Inc.
Exempt Organization Income Tax Return
For the Year Ending
December 31, 2025

BKC, CPAs, PC

Accuracy. Insight. Commitment.
Guidance You Can Count On From Advisors Who Care

* Client Accounting & Advisory Services
* Audit & Assurance
* Value & Risk

* Tax Planning & Advisory
* Human Resources Consultancy
* Wealth Management

Contact Us If You Need Assistance Throughout The Year!

www.bkc-cpa.com (908) 782-7900

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2025
Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , and ending

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

C Name of organization
YWCA OF EASTERN UNION COUNTY, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1131 E. JERSEY STREET
City or town, state or province, country, and ZIP or foreign postal code
ELIZABETH NJ 07201

D Employer identification number
22-1487399
E Telephone number
908-355-1995
G Gross receipts $ **3,951,161**

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

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: **YWCAUNIONCOUNTY.ORG**
H(c) Group exemption number
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation: **1920**
M State of legal domicile: **NJ**

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	58
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,421,262	3,784,363
9	Program service revenue (Part VIII, line 2g)	121,965	46,755
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,869	11,263
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	373,701	75,318
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,937,797	3,917,699
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,426,398	2,296,023
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) **130,458**		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,156,971	1,437,467
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,583,369	3,733,490
19	Revenue less expenses. Subtract line 18 from line 12	1,354,428	184,209

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,678,314	9,646,822
21	Total liabilities (Part X, line 26)	1,013,520	791,812
22	Net assets or fund balances. Subtract line 21 from line 20	8,664,794	8,855,010

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 Date
KATHRYN LYNCH EXEC DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DIANE TESTA, CPA	**DIANE TESTA, CPA**	**07/06/26**		**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 ☒ 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 $ 179,735 including grants of $) (Revenue $)

SEE SCHEDULE O

4b (Code:) (Expenses $ 143,787 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. 2025 HAS BEEN A PRODUCTIVE YEAR IN PALS, WITH OUR PROGRAM SERVING 29 NEW ADULTS AND 54 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 $ 3,191,414 including grants of $) (Revenue $)

4e Total program service expenses 3,514,936

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	**2**	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	**5**		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	**6**		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		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*	**9**		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*	**10**		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*	**11a**	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**		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*	**11c**		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	**12b**		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	**14b**		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	**15**		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	**16**		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	**17**		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38		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	1a	49		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	58		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 **1131 E. JERSEY STREET**
ELIZABETH **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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) 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) KATHRYN LYNCH	40.00									
EXEC DIRECTOR	0.00	X		X				150,000	0	0
(2) CHARLINDA BROWN	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(3) CHRISTINA CARUSO-SALGUERIO	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(4) MARILYN CINTRON	5.00									
TREASURER	0.00	X		X				0	0	0
(5) NICOLE CIPPOLETTI	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(6) RACHEL DIKOVICS	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(7) CATHERINE FELEGI	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(8) SALVATORE GALATI	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(9) SHAHRZAD HEIDARY	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(10) ANN JANSON	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(11) ARETHA JOHNSON	5.00									
PRESIDENT	0.00	X		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) LAURA JOHNSON	5.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(13) CAROL LUTZ	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(14) SONIA OBEROI	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(15) AMARO PEREIRA	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(16) LA'TESHA SAMPSON	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(17) NANCY SHERIDAN	5.00									
SECRETARY	0.00	X						0	0	0
(18) LEANA VILLAVICENCIO	2.00									
MEMBER AT LARGE	0.00	X						0	0	0
(19)										
1b Subtotal								150,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								150,000		

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

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

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,252,546				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	531,817				
	g Noncash contributions included in lines 1a-1f	1g	$ 47,915				
	h **Total.** Add lines 1a–1f			3,784,363			
Program Service Revenue		Business Code					
	2a APPLICATION FEES			46,755	46,755		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			46,755			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			11,263			11,263
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	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	103,463				
	b Less: direct expenses	8b	33,462				
	c Net income or (loss) from fundraising events			70,001			
	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						
Miscellaneous Revenue		Business Code					
	11a OTHER INCOME			5,317	5,317		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			5,317			
	12 **Total revenue.** See instructions			3,917,699	52,072	0	11,263

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 X

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	150,000	148,033	1,643	324
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,694,677	1,674,508	16,804	3,365
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,536	61,619	4,214	703
9 Other employee benefits	224,732	184,755	34,266	5,711
10 Payroll taxes	160,078	158,063	1,728	287
11 Fees for services (nonemployees):				
a Management				
b Legal	5,020	5,020		
c Accounting	1,559		1,559	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	215	185	26	4
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	430,643	339,777	2,953	87,913
12 Advertising and promotion	19,584	9,685	76	9,823
13 Office expenses	6,961	6,823	2	136
14 Information technology				
15 Royalties				
16 Occupancy	179,956	158,510	18,383	3,063
17 Travel	3,317	2,997	43	277
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,027	2,027		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	202,100	202,100		
23 Insurance	110,558	106,591	2,508	1,459
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 VARIOUS PROGRAM EXPENSES	250,851	250,851		
b REPAIRS	75,804	75,804		
c SUPPLIES	54,310	54,310		
d SUBSCRIPTIONS AND DUES	39,917	36,748	1,518	1,651
e All other expenses	54,645	36,530	2,373	15,742
25 Total functional expenses. Add lines 1 through 24e	3,733,490	3,514,936	88,096	130,458
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		500,374	1	326,746
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		404,238	3	213,638
	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		136,335	7	3,295
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,817	9	12,685
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,003,655			
	b	Less: accumulated depreciation	10b 978,220	8,570,518	10c	9,025,435
	11	Investments—publicly traded securities		37,566	11	44,557
	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		20,466	15	20,466
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		9,678,314	16	9,646,822
Liabilities	17	Accounts payable and accrued expenses		101,537	17	170,679
	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		624,993	24	19,144
	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		286,990	25	601,989
	26	**Total liabilities.** Add lines 17 through 25		1,013,520	26	791,812
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		8,470,454	27	8,853,084
	28	Net assets with donor restrictions		194,340	28	1,926
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		8,664,794	32	8,855,010
	33	Total liabilities and net assets/fund balances		9,678,314	33	9,646,822

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,917,699
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,733,490
3	Revenue less expenses. Subtract line 2 from line 1	3	184,209
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,664,794
5	Net unrealized gains (losses) on investments	5	6,007
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,855,010

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

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 must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,833,695	4,603,915	4,371,670	4,421,262	3,784,363	21,014,905
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,833,695	4,603,915	4,371,670	4,421,262	3,784,363	21,014,905
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						21,014,905

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	3,833,695	4,603,915	4,371,670	4,421,262	3,784,363	21,014,905
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,281	9,415	16,440	20,036	11,263	65,435
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						21,080,340

12	Gross receipts from related activities, etc. (see instructions)	12	992,307

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 2025 (line 6, column (f), divided by line 11, column (f))	14	99.69 %
15	Public support percentage from 2024 Schedule A, Part II, line 14	15	99.68 %

16a **33 1/3% support test — 2025.** 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 — 2024.** 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 — 2025.** 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 — 2024.** 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

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the 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

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2025.** 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 — 2024.** 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 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. *Answer lines 3a, 3b, and 3c below.*			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in Part VI.*	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI .*	**3c**		

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

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

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

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

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

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	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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* for the latest information.

OMB No. 1545-0047

Name of the organization

YWCA OF EASTERN UNION COUNTY, INC.

Employer identification number

22-1487399

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(**3**) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

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

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

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

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

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	UNITED FUND OF WESTFIELD 133 PROSPECT STREET 2ND FLOOR SUITE WESTFIELD NJ 07090	$ 29,166	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	ELIZABETHTOWN HEALTHCARE FOUNDATION PO BOX 259 ELIZABETH NJ 07207-0259	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	PNC INSTITUTIONAL ASSET MGT 1600 MARKET STREET 19TH FLOOR PHILADELPHIA PA 19103	$ 78,135	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	E.J. GRASSMAN TRUST PO BOX 4470 WARREN NJ 07059-0470	$ 14,700	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	THE HYDE AND WATSON FOUNDATION 31 MOUNTAIN BLVD #F WARREN NJ 07059	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	TURRELL FUND 21 VAN VLECK STREET MONTCLAIR NJ 07042	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (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	THE TYLER FOUNDATION 2 WATER ST LEBANON NJ 08833-4530	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	THE WESTFIELD FOUNDATION 940 SOUTH AVE W WESTFIELD NJ 07090	$ 11,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	MONTCLAIR FUND FOR WOMEN 41 WATCHUNG PLAZA #72 MONTCLAIR NJ 07042	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	THE PLAINFIELD FOUNDATION 100 S COMMONS STE 116 PITTSBURGH PA 15212	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	NJ STATE BAR FOUNDATION ONE CONSTITUTION SQUARE NEW BRUNSWICK NJ 08901	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	THE FRED C. RUMMEL FOUNDATION PO BOX 653067 DALLAS TX 75265-3067	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (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	JANET L. PEGG CHARITABLE FOUNDATION PO BOX 162 BERKELEY HEIGHTS NJ 07922-0162	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	THE FLAGSTAR FOUNDATION 5151 CORPORATE DRIVE TROY MI 48098	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	RESNICK LAW FIRM 5 BECKER FARM ROAD ROSELAND NJ 07068	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	THE JOHN BEN SNOW FOUNDATION 131 W SENECA STREET MANILUS NY 13104	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	IOLTA FUND 1 CONSTITUTION SQUARE NEW BRUNSWICK NJ 08901	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	CELIA INTILI 1 HILLSIDE TERRACE WOODLAND PARK NJ 07424	$ 25,900	Person [X] Payroll [ ] Noncash [ ] (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
19	NORTHFIELD BANK 624 MAIN ST WOODBRIDGE NJ 07095	$ 14,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	MARGARET AND PETER CHANG FOUNDATION 445 EAST BROAD STREET WESTFIELD NJ 07090	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	ATLANTIC HEALTH SYSTEMS 475 SOUTH STREET MORRISTOWN NJ 07960	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	UNION COUNTY SAVINGS BANK 320 NORTH BROAD ST ELIZABETH NJ 07208	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	THE KARMA FOUNDATION 140 ARRETON RD PRINCETON NJ 08540-1429	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	BTQ 115 BROADWAY ST, 19TH FL NEW YORK NY 10006	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation 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)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment ____ %
- **c** Term endowment ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	**3a(i)**		
(ii) Related organizations?	**3a(ii)**		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		140,700		140,700
b Buildings		7,976,994	464,618	7,512,376
c Leasehold improvements				
d Equipment		1,821,544	449,185	1,372,359
e Other		64,417	64,417	
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				9,025,435

Part VII Investments – Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, 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)		
Total. *(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)	
Total. *(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) CONSTRUCTION LOAN - LT	601,989
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	601,989

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 X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	4,057,206
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	6,007		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	133,500		
e	Add lines 2a through 2d			2e	139,507
3	Subtract line 2e from line 1			3	3,917,699
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	3,917,699

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	3,866,990
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,866,990
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-133,500		
c	Add lines 4a and 4b			4c	-133,500
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	3,733,490

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 - LINE 2 - FIN 48 FOOTNOTE

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

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSE	**$ 33,462**
NON CASH CONTRIBUTIONS (PROFESSIONAL SERVICES)	**$ 100,038**

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

FUNDRAISING EXPENSE	**$ -33,462**
DONATED SERVICES	**$ -100,038**

Part XIII Supplemental Information *(continued)*

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* 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 fund-raiser have custody or control of contributions? Yes	(iii) No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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 GALA (event type)	(b) Event #2 FJC (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	47,449	39,209	16,805	103,463
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	47,449	39,209	16,805	103,463
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,952	8,332	4,178	33,462
	10 Direct expense summary. Add lines 4 through 9 in column (d)				33,462
	11 Net income summary. Subtract line 10 from line 3, column (d)				70,001

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ 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:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

YWCA OF EASTERN UNION COUNTY, INC.

Employer identification number

22-1487399

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )	X	1	47,915	
26	Other ( )				
27	Other ( )				
28	Other ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	29	

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

SCHEDULE O (Form 990) (Rev. December 2024)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for instructions and the latest information.	Open to Public Inspection

Name of the organization	Employer identification number
YWCA OF EASTERN UNION COUNTY, INC.	22-1487399

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT
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 2025, 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. 56 ADULTS AND 40 CHILDREN WERE ASSISTED THROUGH THIS PROGRAM.

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. THE BREAKDOWN IS AS FOLLOWS:

HOTLINE: 4,157 CALLS
HOUSING NAVIGATOR: 89 CLIENTS
COURT ADVOCACY: 538 CLIENTS
FAMILY JUSTICE CENTER: 651 CLIENTS
STEP PROGRAM: 72 CLIENTS
COUNSELING AND CASE MANAGEMENT: 217 CLIENTS
CRT PROGRAM: 142 CALLOUTS
DVL PROGRAM: 269 CLIENTS
VARIOUS COMMUNITY EDUCATION PROGRAMS: 148 PRESENTATIONS, 6,196 PARTICIPANTS

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.

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* 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 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	$ 0	$ 2,099	$ 0
PROFESSIONAL FEES - FISCAL	$ 200,180	$ 0	$ 0
PROFESSIONAL FEES - LEGAL	$ 0	$ 700	$ 0
PROFESSIONAL FEES - MANAGEMEN	$ 0	$ 87	$ 0
PAYROLL SERVICES	$ 0	$ 67	$ 0
PROFESSIONAL FEES - FISCAL	$ 0	$ 0	$ 8,056
PROFESSIONAL FEES - AUDIT	$ 0	$ 0	$ 1,264
PROFESSIONAL FEES - LEGAL	$ 0	$ 0	$ 117
PROFESSIONAL FEES - MANAGEMEN	$ 0	$ 0	$ 942
PAYROLL SERVICES	$ 0	$ 0	$ 378
CONTRACT SERVICES	$ 0	$ 0	$ 77,156
PROFESSIONAL FEES - OTHER	$ 81,274	$ 0	$ 0
PROFESSIONAL FEES - AUDIT	$ 33,175	$ 0	$ 0
PROFESSIONAL FEES - PROGRAMAT	$ 6,380	$ 0	$ 0
PROFESSIONAL FEES - HR	$ 8,450	$ 0	$ 0
PAYROLL SERVICES	$ 10,318	$ 0	$ 0
TOTAL	$ 339,777	$ 2,953	$ 87,913

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EXPENSE	$ 33,462
NON CASH CONTRIBUTIONS (PROFESSIONAL SERVICES)	$ 100,038
FUNDRAISING EXPENSE	$ -33,462
DONATED SERVICES	$ -100,038

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning . . . . . , **and ending** . . . . . .

Go to *www.irs.gov/Form990T* **for instructions and the latest information.**

Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section
☒ 501(**C**) (**3**)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization (☐ Check box if name changed and see instructions.)

YWCA OF EASTERN UNION COUNTY, INC.

Number and street. If a P.O. box, see instructions. | Room or suite no.

1131 E. JERSEY STREET

City or town | State or province | Country | ZIP or foreign postal code

ELIZABETH | **NJ** | | **07201**

C Book value of all assets at end of year **9,646,822**

D Employer identification number

22-1487399

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university
☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☒ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ☐

J Enter the number of attached Schedules A (Form 990-T) . . . . .

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ☐ **Yes** ☒ **No**
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of **KATHRYN LYNCH** Telephone number **905-355-1995**

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2	Reserved for future use	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	0
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c	47,692		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	47,692
2	Subtract line 1e from Part II, line 7			2	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0

Part III Tax and Payments *(continued)*

5a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5a	
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15			5b	
6a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g	47,692		
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
k	Section 1062 applicable net tax liability. Enter amount from Form 1062, line 14	6k			
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k			7	47,692
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			10	47,692
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** **Refunded** For Refunded amount, also complete and attach Form 8050. See instructions.			11	47,692

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from or was it the grantor of or transferor to a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

EXEC DIRECTOR

Signature of officer | Date | Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer Use Only

Enter preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DIANE TESTA, CPA	DIANE TESTA, CPA	07/06/26		P01398867

Firm's name	Firm's EIN
BKC, CPAS, PC	22-3299874
Firm's address 39 STATE ROUTE 12 STE 2 FLEMINGTON, NJ 08822	**Phone no.** 908-782-7900

Form **3468**

Department of the Treasury
Internal Revenue Service

Investment Credit

Attach to your tax return.

Go to *www.irs.gov/Form3468* **for instructions and the latest information.**

OMB No. 1545-0155

2025

Attachment Sequence No. **174**

Name(s) shown on return

YWCA OF EASTERN UNION COUNTY, INC.

Identifying number

22-1487399

Part I Information on Qualified Property or Qualified Facility (see instructions)

1 If making an elective payment election or transfer election, enter the IRS-issued registration number for the facility **PJ00125104XY**

2a (i) Enter the facility's emissions value or rate (kg of CO2e per kg of qualified clean hydrogen):

(ii) Enter the Department of Energy (DOE) control number, if applicable (see instructions):

b If you petitioned for a provisional emissions rate (PER), check the applicable box below and complete line 2b(iii), if applicable.

(i) ☐ An emissions value was received from the DOE.

(ii) ☐ A designated lifecycle analysis (LCA) model was used to determine an emissions value.

(iii) Enter the DOE control number, if applicable:

3a Type (solar, clean hydrogen, rehabilitation, etc.): **SOLAR**

b If different from filer, enter:

(i) Owner's name:

(ii) Owner's TIN:

c Address of the facility (if applicable):

1131 EAST JERSEY STREET
ELIZABETH NJ 07201

d Coordinates. **(i)** Latitude: **+ 40.663998** Enter a "+" (plus) or "-" (minus) sign in the first box. **(ii)** Longitude: **- 074.2109330** Enter a "+" (plus) or "-" (minus) sign in the first box.

e Check this box if the property includes qualified interconnection property under section 48(a)(8) or 48E(b)(1)(B) ..... ☐

4 Date construction began (MM/DD/YYYY): **08/08/2025**

5 Date placed in service (MM/DD/YYYY): **10/01/2025**

6 Is the facility an expansion of an existing facility? ..... ☐ Yes ☒ No

7 Does the property, facility, or project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal energy?

a ☒ Yes.

b ☐ No.

c ☐ Not applicable; the facility doesn't produce electricity.

8 Does the property, facility, or project satisfy the prevailing wage and apprenticeship requirements?

a ☐ Yes, and sections 48C(e)(5) and (6) apply, and it was declared as provided per Notice 2023-18.

b ☐ Yes, and either (i) section 48(a)(9)(B)(ii), 48E(a)(2)(A)(ii)(II), or 48E(a)(2)(B)(ii)(II) applies if construction began before January 29, 2023; or (ii) sections 48(a)(10) and (11), or 48E(d)(3) and (4) apply.

c ☐ No.

d ☒ Not applicable.

9 Does the property, facility, or project qualify for a domestic content bonus credit per section 48(a)(12)(B) or 48E(a)(3)(B)?

a ☐ Yes, and section 48(a)(9)(B), 48E(a)(2)(A)(ii), or 48E(a)(2)(B)(ii) is satisfied (10% bonus). Attach the required information.

b ☐ Yes, and section 48(a)(9)(B), 48E(a)(2)(A)(ii), or 48E(a)(2)(B)(ii) is **not** satisfied (2% bonus). Attach the required information.

c ☒ No.

10 Does the property, facility, or project qualify for an energy community bonus credit per section 48(a)(14) or 48E(a)(3)(A)?

a ☐ Yes, and section 48(a)(9)(B), 48E(a)(2)(A)(ii), or 48E(a)(2)(B)(ii) is satisfied (10% bonus).

b ☐ Yes, and section 48(a)(9)(B), 48E(a)(2)(A)(ii), or 48E(a)(2)(B)(ii) is **not** satisfied (2% bonus).

c ☒ No.

11 Does the property, facility, or project qualify for the low-income communities bonus credit under section 48(e)(2) or 48E(h)(2)? (The facility must have received an allocation of capacity limitation.)

a ☐ Yes, and the facility is located in a low-income community per section 45D(e) (10% bonus).

b ☐ Yes, and the facility is located on Indian land per section 2601(2) of P.L. 102-486 (10% bonus).

c ☐ Yes, and the facility is part of a qualified low-income residential building project facility per section 48(e)(2)(B) or 48E(h)(2)(B) (20% bonus).

d ☐ Yes, and the facility is part of a qualified low-income economic benefit project facility per section 48(e)(2)(C) or 48E(h)(2)(C) (20% bonus).

e If "Yes" to line 11a, 11b, 11c, or 11d, enter your 48(e) or 48E(h) Control Number:

f Enter the originating pass-through entity's employer identification number (EIN) (if applicable):

g ☒ No.

Part I **Information on Qualified Property or Qualified Facility** (see instructions) *(continued)*

12 Enter the nameplate capacity or storage capacity for your property, facility, or project.

a [X] Solar.

(i) Nameplate capacity: **57,400** kilowatt (kW) direct current (dc)

(ii) Nameplate capacity: **57,939** kW ac

(iii) Check here if the solar energy property or facility includes a solar tracking device ..... [ ]

b [ ] Wind nameplate capacity: _____ kW ac

c [ ] Other.

(i) Type: _____

(ii) Nameplate capacity: _____ kW

(iii) Kilowatt type: [ ] ac [ ] dc

d [ ] Energy storage.

(i) Power capacity rating: _____ kW

(ii) Energy storage capacity: _____ kilowatt-hours (kWh)

(iii) Is the energy storage installed in connection with the solar or wind facility a thermal storage? ..... [ ] Yes [ ] No

e [ ] Not applicable.

13 Are you claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) election? ..... [ ] Yes [X] No

If "Yes," complete lines 13a through 13e. If you acquired more than one property as a lessee, attach a statement showing the information below separately reported for each property.

a Name of lessor: _____

b Address of lessor: _____

c Description of property: _____

d Amount for which you were treated as having acquired the property ..... $ _____

e Income inclusion amount reported for tax year under Regulations section 1.50-1 ..... $

Part II **Qualifying Advanced Coal Project Credit and Qualifying Gasification Project Credit**

Section A—Qualifying Advanced Coal Project Credit Under Section 48A (see instructions)

1a Enter the qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section 48A(d)(3)(B)(i)	**1a**				
b Multiply line 1a by 20% (0.20)			**1b**		
2a Enter the qualified investment in advanced coal-based generation technology property placed in service during the tax year for projects described in section 48A(d)(3)(B)(ii)	**2a**				
b Multiply line 2a by 15% (0.15)			**2b**		
3a Enter the qualified investment in advanced coal-based generation technology property placed in service during the tax year for projects described in section 48A(d)(3)(B)(iii)	**3a**				
b Multiply line 3a by 30% (0.30)			**3b**		

Section B—Qualifying Gasification Project Credit Under Section 48B (see instructions)

4a Enter the qualified investment in qualified gasification property placed in service during the tax year for which credits were allocated or reallocated after October 3, 2008, and that includes equipment that separates and sequesters at least 75% of the project's carbon dioxide emissions	**4a**				
b Multiply line 4a by 30% (0.30)			**4b**		
5a Enter the qualified investment in property other than in line 4a above placed in service during the tax year	**5a**				
b Multiply line 5a by 20% (0.20)			**5b**		
6 Enter the applicable unused investment credit from cooperatives. See instructions			**6**		
7 Add lines 1b, 2b, 3b, 4b, 5b, and 6. Report this amount on Form 3800, Part III, line 1a					**7**

Part VI Energy Credit Under Section 48

Section A — Geothermal Energy Credit (see instructions)

1a	Enter the basis of property using geothermal energy placed in service during the tax year	1a				
b	Applicable energy percentage. See instructions	1b	%			
c	Multiply line 1a by line 1b			1c		
d	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 1f	1d	%			
e	Multiply line 1a by line 1d			1e		
f	If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 2	1f	%			
g	Multiply line 1a by line 1f			1g		
2	Add lines 1c, 1e, and 1g				2	

Section B — Solar Energy Credit (see instructions)

3a	Enter the basis of property using solar illumination (including electrochromic glass) or either solar energy property or solar facility placed in service during the tax year	3a	158,974			
b	Applicable energy percentage. See instructions	3b	30 %			
c	Multiply line 3a by line 3b			3c	47,692	

Caution: Property described under section 48(a)(3)(ii) does not qualify for the solar facility in connection with low-income community bonus credit under section 48(e). If completing Section B for a section 48(a)(3)(ii) property, skip lines 3d through 3j, and go to line 3k.

d	If you checked the box in Part I, line 11a or 11b, enter 10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11g; or Part I, line 12a(ii), is 5 MW ac or more (in relation to line 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j and enter -0-, and then go to line 3k	3d	0 %			
e	Enter the amount of capacity limitation you were allocated in the allocation letter	3e	57,400 kW dc			
f	If the entry on Part I, line 12a(i), equals the entry on line 3e, multiply line 3a by line 3d and go to line 3j. Otherwise, continue to line 3g	3f				
g	If the entry on Part I, line 12a(i), is more than the entry on line 3e, divide line 3e by Part I, line 12a(i)	3g				
h	Multiply line 3d by line 3g	3h				
i	Multiply line 3a by line 3h	3i				
j	If Part I, line 12a(i), is more than the entry on line 3e, enter the amount from line 3i. Otherwise, enter the amount from line 3f			3j		
k	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 3m	3k	%			
l	Multiply line 3a by line 3k			3l		
m	If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 4	3m	%			
n	Multiply line 3a by line 3m			3n		
4	Add lines 3c, 3j, 3l, and 3n				4	47,692

Form **3800**

Department of the Treasury
Internal Revenue Service

General Business Credit

Go to *www.irs.gov/Form3800* **for instructions and the latest information.**
You must include all pages of Form 3800 with your return.

OMB No. 1545-0074

2025

Attachment Sequence No. **22**

Name(s) shown on return

YWCA OF EASTERN UNION COUNTY, INC.

Identifying number

22-1487399

A **Corporate Alternative Minimum Tax (CAMT) and Base Erosion Anti-Abuse Tax (BEAT).** Are you both (a) an "applicable corporation" within the meaning of section 59(k)(1) for the CAMT, and (b) an "applicable taxpayer" within the meaning of section 59A(e) for the BEAT? See instructions ☐ **Yes** ☐ **No**

B **(i)** Did you make an entry in Part III, column (f)? ☐ **Yes** ☐ **No**

(ii) If "Yes," enter the number of transfer election statements attached to your return

Part I Credits Not Allowed Against Tentative Minimum Tax (TMT)

Complete applicable portions of Parts III and IV before Parts I and II. See instructions.

1	Credits not subject to the passive activity limit from Part III, line 2: combine column (e) with non-passive amounts from column (f)	1	47,692
2	Credits subject to the passive activity limit. Combine Part III, line 2, column (d), and passive amounts included in line 2, column (f); and Part IV, line 6, column (d)	2	
3	Enter the portion of line 2 allowed for 2025	3	
4	Enter the portion of Part IV, line 6, column (f), that is from carryforwards to 2025	4	
	Check this box if the carryforward was changed or revised from the original reported amount ☐		
5	Enter the portion of Part IV, line 6, column (f), that is from carrybacks from 2026	5	
6	Add lines 1, 3, 4, and 5	6	47,692

Part II Figuring Credit Allowed After Limitations

Section A—Figuring Credit Allowed After Section 38(c)(1) Limitation Based on Amount of Tax

7	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16; and Schedule 2 (Form 1040), line 1z. • Corporations. Enter the amount from Form 1120, Schedule J, line 2 (excluding the base erosion minimum tax entered on line 1f); or the applicable line of your return. • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a, 1b, and 1d, plus any Form 8978 amount included on line 1e; or the amount from the applicable line of your return.		7	
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 11. • Corporations. Enter the amount from Form 4626, Part II, line 13. • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.		8	
9	Add lines 7 and 8		9	
10a	Foreign tax credit	10a		
b	Certain allowable credits (see instructions)	10b		
c	Add lines 10a and 10b		10c	
11	**Net income tax.** Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16		11	
12	**Net regular tax.** Subtract line 10c from line 7. If zero or less, enter -0-	12		
13	Enter 25% (0.25) of the excess, if any, of line 12 (line 11 for corporations) over $25,000. See instructions	13		
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9. • Corporations. Enter -0-. • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52.	14		
15	Enter the greater of line 13 or line 14		15	
16	Subtract line 15 from line 11. If zero or less, enter -0-		16	
17	Enter the **smaller** of line 6 or line 16. This is the amount of your credit allowed after the limitation of section 38(c)(1)		17	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.			

Part III **Current Year General Business Credits (GBCs)** (see instructions). If there is more than one number applicable for column (b) or (c) for a line in Part III, enter the number of such items in column (a), complete Part V, and see instructions for what to report on that line in Part III. *(continued)*

	Current year credits from:	(a) No. of items	(b) Elective payment or transfer registration number	(c) Pass-through or transferor credit entity EIN	(d) Credits subject to the passive activity limit, before application of the limit	(e) Credits not subject to the passive activity limits	(f) Credit transfer election amount (enter amounts transferred out as a negative amount)	(g) Combine columns (e) and (f) with the credit from column (d) allowed after the passive activity limit	(h) Gross elective payment election (EPE) amount	(i) Amount of column (g) applied against tax in Part II	(j) Net EPE amount. Enter the smaller of column (h) **or** column (g) minus column (i)
3	Form 8844										
4	Specified credits:										
a	Form 3468, Part VI										
b	Form 5884										
c	Form 6478										
d	Form 8586										
e	Form 8835, Part II										
f	Form 8846										
g	Form 8900										
h	Form 8941										
i	Form 6765 (ESB)										
j	Form 8994										
k	Form 3468, Part VII					**47,692**					
l	Reserved										
m	Reserved										
z	Other specified credits										
5	Add lines 4a–4z										
6	Add lines 2, 3, and 5										

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* **for instructions and the latest information.**

OMB No. 1545-0172
2025
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
YWCA OF EASTERN UNION COUNTY, INC.	**INDIRECT DEPRECIATION**	**22-1487399**

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	2,500,000
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	4,000,000
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 **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 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 2026. 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	234,302

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 2025	17	735,023
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 ☐		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

(a) Classification of property (see instructions)	(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 50-year property			50 yrs.	MM	S/L	
i Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
j Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C— Assets Placed in Service During 2025 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	
e 50-year			50 yrs.	MM	S/L	

THERE ARE NO AMOUNTS FOR PAGE 3

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	**21**	
22	**Total.** 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**	**969,325**
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	**23a**	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	**23b**	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to support the business/investment use claimed?	☐ **Yes**	☐ **No**
b	If "Yes," is the evidence written?	☐ **Yes**	☐ **No**
c	Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ **Own**	☐ **Lease** ☐ **Charter**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
27 Property used 50% or less in a qualified business use :								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

12662 YWCA of Eastern Union County, Inc.
22-1487399
FYE: 12/31/2025

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
99	New bldg. expenses 2023 12/31/2023	12/31/2024	1,907,910			X	1,907,910	15	MQ	S/L	0	127,194
100	HVAC Equipment	1/31/2023	46,155			X	19,743	15	MQ	S/L	26,412	1,316
101	Generator	3/14/2024	297,000			X	297,000	5	MQ	200DB	0	118,800
102	Arco Construction Group	6/30/2023	13,500			X	9,450	5	MQ	200DB	4,050	3,780
103	Lenovo Thinkbook 15 G4	10/31/2023	30,000			X	23,000	5	MQ	200DB	7,000	9,200
104	11/27/2023 Bills Batch Summary Entry	11/27/2023	6,000			X	4,700	5	MQ	200DB	1,300	1,880
105	Brown&Brown Insurance	7/31/2023	4,200			X	3,350	7	MQ	200DB	850	957
106	Capital Improvements - Buildings 2023	12/31/2023	290,071			X	290,071	5	MQ	200DB	0	116,028
107	Capital Improvements - Washer & Dryer	12/31/2023	10,275			X	10,275	5	MQ	200DB	0	4,110
108	Capital Improvements - Furniture and Fixtu	12/31/2023	3,000			X	3,000	5	MQ	200DB	0	1,200
109	New bldg. expenses 2024 12/31/2024	12/31/2024	1,664,090			X	1,664,090	15	MQ	S/L	0	110,939
110	Capital Improvements - Buildings 2024	12/31/2024	599,047			X	599,047	5	MQ	200DB	0	239,619
			4,871,248				4,831,636				39,612	735,023
Other Depreciation:												
1	Land	1/01/2019	59,900				59,900	0	--	Land	0	0
2	James Guerra Preliminary Design New Bui	12/31/2023	5,000				5,000	30	MO	S/L	0	167
3	Pinnacle Pre-construction services new buil	12/31/2023	5,000				5,000	30	MO	S/L	0	167
4	New bldg. expenses 2020 12/31/20	12/31/2024	294,975				294,975	30	MO	S/L	0	9,832
5	New bldg. expenses 2021 12/31/21	12/31/2024	1,097,828				1,097,828	30	MO	S/L	0	36,594
6	Air Group Natural Gas Generator Generac	5/08/2014	41,266				41,266	5	MO	S/L	41,266	0
7	Best Buy Washer Machine 5yr warranty	2/01/2016	1,035				1,035	5	MO	S/L	1,035	0
8	AO Smith Commercial Water Heater	8/01/2016	6,576				6,576	5	MO	S/L	6,576	0
9	Commercial DVR for Kenilworth office	6/01/2016	1,424				1,424	5	MO	S/L	1,424	0
10	Samsung dryer 5yr protection plan	1/31/2017	834				834	5	MO	S/L	834	0
11	Silemt Knight fire alarm panel	7/06/2017	5,600				5,600	5	MO	S/L	5,600	0
12	Best Buy Samsung TV for CSS	4/30/2020	1,000				1,000	5	MO	S/L	1,000	0
13	7 panic buttons, 6 cameras, 1 DVR 2 monit	6/18/2018	24,516				24,516	5	MO	S/L	24,516	0
14	4 VITAL PLUS credit card terminals	11/12/2019	1,260				1,260	5	MO	S/L	1,260	0
15	Avaya IP Office R10	11/09/2020	29,769				29,769	5	MO	S/L	24,312	5,457
16	M&M Electronics 8 cameras @ Roselle	1/08/2020	2,850				2,850	5	MO	S/L	2,850	0
17	Cooperative Comm 3 phones VX36 @ Ros	1/15/2021	746				746	5	MO	S/L	634	112
18	Matthijssen firewall Sophos XF 125W Ros	3/10/2020	2,105				2,105	5	MO	S/L	2,035	70
19	3 temperature screenings 986 Labs	11/17/2021	9,045				9,045	5	MO	S/L	5,653	1,809
20	6 Air cleaners/purifiers Alen Corp	12/17/2021	2,265				2,265	5	MO	S/L	1,378	453
21	20 Air Cleaners/purifiers Alen Corp	11/18/2021	7,550				7,550	5	MO	S/L	4,719	1,510
22	HP Server ML350P/G8 6Core 043015	4/01/2020	10,069				10,069	5	MO	S/L	10,069	0
23	HP Server ML350P/G8 6CORE set up 043	4/01/2020	6,172				6,172	5	MO	S/L	6,172	0
24	Toshiba C55-B5297 Laptop Intel Core i3-3	4/01/2015	588				588	5	MO	S/L	588	0
25	Osnium statistics database software and imp	10/01/2020	5,899				5,899	5	MO	S/L	5,899	0
26	3 Laptops DELL Latitude 3550	3/01/2020	1,617				1,617	5	MO	S/L	1,617	0
27	2 Laptops DELL Latitude 3570	4/01/2017	1,078				1,078	5	MO	S/L	1,078	0
28	New website ImpressM design and build	5/19/2017	5,780				5,780	5	MO	S/L	5,780	0
29	FJC equip 1 laptops 3 desktops HP	9/25/2017	4,775				4,775	5	MO	S/L	4,775	0
30	css 4 dELL LATITUDE 3570 INTERNS	9/07/2017	2,086				2,086	5	MO	S/L	2,086	0
31	2 laptops Dell Inspiron 15 5000 series	2/02/2018	1,879				1,879	5	MO	S/L	1,879	0
32	2 laptops Dell latitude 5590	4/26/2018	3,697				3,697	5	MO	S/L	3,697	0
33	2 laptops Dell Latitude 3590 AAA Compute	4/30/2018	1,852				1,852	5	MO	S/L	1,852	0
34	4 laptops Dell Latitude 3590 AAA Compute	5/16/2018	3,703				3,703	5	MO	S/L	3,703	0
35	1 Sonic wall TZ Wireless	5/15/2018	1,000				1,000	5	MO	S/L	1,000	0
36	2 laptops Dell Latitude 3590 AAA Compute	10/30/2018	1,759				1,759	5	MO	S/L	1,759	0
37	Matthijssen 6 desktops M710E 2 laptops E	12/03/2019	8,054				8,054	5	MO	S/L	8,054	0
38	Matthijssen 5 desktops M720S 6 Laptops E	12/31/2019	13,750				13,750	5	MO	S/L	13,750	0
39	AAA Computers 7 Laptops Couns, shelter &	9/22/2020	6,125				6,125	5	MO	S/L	5,308	817
40	AAA Computers 5 Laptops Lenove i5 FJC	12/23/2020	3,960				3,960	5	MO	S/L	3,234	726
41	2 Lenovo i5 Windows Pro	10/05/2021	1,980				1,980	5	MO	S/L	1,287	396
42	2007 Toyota Siena	6/01/2020	24,995				24,995	5	MO	S/L	24,995	0
43	2009 Toyota Sienna LE	12/01/2008	25,661				25,661	5	MO	S/L	25,661	0
44	2009 Nissan Quest donated/transfered PR	7/01/2012	13,761				13,761	5	MO	S/L	13,761	0
45	3 metal bunk beds and 36 matresses	12/01/2008	6,953				6,953	7	MO	S/L	6,953	0
46	10 metal bunk beds 1 twin matress	12/01/2008	7,711				7,711	7	MO	S/L	7,711	0
47	1 sleep sofa	12/01/2008	846				846	7	MO	S/L	846	0
48	Desk, Chairs, file Cabinets	12/01/2008	10,596				10,596	7	MO	S/L	10,596	0
49	Dinning room tbale and chairs	12/01/2009	1,599				1,599	7	MO	S/L	1,599	0
50	Target 3 couches 3 toddler beds, matress	12/19/2011	916				916	7	MO	S/L	916	0
51	Metal furniture 12 bunk beds TAF	9/01/2012	11,917				11,917	5	MO	S/L	11,917	0
52	1 Madison Sofa Butler Woodcrafters for Sh	1/09/2017	1,231				1,231	7	MO	S/L	1,231	0

12662 YWCA of Eastern Union County, Inc.
22-1487399
FYE: 12/31/2025

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
53	1 Desk black/walnut CM National Business	4/11/2018	717				717	7	MO	S/L	683	34
54	Conference table and 6 chairs ED National	4/25/2018	1,722				1,722	7	MO	S/L	1,640	82
55	10' conference table CSS National Business	4/30/2018	658				658	7	MO	S/L	282	94
56	1 Playhouse for playground Designed for F	5/16/2018	5,000				5,000	7	MO	S/L	4,702	298
57	2 desks black shelter	5/18/2018	1,322				1,322	7	MO	S/L	1,243	79
58	2 ashley Sofas an chairs Butlerwoodscrafter	5/25/2018	4,643				4,643	7	MO	S/L	4,367	276
59	4 Guests chairs vinyl Shelter	6/28/2018	1,468				1,468	7	MO	S/L	1,363	105
60	2 Armless chairs Res. Director 1 end table	6/28/2018	982				982	7	MO	S/L	912	70
61	Double pedestal desk National Business Fu	8/15/2018	568				568	7	MO	S/L	514	54
62	Atlas Furniture pre-configured partitions	12/21/2020	12,740				12,740	7	MO	S/L	7,432	1,820
63	Plexiglass	12/30/2020	7,534				7,534	7	MO	S/L	4,305	1,076
64	Roselle Land	1/01/2019	80,800				80,800	0	--	Land	0	0
65	Roselle Bldg	4/01/2007	506,036				506,036	30	MO	S/L	227,878	16,868
66	Construction renov Roselle Property Adv C	6/01/2007	46,200				46,200	30	MO	S/L	21,817	1,540
67	Rekey exterior locks Roselle property	6/01/2007	160				160	30	MO	S/L	76	5
68	Tax maps envoromental review Roselle pro	6/01/2007	56				56	30	MO	S/L	26	2
69	Inspection fees Roselle property home insp	6/01/2007	1,425				1,425	30	MO	S/L	673	47
70	Const permit Roselle project Money order	6/01/2007	11				11	30	MO	S/L	5	1
71	Preliminary design Roselle project	6/01/2007	805				805	30	MO	S/L	380	27
72	Schematic design Roselle project	6/01/2007	10,000				10,000	30	MO	S/L	4,722	334
73	Mortgage recording fee Roselle project rein	6/01/2007	60				60	30	MO	S/L	28	2
74	Survey Roselle project	6/01/2007	450				450	30	MO	S/L	213	15
75	Solar System applicant fee Roselle project	6/01/2007	50				50	30	MO	S/L	24	1
76	Roselle Renovations 5% Downpayment	6/01/2007	5,900				5,900	30	MO	S/L	2,793	197
77	Roselle Renovations 45% constract renovat	6/01/2008	53,100				53,100	30	MO	S/L	25,136	1,770
78	Melo Contractor Roselle Renovations SFH	11/01/2010	90,750				90,750	30	MO	S/L	43,190	3,025
79	Borough of Roselle permit fee renovations	3/15/2010	3,196				3,196	30	MO	S/L	1,521	107
80	Melo Contractor Roselle Renovations 2nd f	9/15/2010	6,680				6,680	30	MO	S/L	3,179	223
81	Roof replacement	5/01/2012	17,180				17,180	30	MO	S/L	7,368	573
82	Replace gutters, repair sunroom, kitchen ce	4/08/2013	21,500				21,500	30	MO	S/L	8,779	717
83	Replace 2 Chimneys	8/01/2015	4,000				4,000	30	MO	S/L	1,298	134
84	Melo Contractor fire sprinkler, alarm upgra	11/20/2019	71,315				71,315	30	MO	S/L	13,471	2,377
85	M&M Elect sensor horn/strobe & fire bell	6/03/2020	1,433				1,433	30	MO	S/L	253	48
86	Buildg. Upgrade Serpico Architect drawing	3/23/2020	1,530				1,530	30	MO	S/L	243	51
87	New bldg. expenses 2022 12/31/22	12/31/2024	1,126,015				1,126,015	30	MO	S/L	0	37,534
88	Assoc. Fire Alarm system for new bldg.	5/24/2022	25,000				25,000	5	MO	S/L	0	5,000
89	Maffeys security system for new bldg.	6/20/2022	145,135				145,135	5	MO	S/L	0	29,027
90	NJ Rest. Equipment kitchen appl.	6/24/2022	64,614				64,614	5	MO	S/L	0	12,923
91	ECHELON HVAC system	12/20/2022	70,200				70,200	5	MO	S/L	0	14,040
92	1 laptop Lenovo	1/20/2022	985				985	5	MO	S/L	591	197
93	HP Prolian Server Matthjssen	8/31/2022	28,178				28,178	5	MO	S/L	13,150	5,635
94	17 laptops Lenovo AAA Computer	8/31/2022	21,290				21,290	5	MO	S/L	10,645	4,258
95	Fundraising 50 Software SAGE INSTALLE	12/22/2022	10,075				10,075	5	MO	S/L	4,030	2,015
96	Atlas Furniture for new bldg.	6/16/2022	179,114				179,114	7	MO	S/L	0	25,588
97	Butler Woodcraft furniture for new bldg	8/31/2022	41,281				41,281	7	MO	S/L	0	5,897
98	Legal Fees	4/01/2007	1,000				1,000	30	MO	S/L	472	34
111	Installation of a pole for service	12/31/2024	2,500				2,500	5	MO	S/L	42	500
112	Phone Equipment	7/22/2024	7,458				7,458	5	MO	S/L	0	1,492
	Total Other Depreciation		4,475,389				4,475,389				734,311	234,302
	Total ACRS and Other Depreciation		4,475,389				4,475,389				734,311	234,302
	Grand Totals		9,346,637				9,307,025				773,923	969,325
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Less: Domestic R & E Expense		0				0				0	0
	Net Grand Totals		9,346,637				9,307,025				773,923	969,325

12662 YWCA of Eastern Union County, Inc.
22-1487399
FYE: 12/31/2025

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	12/31/2024	1,907,910		0	0	0	1,907,910
100	HVAC Equipment	1/31/2023	46,155		0	0	26,412	19,743
101	Generator	3/14/2024	297,000		0	0	0	297,000
102	Arco Construction Group	6/30/2023	13,500		0	0	4,050	9,450
103	Lenovo Thinkbook 15 G4	10/31/2023	30,000		0	0	7,000	23,000
104	11/27/2023 Bills Batch Summary Entry	11/27/2023	6,000		0	0	1,300	4,700
105	Brown&Brown Insurance	7/31/2023	4,200		0	0	850	3,350
106	Capital Improvements - Buildings 2023	12/31/2023	290,071		0	0	0	290,071
107	Capital Improvements - Washer & Dryer	12/31/2023	10,275		0	0	0	10,275
108	Capital Improvements - Furniture and Fixture	12/31/2023	3,000		0	0	0	3,000
109	New bldg. expenses 2024 12/31/2024	12/31/2024	1,664,090		0	0	0	1,664,090
110	Capital Improvements - Buildings 2024	12/31/2024	599,047		0	0	0	599,047
	Grand Total		4,871,248		0	0	39,612	4,831,636

12662 YWCA of Eastern Union County, Inc.
22-1487399
FYE: 12/31/2025

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

12662 YWCA of Eastern Union County, Inc.
22-1487399 **Future Depreciation Report FYE: 12/31/2026**
FYE: 12/31/2025 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
99	New bldg. expenses 2023 12/31/2023	12/31/2024	1,907,910	118,714	0
100	HVAC Equipment	1/31/2023	46,155	1,229	0
101	Generator	3/14/2024	297,000	71,280	0
102	Arco Construction Group	6/30/2023	13,500	2,387	0
103	Lenovo Thinkbook 15 G4	10/31/2023	30,000	5,520	0
104	11/27/2023 Bills Batch Summary Entry	11/27/2023	6,000	1,128	0
105	Brown&Brown Insurance	7/31/2023	4,200	684	0
106	Capital Improvements - Buildings 2023	12/31/2023	290,071	69,617	0
107	Capital Improvements - Washer & Dryer	12/31/2023	10,275	2,466	0
108	Capital Improvements - Furniture and Fixtures	12/31/2023	3,000	720	0
109	New bldg. expenses 2024 12/31/2024	12/31/2024	1,664,090	103,544	0
110	Capital Improvements - Buildings 2024	12/31/2024	599,047	143,771	0
			4,871,248	521,060	0
Other Depreciation:					
1	Land	1/01/2019	59,900	0	0
2	James Guerra Preliminary Design New Building	12/31/2023	5,000	166	0
3	Pinnacle Pre-construction services new buildi	12/31/2023	5,000	166	0
4	New bldg. expenses 2020 12/31/20	12/31/2024	294,975	9,833	0
5	New bldg. expenses 2021 12/31/21	12/31/2024	1,097,828	36,595	0
6	Air Group Natural Gas Generator Generac	5/08/2014	41,266	0	0
7	Best Buy Washer Machine 5yr warranty	2/01/2016	1,035	0	0
8	AO Smith Commercial Water Heater	8/01/2016	6,576	0	0
9	Commercial DVR for Kenilworth office	6/01/2016	1,424	0	0
10	Samsung dryer 5yr protection plan	1/31/2017	834	0	0
11	Silemt Knight fire alarm panel	7/06/2017	5,600	0	0
12	Best Buy Samsung TV for CSS	4/30/2020	1,000	0	0
13	7 panic buttons, 6 cameras, 1 DVR 2 monitors	6/18/2018	24,516	0	0
14	4 VITAL PLUS credit card terminals	11/12/2019	1,260	0	0
15	Avaya IP Office R10	11/09/2020	29,769	0	0
16	M&M Electronics 8 cameras @ Roselle	1/08/2020	2,850	0	0
17	Cooperative Comm 3 phones VX36 @ Roselle	1/15/2021	746	0	0
18	Matthijssen firewall Sophos XF 125W Roselle	3/10/2020	2,105	0	0
19	3 temperature screenings 986 Labs	11/17/2021	9,045	1,583	0
20	6 Air cleaners/purifiers Alen Corp	12/17/2021	2,265	434	0
21	20 Air Cleaners/purifiers Alen Corp	11/18/2021	7,550	1,321	0
22	HP Server ML350P/G8 6Core 043015	4/01/2020	10,069	0	0
23	HP Server ML350P/G8 6CORE set up 043015	4/01/2020	6,172	0	0
24	Toshiba C55-B5297 Laptop Intel Core i3-32174	4/01/2015	588	0	0
25	Osnium statistics database software and imple	10/01/2020	5,899	0	0
26	3 Laptops DELL Latitude 3550	3/01/2020	1,617	0	0
27	2 Laptops DELL Latitude 3570	4/01/2017	1,078	0	0
28	New website ImpressM design and build	5/19/2017	5,780	0	0
29	FJC equip 1 laptops 3 desktops HP	9/25/2017	4,775	0	0
30	css 4 dELL LATITUDE 3570 INTERNS	9/07/2017	2,086	0	0
31	2 laptops Dell Inspiron 15 5000 series	2/02/2018	1,879	0	0
32	2 laptops Dell latitude 5590	4/26/2018	3,697	0	0
33	2 laptops Dell Latitude 3590 AAA Computer	4/30/2018	1,852	0	0
34	4 laptops Dell Latitude 3590 AAA Computer	5/16/2018	3,703	0	0
35	1 Sonic wall TZ Wireless	5/15/2018	1,000	0	0
36	2 laptops Dell Latitude 3590 AAA Computer FJC	10/30/2018	1,759	0	0
37	Matthijssen 6 desktops M710E 2 laptops E590	12/03/2019	8,054	0	0
38	Matthijssen 5 desktops M720S 6 Laptops E590	12/31/2019	13,750	0	0
39	AAA Computers 7 Laptops Couns, shelter & DV	9/22/2020	6,125	0	0
40	AAA Computers 5 Laptops Lenove i5 FJC	12/23/2020	3,960	0	0
41	2 Lenovo i5 Windows Pro	10/05/2021	1,980	297	0
42	2007 Toyota Siena	6/01/2020	24,995	0	0
43	2009 Toyota Sienna LE	12/01/2008	25,661	0	0
44	2009 Nissan Quest donated/transfered PR	7/01/2012	13,761	0	0
45	3 metal bunk beds and 36 matresses	12/01/2008	6,953	0	0
46	10 metal bunk beds 1 twin matress	12/01/2008	7,711	0	0
47	1 sleep sofa	12/01/2008	846	0	0
48	Desk, Chairs, file Cabinets	12/01/2008	10,596	0	0
49	Dinning room tbale and chairs	12/01/2009	1,599	0	0

12662 YWCA of Eastern Union County, Inc.
22-1487399 **Future Depreciation Report FYE: 12/31/2026**
FYE: 12/31/2025 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
50	Target 3 couches 3 toddler beds, matress	12/19/2011	916	0	0
51	Metal furniture 12 bunk beds TAF	9/01/2012	11,917	0	0
52	1 Madison Sofa Butler Woodcrafters for Shelte	1/09/2017	1,231	0	0
53	1 Desk black/walnut CM National Business Furn	4/11/2018	717	0	0
54	Conference table and 6 chairs ED National Bus	4/25/2018	1,722	0	0
55	10' conference table CSS National Business Fu	4/30/2018	658	94	0
56	1 Playhouse for playground Designed for Fun	5/16/2018	5,000	0	0
57	2 desks black shelter	5/18/2018	1,322	0	0
58	2 ashley Sofas an chairs Butlerwoodscrafters	5/25/2018	4,643	0	0
59	4 Guests chairs vinyl Shelter	6/28/2018	1,468	0	0
60	2 Armless chairs Res. Director 1 end table	6/28/2018	982	0	0
61	Double pedestal desk National Business Fur	8/15/2018	568	0	0
62	Atlas Furniture pre-configured partitions	12/21/2020	12,740	1,820	0
63	Plexiglass	12/30/2020	7,534	1,077	0
64	Roselle Land	1/01/2019	80,800	0	0
65	Roselle Bldg	4/01/2007	506,036	16,868	0
66	Construction renov Roselle Property Adv Const	6/01/2007	46,200	1,540	0
67	Rekey exterior locks Roselle property	6/01/2007	160	5	0
68	Tax maps envoromental review Roselle property	6/01/2007	56	2	0
69	Inspection fees Roselle property home insp	6/01/2007	1,425	48	0
70	Const permit Roselle project Money order	6/01/2007	11	0	0
71	Preliminary design Roselle project	6/01/2007	805	27	0
72	Schematic design Roselle project	6/01/2007	10,000	333	0
73	Mortgage recording fee Roselle project reimb	6/01/2007	60	2	0
74	Survey Roselle project	6/01/2007	450	15	0
75	Solar System applicant fee Roselle project	6/01/2007	50	2	0
76	Roselle Renovations 5% Downpayment	6/01/2007	5,900	196	0
77	Roselle Renovations 45% constract renovation	6/01/2008	53,100	1,770	0
78	Melo Contractor Roselle Renovations SFH	11/01/2010	90,750	3,025	0
79	Borough of Roselle permit fee renovations	3/15/2010	3,196	106	0
80	Melo Contractor Roselle Renovations 2nd floor	9/15/2010	6,680	223	0
81	Roof replacement	5/01/2012	17,180	573	0
82	Replace gutters, repair sunroom, kitchen ceil	4/08/2013	21,500	717	0
83	Replace 2 Chimneys	8/01/2015	4,000	133	0
84	Melo Contractor fire sprinkler, alarm upgrade	11/20/2019	71,315	2,377	0
85	M&M Elect sensor horn/strobe & fire bell	6/03/2020	1,433	47	0
86	Buildg. Upgrade Serpico Architect drawings	3/23/2020	1,530	51	0
87	New bldg. expenses 2022 12/31/22	12/31/2024	1,126,015	37,534	0
88	Assoc. Fire Alarm system for new bldg.	5/24/2022	25,000	5,000	0
89	Maffeys security system for new bldg.	6/20/2022	145,135	29,027	0
90	NJ Rest. Equipment kitchen appl.	6/24/2022	64,614	12,923	0
91	ECHELON HVAC system	12/20/2022	70,200	14,040	0
92	1 laptop Lenovo	1/20/2022	985	197	0
93	HP Prolian Server Matthjssen	8/31/2022	28,178	5,636	0
94	17 laptops Lenovo AAA Computer	8/31/2022	21,290	4,258	0
95	Fundraising 50 Software SAGE INSTALLED 20	12/22/2022	10,075	2,015	0
96	Atlas Furniture for new bldg.	6/16/2022	179,114	25,587	0
97	Butler Woodcraft furniture for new bldg	8/31/2022	41,281	5,897	0
98	Legal Fees	4/01/2007	1,000	33	0
111	Installation of a pole for service	12/31/2024	2,500	500	0
112	Phone Equipment	7/22/2024	7,458	1,491	0
	Total Other Depreciation		4,475,389	225,584	0
	Total ACRS and Other Depreciation		4,475,389	225,584	0
	Grand Totals		9,346,637	746,644	0

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

For calendar year 2025, or tax year beginning , and ending

2025

Name

YWCA OF EASTERN UNION COUNTY, INC.

Employer Identification Number

22-1487399

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		RAFFLE (event type)	(event type)	(event type)	
Revenue	1 Gross receipts	16,805			16,805
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	16,805			16,805
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	4,178			4,178

Form **8050**
(Rev. December 2025)
Department of the Treasury
Internal Revenue Service

Direct Deposit of Tax Exempt or Government Entity Tax Refund

Attach to Form 990-PF, 990-T, 1120-POL, or 4720.

Go to *www.irs.gov/Form8050* **for the latest information.**

OMB No. 1545-0047

Name of filer (as shown on tax return)
YWCA OF EASTERN UNION COUNTY, INC.

EIN or **SSN**
22-1487399

Phone number (optional)
905-355-1995

1. **Routing number (must be nine digits).** The first two digits must be between 01 and 12 or 21 through 32.
226071457

2. **Account number (include hyphens but omit spaces and special symbols):**
508005402

3. **Type of account (one box must be checked):**
[X] Checking [ ] Savings

Form **990**

Two Year Comparison Report

For calendar year 2025, or tax year beginning , ending

2024 & 2025

Name

YWCA OF EASTERN UNION COUNTY, INC.

Taxpayer Identification Number

22-1487399

			2024	2025	Differences
Revenue	1. Contributions, gifts, grants	1.	473,522	531,817	58,295
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	3,947,740	3,252,546	-695,194
	4. Program service revenue	4.	121,965	46,755	-75,210
	5. Investment income	5.	20,869	11,263	-9,606
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	69,698	70,001	303
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	304,003	5,317	-298,686
	12. **Total revenue.** Add lines 1 through 11	12.	4,937,797	3,917,699	-1,020,098
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.		150,000	150,000
	16. Salaries, other compensation, and employee benefits	16.	2,426,398	2,146,023	-280,375
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	597,507	437,437	-160,070
	19. Occupancy, rent, utilities, and maintenance	19.	160,331	179,956	19,625
	20. Depreciation and Depletion	20.	74,154	202,100	127,946
	21. Other expenses	21.	324,979	617,974	292,995
	22. **Total expenses.** Add lines 13 through 21	22.	3,583,369	3,733,490	150,121
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	1,354,428	184,209	-1,170,219
Other Information	24. Total exempt revenue	24.	4,937,797	3,917,699	-1,020,098
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	446,837	63,335	-383,502
	27. Total assets	27.	9,678,314	9,646,822	-31,492
	28. Total liabilities	28.	1,013,520	791,812	-221,708
	29. Retained earnings	29.	8,664,794	8,855,010	190,216
	30. Number of voting members of governing body	30.	10	17	
	31. Number of independent voting members of governing body	31.	10	17	
	32. Number of employees	32.	66	58	
	33. Number of volunteers	33.	40	30	

Form **990**

Tax Return History

2025

Name

YWCA OF EASTERN UNION COUNTY, INC.

Employer Identification Number

22-1487399

	2021	2022	2023	2024	2025	2026
Contributions, gifts, grants		4,603,915	4,371,670	4,421,262	3,784,363	
Membership dues						
Program service revenue		100,951	2,610	121,965	46,755	
Capital gain or loss		267	37,245			
Investment income		9,415	16,440	20,869	11,263	
Fundraising revenue (income/loss)		-51,033	1,474	69,698	70,001	
Gaming revenue (income/loss)						
Other revenue		142,153	16,718	304,003	5,317	
Total revenue		4,805,668	4,446,157	4,937,797	3,917,699	
Grants and similar amounts paid		33,150				
Benefits paid to or for members						
Compensation of officers, etc.		40,983			150,000	
Other compensation		2,193,806	2,426,566	2,426,398	2,146,023	
Professional fees		160,242	369,017	597,507	437,437	
Occupancy costs		255,309	231,567	160,331	179,956	
Depreciation and depletion		65,496	89,081	74,154	202,100	
Other expenses		570,472	647,142	324,979	617,974	
Total expenses		3,319,458	3,763,373	3,583,369	3,733,490	
Excess or (Deficit)		1,486,210	682,784	1,354,428	184,209	
Total exempt revenue		4,805,668	4,446,157	4,937,797	3,917,699	
Total unrelated revenue						
Total excludable revenue		252,786	73,013	446,837	63,335	
Total Assets		7,095,755	8,577,623	9,678,314	9,646,822	
Total Liabilities		471,542	1,270,624	1,013,520	791,812	
Net Fund Balances		6,624,213	7,306,999	8,664,794	8,855,010	