Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2020, or fiscal year beginning	JUL 1	, 2020, and ending	JUN 30	, 20 21

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number

ARIZONA YWCA METROPOLITAN PHOENIX		86-0098936
Name and title of officer or person subject to tax		
DEBRA S. ESPARZA		
CEO		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applic check the box on line 1a , 2a , 3a , 4a , 5a , 6a , or 7a below, and the amount on that line for the blank, then leave line 1b , 2b , 3b , 4b , 5b , 6b , or 7b , whichever is applicable, blank (do not en return, then enter -0- on the applicable line below. Do not complete more than one line in Pa	e return being filed with ter -0-). But, if you enter	this form was
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column	(A), line 12)	1b 2,627,610.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check here b Tax based on investment income (Form 990		
5a Form 8868 check here b Balance due (Form 8868, line 3c)		
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)		
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)		7b
Part II Declaration and Signature Authorization of Officer or Pers		
Under penalties of perjury, I declare that X I am an officer of the above organization or	·	·
(name of organization), of the 2020 electronic return and accompanying schedules and statements, and, to the best		
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution software for payment of the federal taxes owed on this return, and the financial institution to a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than (settlement) date. I also authorize the financial institutions involved in the processing of the confidential information necessary to answer inquiries and resolve issues related to the paymidentification number (PIN) as my signature for the electronic return and, if applicable, the confidence one box only	debit the entry to this a 2 business days prior to electronic payment of tax nent. I have selected a p	ccount. To revoke o the payment xes to receive personal
X authorize CLIFTONLARSONALLEN LLP	1	
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated a state agency(ies) regulating charities as part of the IRS Fed/State program, I also PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter relectronically filed return. If I have indicated within this return that a copy of the reregulating charities as part of the IRS Fed/State program, I will enter my PIN on the	o authorize the aforemer my PIN as my signature turn is being filed with a	on the tax year 2020 state agency(ies)
Signature of officer or person subject to tax		Date ►
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	86889155902	\neg
number (EFIN) followed by your five-digit self-selected PIN.	Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronic that I am submitting this return in accordance with the requirements of Pub. 4163 , Moderni IRS <i>e-file</i> Providers for Business Returns.	cally filed return indicate	
ERO's signature ▶ MELISSA HANGSLEBEN	Date ▶ 05/12	2/22
ERO Must Retain This Form - See In		
Do Not Submit This Form to the IRS Unless F		So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 86-0098936 ARIZONA YWCA METROPOLITAN PHOENIX File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 8561 N 61ST AVENUE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLENDALE, AZ 85302 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 Return **Application Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 DEBRA ESPARZA The books are in the care of > 8561 N 61ST AVENUE - GLENDALE, AZ 85302 Telephone No. ▶ 602-258-0990 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 16, 2022 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2021 ▶ X tax year beginning JUL 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

023841 04-01-20

instructions

LHA

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	ror u	e 2020 calendar year, or tax year beginning	JL 1, 2020 and	enaing J	UN 30, 2021	
В	Check if applicat	C Name of organization			D Employer ident	tification number
	Addr chan					
	Name chan	Doing business as YWCA METROPOLITA	N PHOENIX		86-009893	36
F	Initia returi	Number and street (or P.O. box if mail is not de	E Telephone num	ber		
	Final	8561 N 61ST AVENUE	602-258-09			
	termi ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	2,643,688.
	Amer returi	GLENDALE, AZ 0550Z			H(a) Is this a group	return
	Appli tion	F Name and address of principal officer: ΔΕΔΙΛ	A S. ESPARZA		for subordinat	tes? Yes X No
	pend	SAME AS C ABOVE			H(b) Are all subordinate	es included? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) (or 527	If "No," attach	a list. See instructions
J	Webs	te: WWW.YWCAAZ.ORG			H(c) Group exemp	tion number
K	Form c	f organization: X Corporation Trust As	ssociation Other >	L Year	of formation: 1958	M State of legal domicile: AZ
	art I	Summary				
	1	Briefly describe the organization's mission or most	significant activities: THE AR	IZONA YWO	CA METROPOLITAN	
Activities & Governance		PHOENIX IS DEDICATED TO ELIMINATING R	ACISM, EMPOWERING WOMEN	, AND		
rna	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net	assets.
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3 12
Ö	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4 12
Se	5	Total number of individuals employed in calendar y	rear 2020 (Part V, line 2a)			5 43
Z <u>i</u>	6	Total number of volunteers (estimate if necessary)				6 133
Ç	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a 0.
_	<u> </u> p	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····		<u>o.</u>
					Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			1,669,698	
Revenue	9	Program service revenue (Part VIII, line 2g)			37,284	
ě	10	Investment income (Part VIII, column (A), lines 3, 4			34,408	
1	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c		55,140		
	12	Total revenue - add lines 8 through 11 (must equal		1,796,530	2,627,610.	
	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	s), line 4)			0.
S	15	Salaries, other compensation, employee benefits (I		916,528		
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)		(0.
X	b	Total fundraising expenses (Part IX, column (D), lin	·			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d			736,823	
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		1,653,351	
	19	Revenue less expenses. Subtract line 18 from line	12		143,179	858,094.
Net Assets or				Ве	ginning of Current Yea	
sets	ਬੂ 20	Total assets (Part X, line 16)			3,078,147	
t As	21	Total liabilities (Part X, line 26)			308,356	
		Net assets or fund balances. Subtract line 21 from	line 20		2,769,791	4,066,029.
	art II	Signature Block				
		alties of perjury, I declare that I have examined this return,				my knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than office	er) is based on all information of wr	iich preparer	nas any knowledge.	
٠.		Signature of officer			I Date	
Sig		'			Date	
He	re	DEBRA S. ESPARZA, CEO Type or print name and title				
		,	Dropovorio ciaratura	П	Date Check	PTIN
Da:	4	Print/Type preparer's name MELISSA HANGSLEBEN	Preparer's signature MELISSA HANGSLEBEN		F /10 /00	
Pai			μ			
	parer		TE 2300		Firm's EIN	## U/#U/#J
USE	Only	Firm's address > 20 EAST THOMAS ROAD, SUI PHOENIX, AZ 85012	II 2500		Dhana na /	602) 266-2248
N 4 -	ا - حالج ر	•	us0 Coo instructions		I Prione no. (
ıvla	y the I	RS discuss this return with the preparer shown abo	ve : See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE ARIZONA YWCA METROPOLITAN PHOENIX IS DEDICATED TO ELIMINATING	
	RACISM, EMPOWERING WOMEN, AND PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL.	
	DIGNIII FOR ALL,	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	tal expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	14,943.
	SENIOR PROGRAM PROVIDES NUTRITIOUS MEALS, SAFETY-CHECKS, SOCIAL	
	ACTIVITIES, COMPANIONSHIP, AND TRANSPORTATION TO LOW-INCOME SENIOR	
	CITIZENS AND DISABLED ADULTS ALLOWING THEM TO AGE IN PLACE WITH	
	DIGNITY.	
	HOME DELIVERED MEALS:	
	YWCA METROPOLITAN PHOENIX IS THE ONLY MEALS ON WHEELS PROGRAM THAT	
	SERVES GLENDALE, ARIZONA. BY DELIVERING A NUTRITIOUS MEAL, FRIENDLY	
	VISIT, AND SAFETY CHECK DAILY, THE SENIOR PROGRAM COMBATS THREE OF	
	AGING'S MOST HARMFUL THREATS: INADEQUATE NUTRITION, ISOLATION, AND	
	DECLINING QUALITY OF LIFE.	
4b	(Code:) (Expenses \$ 231,578. including grants of \$ 0.) (Revenue \$	<u> </u>
	PROSPERITY PROGRAM EMPOWERS WOMEN TO TAKE CONTROL OF THEIR FINANCIAL	
	INDEPENDENCE BY OFFERING WORKSHOPS WITH PRACTICAL, HANDS-ON TOOLS COUPLED WITH INDIVIDUALIZED FINANCIAL COACHING. THE CURRICULUM INCLUDES	
	BUDGETING, BUILDING CREDIT, BANKING RELATIONSHIPS, SAVINGS, AND OTHER	
	FINANCIAL TOOLS. THE PROGRAM IS TAUGHT BY STAFF AND VOLUNTEER FINANCIAL	
	PROFESSIONALS. FINANCIAL COACHES ON STAFF AT YWCA WORK WITH	
	PARTICIPANTS FOR ONGOING SUPPORT AND GUIDANCE. IN ADDITION TO	
	INTRODUCTORY COURSES, YWCA ALSO CONDUCTS ADVANCED COURSES ON	
	HOMEOWNERSHIP, INSURANCE, AND WAGE NEGOTIATION.	
	DUE TO COVID-19, YWCA OFFERS REMOTE LEARNING CLASSES FOR NON-PROFIT	
	PARTNERS CLIENTS AND TO THE PUBLIC.	0.)
4c	(Code:) (Expenses \$174,942. including grants of \$0. (Revenue \$	0.
	PROVIDING LEARNING SESSIONS, EVENTS, AND WORKSHOPS TO HELP INDIVIDUALS,	
	GROUPS, AND ORGANIZATIONS. YWCA PROVIDES A SAFE SPACE TO RAISE	
	AWARENESS AND CONVENE CONVERSATIONS ON ISSUES OF RACIAL JUSTICE AND	
	GENDER EQUALITY FOR ANYONE, NO MATTER WHERE THEY ARE IN THEIR SOCIAL	
	JUSTICE JOURNEY, TO LEARN TOGETHER.	
	YWCA FACILITATED 10 VIRTUAL ACTIVITIES WITH MORE THAN 800 PARTICIPANTS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,332,805.	
		Form 990 (2020)

SEE SCHEDULE O FOR CONTINUATION(S)

16070512 131839 038-003873

86-0098936

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 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	_ <u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
ıza	, ,	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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
	5			

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Form **990** (2020)

86-0098936

Part IV	Checklist of Required Schedules	(continued)
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	· (continuos)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	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			ı
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
	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			ı
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	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			ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			17
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash 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			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ı
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			ı
	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c	990	(0000)
032004	\$ 12-23-20	⊢orm	9 9 U ((2020)

	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	0098936		P	age 3
ı aı	Statements negarding other instrinings and tax compliance (continued)			V	
0-	Establishment of continue of continue of continue of the conti	П		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	43			
	filed for the calendar year ending with or within the year covered by this return 2a		Ol-	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Λ	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		3a		х
			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	·····-	SD		
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
h	of "Yes," enter the name of the foreign country		та		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	—			
5a			5a		х
b		····-	5b		х
	14 M 4 M 4 M 7 M 14 M 14 M 14 M 14 M 14	······	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic				
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	L	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	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? L	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	L	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g			7g		
h	3	8-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	, , , , , , , , , , , , , , , , , , , ,	·····	9a		
b 10	, , , , , , , , , , , , , , , , , , , ,		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12				
a b		-			
11	Section 501(c)(12) organizations. Enter:	-			
''	Once the confession of the control o				
b		$\neg \neg$			
_	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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				
С					
14a	, , , , , , , , , , , , , , , , , , , ,	L	14a		Х
b	, and the state of	L	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	·····-	16		Х
	If "Yes," complete Form 4720, Schedule O.		Fee	990	(0000)
			Form	330	(2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 12										
	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	10										
2											
	officer, director, trustee, or key employee?	2		х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15									
а	The governing body?	8a	Х								
a h	Each committee with authority to act on behalf of the governing body?	8b		Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD									
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No							
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120									
·		12c	х								
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written whistleblower policy? 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	14									
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
_	The organization's CEO, Executive Director, or top management official	15a	Х								
a		15b		Х							
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	IJD									
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
10a		16a		х							
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa									
b											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b									
Sec	exempt status with respect to such arrangements? tion C. Disclosure	IOD									
17 10	List the states with which a copy of this form cook is required to be med.	only	avoile	hlo.							
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	ority)	avallä	ыe							
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (- / -										
40	X Own website Another's website X Upon request Other (explain on Schedule O)	£:	ial								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	imano	ial								
00	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										
	DEBRA ESPARZA - 602-258-0990 8561 N 61ST AVENUE, GLENDALE, AZ 85302										
	8561 N 61ST AVENUE, GLENDALE, AZ 85302										

Form **990** (2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A) Name and title	(B) Average		not c	Pos heck	more	than o		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related	offi	cer an			s both r/trus	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization
	organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	,		and related organizations
(1) DEBRA S. ESPARZA	40.00			x				00 170	0.	F F17
CEO (2) PAULA HILL	3.00			Α.				98,179.	0.	5,517.
CHAIR	3.00	x		Х				0.	0.	0.
(3) LAURA SCHIESL VEGA	3.00	21						· · ·	· ·	•
BOARD CHAIR ELECT (THRU 12/21)		х		х				0.	0.	0.
(4) CAROLINE VANINGEN DUNN	3.00								- •	
TREASURER		х		х				0.	0.	0.
(5) ROXANNE WINGATE	1.00									
SECRETARY		х		х				0.	0.	0.
(6) CAROL ACKERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DIANA GREGORY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LONNI LATTIE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JOYCE MEDINA HARPER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) TINA BROWN	1.00	1								
DIRECTOR		Х						0.	0.	0.
(11) TARA NKRUMAH	1.00									
DIRECTOR		Х				_		0.	0.	0.
(12) MARIA HARPER-MARINICK	1.00									
DIRECTOR (12) GODDING	1 00	Х						0.	0.	0.
(13) GISELLE LEYVA-CORELLA DIRECTOR	1.00	х						0.	0.	0.
(14) LISA SAMPSELL	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
DIALETON .		- 21						· · ·	•••	<u> </u>
										Form 990 (2020)

Form **990** (2020)

Form 990 (2020) ARIZONA YWCA	METROPOLIT	AN	PHO	ENI:	X				86-00	9893	6	Page 8
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 line)	box	not c , unle	ss per	ition more rson is irecto	Highest compensated than complement complement complement complement compensated that the complement compensated that the complement compensated that the complement	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	3	Estir amo ot compe fror organ and r	mated unt of her ensation n the ization elated zations
	ilite)	lnc	lus	#0	Key	Hig	요					
1b Subtotal								98,179.		0.		5,517.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								98,179.		0.		5,517.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable			
compensation from the organization											Tv	es No
3 Did the organization list any former officer,	director, trusto	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on			65 140
line 1a? If "Yes," complete Schedule J for s											3	Х
4 For any individual listed on line 1a, is the su											4	x
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	
rendered to the organization? If "Yes," com											5	Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mnensated inc	lene	nde	nt cc	ntrs	actor	re th	nat received more than \$	100 000 of comp	ensat	ion from	
the organization. Report compensation for	•	-							•			
(A) Name and business	address	MO	ATT:					(B) Description of s	ervices	_	(C) ompens	ation
TVAITE AID DUSITIESS	addiess	NO	NE					Description of s	ei vices		ompens	ation
							\perp					
							\dashv					
 Total number of independent contractors (ii \$100,000 of compensation from the organization 	•	ot lin	nited	d to t		se lis [.] O	ted	above) who received mo	ore than			
φτου,σου οι compensation from the organiz	zaliUi1					-					Form 99	90 (2020)

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Form 990 (2020) ARIZONA YWO
Part VIII Statement of Revenue

			Check if Schedule O contain	ne a reenonce i	or note to any lin	a in this Part VIII			
			Officer if Schedule O contain	is a response	or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1 1					Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns						
iz our			Membership dues						
S, C		С	Fundraising events	1c	88,531.				
ij k		d	Related organizations	1d					
s, C		е	Government grants (contribution	ns) 1e	892,276.				
Sign		f	All other contributions, gifts, grants,	, and					
he			similar amounts not included above	l I	1,564,367.				
들던		а	Noncash contributions included in lines 1a-		4,500.				
Š		_	Total. Add lines 1a-1f	•		2,545,174.			
<u> </u>		<u></u>	Total / Nad III los Ta Ti		Business Code	, , , -			
_	^	а	PROGRAM FEES		624200	14,943.	14,943.		
ice	_	_	TROOMER TEED		024200	11,515.	11,515.		
er ne		b							
n S		С							
Ja Se		d							
Program Service Revenue		е							
Δ.			All other program service revenue						
		g	Total. Add lines 2a-2f			14,943.			
	3		Investment income (including di						
			other similar amounts)			44,672.			44,672.
	4		Income from investment of tax-e	exempt bond p	roceeds				
	5		Royalties)				
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	•	u	assets other than inventory 7a	815.	37,441.				
		h	Less: cost or other basis		, , , , , , ,				
ø		D		0.	0.				
Ď			and sales expenses 7b	815.	37,441.				
Revenue			Gain or (loss) 7c			38,256.			38,256.
Ä			Net gain or (loss)		–	30,230.			38,230.
ther	8	а	Gross income from fundraising ever						
ŏ				31. of					
			contributions reported on line 1	·					
			Part IV, line 18		643.				
		b	Less: direct expenses	8b	16,078.				
			Net income or (loss) from fundra		<u></u>	-15,435.			-15,435.
	9	а	Gross income from gaming activ	vities. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gamin	g activities					
	10	а	Gross sales of inventory, less re	turns					
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales						
			, , , , , , , , , , , , , , , , , , ,	, ,	Business Code				
sno	11	а							
Miscellaneous Revenue	•	b							
∭a Ver		C		·					
See			All other revenue						
Ξ			All other revenue						
		e	Total Add lines 11a-11d			2 627 610	14,943.	0	67 402
	12		Total revenue. See instructions		<u></u>	2,627,610.	14,945.	0.	67,493.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must c	complete column (A).
---	----------------------

_	Check if Schedule O contains a respons	(A)	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	112,017.	56,009.	28,004.	28,004
_	trustees, and key employees	112,017.	30,005.	20,004.	20,00
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	819,088.	660,829.	49,095.	109,164
7	Other salaries and wages	819,088.	000,029.	49,095.	109,104
8	Pension plan accruals and contributions (include	5 722	4 224	677	721
_	section 401(k) and 403(b) employer contributions)	5,722. 76,143.	4,324. 58,945.	8,282.	721 8,916
9	Other employee benefits		· · ·		
0	Payroll taxes	71,673.	53,861.	7,813.	9,999
1	Fees for services (nonemployees):				
a	Management				
b	Legal	44.606		44.606	
С	Accounting	44,696.		44,696.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,879.		20,879.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	55,260.	43,334.		11,926
12	Advertising and promotion	16,621.	12,665.	431.	3,525
13	Office expenses	60,320.	42,395.	15,400.	2,525
14	Information technology	5,250.		5,250.	
15	Royalties				
16	Occupancy	79,262.	56,317.	18,527.	4,418
7	Travel	12,392.	11,795.	525.	72
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,438.	15,438.		
23	Insurance	20,363.	10,369.	9,994.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOOD	268,254.	268,254.		
b	EQUIPMENT REPAIRS	39,455.	31,491.	7,285.	679
С	OTHER EXPENSES	29,307.	3,977.	14,041.	11,289
d	NATIONAL SUPPORT	10,074.	-	10,074.	
е	All other expenses	7,302.	2,802.	·	4,500
25	Total functional expenses. Add lines 1 through 24e	1,769,516.	1,332,805.	240,973.	195,738
:6	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)				

Form **990** (2020)

Form 990 (2020) Part X Balance Sheet

rai	τX	Balance Sneet					
		Check if Schedule O contains a response or	note to any l	ine in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			182,221.	1	1,268,115
	2	Savings and temporary cash investments	431,935.	2	582,363		
	3	Pledges and grants receivable, net			542,171.	3	80,256
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	•			5	
	6	Loans and other receivables from other disqu		,			
		under section 4958(f)(1)), and persons descri		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		6	
įts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9				8,319.	9	6,12
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		853,411.			
		Less: accumulated depreciation		710,952.	81,135.	10c	142,45
	11	Investments - publicly traded securities			1,809,168.	11	2,245,02
	12	Investments - other securities. See Part IV, lin			23,198.	12	27,08
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 33)			3,078,147.	16	4,351,41
	17	Accounts payable and accrued expenses		90,251.	17	92,53	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
=		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t			44.405	22	44.40
_	23	Secured mortgages and notes payable to un		· · · · · · · · · -	44,105.	23	44,10
	24	Unsecured notes and loans payable to unrela			174,000.	24	148,75
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-24). (Complete Part X			
		of Schedule D			200 256	25	005 304
	26				308,356.	26	285,389
S		Organizations that follow FASB ASC 958,	check here				
ce		and complete lines 27, 28, 32, and 33.			2 022 471		2 (22 (77
alar	27				2,023,471.	27	3,633,673
Ř	28	Net assets with donor restrictions			746,320.	28	432,358
ŭ		Organizations that do not follow FASB AS	C 958, checl	k here L			
F T		and complete lines 29 through 33.					
13	29	Capital stock or trust principal, or current fur				29	
sse	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			0 700 701	31	
Š	32	Total net assets or fund balances			2,769,791.	32	4,066,029
	33	Total liabilities and net assets/fund balances			3,078,147.	33	4 , 351 , 418 Form 990 (202

Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

X

2b

2c

За

3b

consolidated basis, or both: X Separate basis

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

ARIZONA YWCA METROPOLITAN PHOENIX

Employer identification number 86-0098936

Pa	rt I	Reason for Public C	Charity Status. (All organizations must o	omplete th	nis part.) S	ee instructions.		
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck 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 or 990-EZ).)							
3	一	A hospital or a cooperative		•			i).		
4	Ħ	A medical research organiza						the hospital's name	
•		city, and state:	anon operated in co.	, a o a o a a a a a a a a a a a a a a	4000,11004	55546		and modernal o maine,	
5		An organization operated for	or the benefit of a col	lege or university owner	l or operati	ed by a go	vernmental unit describe	ad in	
5	ш			lege of diliversity owner	or operati	ed by a go	verninental unit describe	5 u III	
_		section 170(b)(1)(A)(iv). (C	•			0/1 \/ 4\/ 4\/			
6	T T	A federal, state, or local gov	-				· ·		
7	Х	An organization that normal	•	ntial part of its support fi	rom a gove	ernmental i	unit or from the general i	public described in	
		section 170(b)(1)(A)(vi). (Co							
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city,	and state of the college	e or	
		university:							
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	s, membership fees, and	d gross receipts from	
		activities related to its exem	npt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).		
12		An organization organized a						purposes of one or	
		more publicly supported org	ganizations described	d in section 509(a)(1) d	r section !	509(a)(2).	See section 509(a)(3). (Check the box in	
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	olete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supr	orted orga	anization(s), typically by	giving	
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_			
		organization. You must c	· · · · · ·						
b		Type II. A supporting orga			ion with its	s sunnorte	d organization(s), by hav	vina.	
~		control or management of						-	
		organization(s). You mus			arric perso	iis triat coi	itioi oi manage trie supp	Jortod	
_		Type III functionally inte			in connect	ion with a	nd functionally intograte	od with	
·		its supported organization						eu wiiii,	
4		Type III non-functionally						zation(a)	
d									
		that is not functionally into	-		-			veriess	
_		requirement (see instructi	·						
е		Check this box if the orga					туре і, туре іі, туре ііі		
	Ente	functionally integrated, or	* *	ially liftegrated supporti	ng organiz	alion.			
t		er the number of supported o vide the following information		d organization(a)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10	in your governi Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))					
rot:									

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,076,461.	1,169,457.	1,564,087.	1,187,110.	2,545,174.	8,542,289.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,076,461.	1,169,457.	1,564,087.	1,187,110.	2,545,174.	8,542,289.
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)						1,036,567.
6	Public support. Subtract line 5 from line 4.						7,505,722.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,076,461.	1,169,457.	1,564,087.	1,187,110.	2,545,174.	8,542,289.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	53,721.	42,402.	34,578.	31,089.	44,672.	206,462.
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						8,748,751.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	298,355.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I					14	85.79 %
15	Public support percentage from 2019					15	94.97 %
16a	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	· ·	vi how the organiza	ation
	meets the facts-and-circumstances te	· ·	•		•		
b	10% -facts-and-circumstances test	ū				•	0% or
	more, and if the organization meets the		•				
	organization meets the facts-and-circu				•		>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ľ	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on 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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage	·			
15	Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves						
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						. .
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization						

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
3a		
3b		
3с		
4 -		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
10a		
401-		
10b		Щ.

га	Gupporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	4.4		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	11.0		
			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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	71 11 5 5		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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	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		
Sec	tion 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).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	O.		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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 and 3b below.			
а				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	. aga a		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on	Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations mu		•			
Sect	Section A - Adjusted Net Income (A) Prior Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	tion 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				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	tion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Par	't V │ Type III Non-Functionally Integrated	509(a	ı)(3) Supporting Orga	anizations _{(contin}	ued)		
Section	ion D - Distributions			•	·	Current Year	
1	Amounts paid to supported organizations to accomplish	n exem	pt 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 pur	rposes	of supported organization	s	3		
4	Amounts paid to acquire exempt-use assets				4		
5	Qualified set-aside amounts (prior IRS approval required	l - prov	vide details in Part VI)		5		
	Other distributions (describe in Part VI). See instruction		,		6		
	Total annual distributions. Add lines 1 through 6.				7		
	Distributions to attentive supported organizations to whi	ich the	organization is responsive	;			
	(provide details in Part VI). See instructions.				8		
9	Distributable amount for 2020 from Section C, line 6				9		
	Line 8 amount divided by line 9 amount				10		
	,		(i)	(ii)		(iii)	
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason	n-					
	able cause required - explain in Part VI). See instruction	ıs.					
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
С	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7:						
a	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result grea	ater					
	than zero, explain in Part VI. See instructions.			I			
	Remaining underdistributions for 2020. Subtract lines 3	h					
	and 4b from line 1. For result greater than zero, explain a						
	Part VI. See instructions.	"'					
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:	\neg					
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
1 0.10 01	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	Dec manuellons.)
-	
-	
	_

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

SHIRLEY ANN TROTT TRUST DIANE AND BRUCE HALLE FOUNDATION NINA MASON PULLIAM CHARITABLE TRUST KEMPER AND ETHEL MARELY FOUNDATION	486,467. 600,000. 400,000. 250,000.	311,492. 425,025. 225,025. 75,025.
NINA MASON PULLIAM CHARITABLE TRUST	400,000.	225,025.
KEMPER AND ETHEL MARELY FOUNDATION	250,000.	75,025.
Total Excess Contributions to Schedule A, Part II, Line 5		1,036,567.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020

ARIZONA YWCA METROPOLITAN PHOENIX 86-0098936 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

ARIZONA YWCA METROPOLITAN PHOENIX

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Parti	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	AREA AGENCY ON AGING 1366 E. THOMAS RD, STE 108 PHOENIX, AZ 85014	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD, STE 405B PHOENIX, AZ 85016	\$\$88,500.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	CITY OF GLENDALE CDBG 5850 W GLENDALE AVE GLENDALE, AZ 85301	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	DIANE AND BRUCE HALLE FOUNDATION 20225 N SCOTTSDALE RD SCOTTSDALE, AZ 85255	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	INTEL CORPORATION 5200 NE ELAM YOUNG PARKWAY HILLSBORO, OR 97124	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	THUNDERBIRD CHARITIES 7226 N 16TH ST., STE 100	\$60,000.	Person X Payroll Noncash (Complete Part II for			

Name of organization

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ARIZONA YWCA METROPOLITAN PHOENIX

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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	U.S SMALL BUSINESS ADMINISTRATION 409 3RD ST., SW WASHINGTON, DC 20416	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4 FIDELITY INVESTMENTS CHARITABLE GIFT FUND 200 SEAPORT BLVD BOSTON, MA 02210	* \$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MARICOPA COUNTY 160 S. 4TH AVENUE PHOENIX, AZ 85003	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Name of organization

Employer identification number

ARIZONA YWCA METROPOLITAN PHOENIX

86-0098936

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					

Name of or	rganization			Employer identification number		
ARTZONA	YWCA METROPOLITAN PHOENIX			86-0098936		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line charitable, etc., contributions of \$1,000	entry For organizations	(10) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
		(e) Transfer of o	gift			
Transferee's name, address, and ZIP + 4		nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
		(e) Transfer of (gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship o	of transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of g		of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
		(e) Transfer of o	gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship o	of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ARIZONA YWCA METROPOLITAN PHOENIX

Employer identification number 86 - 0098936

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring
_			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion 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 qualif	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		1 1
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
4	year	nament is leasted	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Land volunteer modes devoted to morntoning, inspecting,	rialiting of violations, and officially cons	orvation casemonts daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
•	▶ \$		ion cacomonic daming and year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(r	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	•	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	ner 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 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance 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 treatments	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		*
-	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

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Par	t III Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, or	Other	Similar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make sig	nificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d	ι 🔲 L	oan or exc	hange progra	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	y further th	e organizatio	n's exem	pt purpose i	n Part I	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, his	torical treas	sures, or othe	r similar a	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	Yes" on F	orm 990, Pa	art IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	ontributions	s or other ass	ets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing ta	ble:							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ıstodial accou	ınt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete in	f the organization an						I			
		(a) Current year	(b) Pr	ior year	(c) Two year	s back (d) Three year	s back	(e) Four	years	<u>back</u>
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c shou	•									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administere	ed for the	organizatio	n	Г		
	by:									Yes	No_
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizar								3b		
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tu	nds.							
Fai	, , ,		D-4 N/		F 000	D-4V E	40				
	Complete if the organization answered							$\overline{}$	/ 1) D		
	Description of property	(a) Cost or o basis (investn	l II		or other (other)	. ,	cumulated reciation		(d) Bool	< value	э
1a	Land				23,322.					23,	322.
b	Buildings				650,905.		565,280	٠.		85,	625.
	Leasehold improvements										
d	Equipment				179,184.		145,672	2.		33,	512.
	Other							\perp			
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colum	n (B), line 10	Oc.))	<u> </u>		142,	459.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(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)		<u> </u>	
(B)		<u> </u>	
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Col. (h) must equal Form 000 Part V col. (R) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)	(-,	(0)	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	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)	4=1	_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 75.)	>	
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	on rollingso, raitiv, line	110 01 111. Occ 1 0111 030, 1 art X, iii 0 23.	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	
2 Liability for uncertain tax positions. In Part XIII. provide	,		at raparts tha

Schedule D (Form 990) 2020

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

86-0098936

	Complete if the organization answered "Yes" on Form 990, Part I	· · · · · · · · · · · · · · · · · · ·			2 222 171
1 Tota	al revenue, gains, and other support per audited financial statements			1	3,080,460.
	ounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	unrealized gains (losses) on investments		438,144.		
	ated services and use of facilities		35,585.		
c Reco	overies of prior year grants	2c			
d Othe	er (Describe in Part XIII.)	2d			
e Add	lines 2a through 2d			2e	473,729.
3 Sub	tract line 2e from line 1			3	2,606,731.
	ounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	stment expenses not included on Form 990, Part VIII, line 7b		20,879.		
b Othe	er (Describe in Part XIII.)	4b			
	lines 4a and 4b			4c	20,879.
5 Tota	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)		5	2,627,610.
Part XII	Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I		xpenses per F	teturn.	
1 Tota	al expenses and losses per audited financial statements			1	1,784,222.
	bunts included on line 1 but not on Form 990, Part IX, line 25:				_,,,,
	ated services and use of facilities	2a	35,585.		
			33,303.		
	r year adjustments				
	er losses er (Describe in Part XIII.)				
	,			2e	35,585.
	lines 2a through 2d			3	1,748,637.
	tract line 2e from line 1 counts included on Form 990, Part IX, line 25, but not on line 1:			3	2,,20,00,
	stment expenses not included on Form 990, Part VIII, line 7b	4a	20,879.		
	er (Describe in Part XIII.)		20,075.		
	19			4c	20,879.
	lines 4a and 4b al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. li			5	1,769,516.
Part XI	II Supplemental Information.	<u>ne 18.)</u>		<u> </u>	
	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			, rait A, iii	ie z, Fait XI,
PART X,	LINE 2:	de any additional informat	IOII.		
	LINE 2:		IOII.		
THE ORGA		PORATION AND HAS	IOII.		
THE ORGA	ANIZATION IS ORGANIZED AS AN ARIZONA NONPROFIT COR	PORATION AND HAS	IOII.		
THE ORGA	ANIZATION IS ORGANIZED AS AN ARIZONA NONPROFIT COR	PORATION AND HAS EXEMPT FROM REVENUE CODE AND	IOII.		
THE ORGA BEEN REC FEDERAL AS AN OF	ANIZATION IS ORGANIZED AS AN ARIZONA NONPROFIT CORP COGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS I	PORATION AND HAS EXEMPT FROM REVENUE CODE AND FIES FOR THE	IOII.		
THE ORGA BEEN REC FEDERAL AS AN OF	ANIZATION IS ORGANIZED AS AN ARIZONA NONPROFIT CORP COGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS I INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REGANIZATION DESCRIBED, IN SECTION 501(C)(3), QUALID BLE CONTRIBUTION DEDUCTION UNDER SECTIONS 170(B)(1	PORATION AND HAS EXEMPT FROM REVENUE CODE AND FIES FOR THE (A)(VI) AND			
THE ORGA BEEN REC FEDERAL AS AN OR CHARITAE	ANIZATION IS ORGANIZED AS AN ARIZONA NONPROFIT CORP COGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS I INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REGANIZATION DESCRIBED, IN SECTION 501(C)(3), QUALIT SLE CONTRIBUTION DEDUCTION UNDER SECTIONS 170(B)(1) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUND	PORATION AND HAS EXEMPT FROM REVENUE CODE AND FIES FOR THE (A)(VI) AND			
THE ORGA BEEN REC FEDERAL AS AN OR CHARITAE	ANIZATION IS ORGANIZED AS AN ARIZONA NONPROFIT CORP COGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS I INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REGANIZATION DESCRIBED, IN SECTION 501(C)(3), QUALID BLE CONTRIBUTION DEDUCTION UNDER SECTIONS 170(B)(1	PORATION AND HAS EXEMPT FROM REVENUE CODE AND FIES FOR THE (A)(VI) AND			
THE ORGA BEEN REC FEDERAL AS AN OR CHARITAE (VIII),	ANIZATION IS ORGANIZED AS AN ARIZONA NONPROFIT CORP COGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS I INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REGANIZATION DESCRIBED, IN SECTION 501(C)(3), QUALIT SLE CONTRIBUTION DEDUCTION UNDER SECTIONS 170(B)(1) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUND	PORATION AND HAS EXEMPT FROM REVENUE CODE AND FIES FOR THE (A)(VI) AND ATION UNDER			
THE ORGA BEEN REC FEDERAL AS AN OF CHARITAE (VIII), SECTIONS THE ORGA	ANIZATION IS ORGANIZED AS AN ARIZONA NONPROFIT CORPORDIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS I INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REPORT O	PORATION AND HAS EXEMPT FROM REVENUE CODE AND FIES FOR THE (A)(VI) AND ATION UNDER ORGANIZATION			
THE ORGA BEEN REC FEDERAL AS AN OF CHARITAE (VIII), SECTIONS THE ORGA EXEMPT F	ANIZATION IS ORGANIZED AS AN ARIZONA NONPROFIT CORPORDIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REPORT OF	PORATION AND HAS EXEMPT FROM REVENUE CODE AND FIES FOR THE (A)(VI) AND ATION UNDER ORGANIZATION ON, THE			

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name of the organization							ntification number
	CA METROPOLITAN PHOENIX					86-009893	
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais	ed funds through any of the followin	g activ	rities.	Check all that apply.			
a Mail solicitations	e Solicitat	tion of	non-g	overnment grants			
b Internet and email solicitations	f Solicitat	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	aising	events			
d In-person solicitations							
2 a Did the organization have a written of	r oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
key employees listed in Form 990, Pa						Yes	
b If "Yes," list the 10 highest paid indiv		ant to	agreei	ments under which th	ne fur	ndraiser is to be)
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration
					—		

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Schedule G (Form 990 or 990-EZ) 2020

Po	art i	of fundraising Events. Complete if the of fundraising event contributions and groups are supplied to the contributions and groups.				
		or rundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
			` '	(D) Everit #2		(d) Total events
			TRIBUTE TO LEGACY		NONE	(add col. (a) through
			LEADERSHIP	(4.1.	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	89,174.			89,174.
_		Less: Contributions	88,531.			88,531.
	3	Gross income (line 1 minus line 2)	643.			643.
	4	Cash prizes				
"	5	Noncash prizes				
benses	6	Rent/facility costs	9,000.			9,000.
Direct Expenses	7	Food and beverages				
	١.	Entartainment	4,375.			4,375.
	8	Entertainment Other direct consenses				2,703.
	9	Other direct expenses				16,078.
	10	3	. ,		>	-15,435.
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a			or reported more than	13,133.
		\$15,000 on Form 990-EZ, line 6a.	anowered res on rem	000, 1 41110, 1110 10	s, or reported more than	
		ψτο,ουσ στι στι συσ <u>12</u> ,ο σα.		(b) Pull tabs/insta	nt I	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bi		col. (a) through col. (c))
						17 5 17
Be	1	Gross revenue				
	Ė	Gross revende				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes	% Yes %	
	6	Volunteer labor	Yes % No	No No	_ % Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_	_					
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
10-	10/0	ere any of the organization's gaming licenses re	woked suspended or to	rminated during the	tay year?	Yes No
		Yes, explain:			tan your:	103110
) decents				
		1_25_20			Sahadula C (Fa	ırm 990 or 990-F 7) 2020

Schedule G (Form 990 or 990-EZ) 2020 ARIZONA YWCA METROPOLITAN PHOENIX	86-0098	8936	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	1	3а	%
b An outside facility		3b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books		•	
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	enue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a of gaming revenue retained by the third party ▶ \$	nd the amount		
c If "Yes," enter name and address of the third party:			
Name ▶			
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
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	s or spent in the		
organization's own exempt activities during the tax year > \$	y or opone in the		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v) and Part III	lines 9	9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(iii) and (v), and rare iii	, 11100 0, 1	55, 105,

Schedule G (Form 990 or 990-EZ) ARIZONA YWCA METROPOLITAN PHOENIX	86-0098936	Page 4
Schedule G (Form 990 or 990-EZ) ARIZONA YWCA METROPOLITAN PHOENIX Part IV Supplemental Information (continued)		
(continued)		

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

ARIZONA YWCA METROPOLITAN PHOENIX

Employer identification number 86-0098936

TAKIBONI IWEN MBIKOTOBITAN INGBATA	00 0030330
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
CONGREGATE MEALS:	
AT COMMUNITY CENTERS THROUGHOUT GLENDALE, SENIORS BENEFIT FROM	
NUTRITIOUS MEALS, SOCIAL ACTIVITIES, AND COMPANIONSHIP. THE SENIOR	
CENTERS PROVIDE LIFE-ENRICHING OUTREACH TO THE GROWING POPULATION OF	
LOW-INCOME ELDERLY. THE SERVICE SITES ARE GLENDALE COMMUNITY CENTER,	
GLENDALE ADULT CENTER, JAPANESE AMERICAN CITIZEN'S LEAGUE, AND YWCA'S	
SENIOR CENTER.	
DUE TO COVID-19, YWCA DISCONTINUED THE CONGREGATE MEAL PROGRAM AND	
SWITCHED TO A CURB-SIDE PICKUP MODEL.	
MORE THAN 122,877 MEALS WERE DISTRIBUTED WHICH IS UP 16% FROM THE	
PREVIOUS LAST YEAR.	
	_
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	_
YWCA SERVED MORE THAN 700 WOMEN THROUGH COLLABORATIVE PARTNERSHIPS	
(LARGELY DOMESTIC VIOLENCE, HOMELESS SHELTERS, AND WOMEN CENTERED	_
ORGANIZATIONS) FACILITATING 184 WORKSHOPS.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT HAVE A COMMITTEE THAT HAS AUTHORITY TO ACT ON	

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Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization ARIZONA YWCA METROPOLITAN PHOENIX	Employer identification number 86-0098936
BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED	
ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT IS AVAILABLE, IT IS	
REVIEWED BY MANAGEMENT AND ANY CHANGES INCORPORATED INTO THE FILING. ONCE	
THIS DETAILED REVIEW IS COMPLETE, THE DRAFT OF THE FORM 990 IS PRESENTED TO	
THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING WITH	
THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO REVIEW CONFLICTS ON AN	
ANNUAL BASIS AND SIGN A WRITTEN CONFLICT OF INTEREST FORM. DURING THE	
NORMAL COURSE OF BUSINESS, VENDORS/CONSULTANTS ARE SELECTED AND UTILIZED TO	
MEET OUR OPERATIONS AND MISSION NEEDS. IN THE RARE OCCASION THAT A	
VENDOR/CONSULTANT IS OR IS RELATED TO A BOARD MEMBER OR STAFF MEMBER, IT IS	
DISCLOSED TO THE FINANCE COMMITTEE PRIOR TO ENGAGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD ANNUALLY REVIEWS THE COMPENSATION OF THE CEO. THE REVIEW INCLUDES	
COMPARISONS TO PUBLISHED SOURCES OF NONPROFIT ORGANIZATION COMPENSATION,	
INCLUDING THE ASU LODESTAR CENTER REPORT. THIS DECISION IS DOCUMENTED IN	
THE CEO'S PERSONNEL FILE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST.	