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(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

A F	or the	2019 calendar year, or tax year beginning $JUL \ 1$, 2019 and	ل ending	UN 30, 2020	
B (Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address change	YWCA NASHVILLE & MIDDLE TENNESSEE			
	Name change	Doing business as		62-04757	02
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1608 WOODMONT BLVD	Room/suite	E Telephone numbe 615-269-	
	☐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,860,392.
	Amende			H(a) Is this a group re	
F	☑return ☑Applica- ☑tion	F Name and address of principal officer: SHARON K. ROBERSON		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
	Fay over	npt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) o	or 527	7	list. (see instructions)
		: ► WWW.YWCANASHVILLE.COM	JI JZ1	H(c) Group exemption	·
		rganization: X Corporation Trust Association Other	I Vaar		M State of legal domicile: TN
		Summary	L TEAT	or formation. To To I	VI State of legal doffliche, 11
		riefly describe the organization's mission or most significant activities: THE	VWCA N	ASHVILLE & 1	MIDDI'E
ç	' - "	PENNESSEE IS DEDICATED TO ELIMINATING RAC			
Governance	2 0	heck this box if the organization discontinued its operations or dispos			
/err	3 N	•		1	40
Ĝ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			40
	1	otal number of individuals employed in calendar year 2019 (Part V, line 1a)			87
Activities &	1				574
Ęi		otal number of volunteers (estimate if necessary)			0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 39			0.
_	D IV	et uniterated business taxable income from Form 990-1, line 39		Prior Year	Current Year
	•	entributions and grants (Part VIII line 1h)		4,883,730.	3,659,348.
ine	8 C	ontributions and grants (Part VIII, line 1h)		22,131.	60,398.
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		171,127.	69,736.
Be	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-123,728.	-80,812.
	I			4,953,260.	3,708,670.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		132,100.	253,145.
	I	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	233,143.
	1	enefits paid to or for members (Part IX, column (A), line 4)	3,525,507.	3,839,239.	
ses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	loa P	rofessional fundraising fees (Part IX, column (A), line 11e)		<u></u>	0.
EXP	47			1,393,574.	1,556,832.
	17	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,051,181.	5,649,216.
	I	evenue less expenses. Subtract line 18 from line 12		-97,921.	-1,940,546.
		evenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
t Assets or	20 T	otal assets (Part X, line 16)	DE	10,394,904.	End of Year 9,284,436.
\SS6 Rals	20 1	otal liabilities (Part X, line 26)		364,342.	1,265,672.
Net /		, , , , , , , , , , , , , , , , , , , ,		10,030,562.	8,018,764.
		et assets or fund balances. Subtract line 21 from line 20		10,030,302.	0,010,704.
		es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	/ knowledge and helief it is
	•	and complete. Declaration of preparer (other than officer) is based on all information of wh			, knowledge and belief, it is
truo	, сопсоц	Shaw b. Roberer	ποτι ρι οραι σι	4/1/202	21
Sig	, II	Signature of officer			<u>4 I</u>
Her	Ι,	SHARON K. ROBERSON, CEO			
Hei	·	Type or print name and title			
			021.03.31	3ate1:10 Check	PTIN
Paid		Print/Type preparer's name ARA G. MOON Ana A Moon 20	4'00'	if =	
		Firm's name CHERRY BEKAERT LLP		self-employ	56-0574444
-		Firm's address 222 SECOND AVE, SOUTH STE 1240		FIIIII S EIIV	<u> </u>
036	Jiny	NASHVILLE, TN 37201		Dhone no 61	5-383-6592
Mar	, the IDC	G discuss this return with the preparer shown above? (see instructions)		FIIOHE HO. O I	
ivia	, tite IKS	o discuss this return with the preparer shown above? (see instructions)			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE YWCA NASHVILLE & MIDDLE TENNESSEE IS DEDICATED TO ELIMINATING	
	RACISM, EMPOWERING WOMEN AND PROMOTING PEACE, JUSTICE, FREEDOM AND	
	DIGNITY FOR ALL. IT IS THE VISION OF YWCA NASHVILLE & MIDDLE	
	TENNESSEE TO FOCUS ON WOMEN AND GIRLS WHO DESIRE TO CREATE A BETTER	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,350,386. including grants of \$ 240,081.) (Revenue \$ 60,39	
	DOMESTIC VIOLENCE SERVICES: FULFILLING ITS MISSION OF EMPOWERING WOMEN	,
	YWCA HAS BEEN NASHVILLE'S PRIMARY PROVIDER OF DOMESTIC VIOLENCE	
	SERVICES FOR OVER 40 YEARS. YWCA DOMESTIC VIOLENCE SERVICES OFFER MORE THAN TEMPORARY SAFETYTHEY HELP BREAK THE CYCLE OF VIOLENCE BY OFFERING	
	A CONTINUUM OF SERVICES, INCLUDING: A 24-HOUR CRISIS AND INFORMATION	'
	HOTLINE, TEXT LINE, A 65-BED EMERGENCY SHELTER FOR WOMEN AND THEIR	
	CHILDREN FLEEING DOMESTIC VIOLENCE, A TRANSITIONAL HOUSING PROGRAM,	
	COMMUNITY SUPPORT GROUPS, AS WELL AS COMMUNITY OUTREACH AND EDUCATION.	
	IN FY20, YWCA PROVIDED 19,303 NIGHTS OF SAFETY AND SHELTERED 294 ADULTS	S
	AND 250 CHILDREN, ANSWERED 4,269 CALLS TO THE 24-HOUR CRISIS AND	
	INFORMATION LINE, SERVED OVER 18 ADULTS AND 32 CHILDREN IN TRANSITIONAL	L
	HOUSING.	
4b	(Code:) (Expenses \$ 430 , 594 • including grants of \$ 303 •) (Revenue \$)
	EDUCATION/FAMILY LITERACY SERVICES:	
	FAMILY LEARNING CENTER: THE FAMILY LEARNING CENTER OFFERS A	
	COMPREHENSIVE LITERACY PROGRAM DESIGNED TO ASSIST FAMILIES IN ACHIEVING	
	ECONOMIC EMPOWERMENT. FREE CLASSES ARE OFFERED TO ADULTS PURSUING THEIR	
	HIGH SCHOOL EQUIVALENCY (HSE) DIPLOMA. THE CAREER SERVICES COMPONENT OF THE FAMILY LEARNING CENTER HELPS STUDENTS OBTAIN THE KNOWLEDGE AND	Г
	SKILLS NECESSARY FOR EMPLOYMENT AND SELF-SUFFICIENCY. DURING FY20, OVE	D.
	305 STUDENTS WERE SERVED AND 31 STUDENTS EARNED THEIR HIGH SCHOOL	11
	EQUIVALENCY (HSE) DIPLOMA.	
4c	(Code:) (Expenses \$ 350,558 • including grants of \$ 12,761 •) (Revenue \$)
	YOUTH SERVICES:	
	GIRLS INC.: GIRLS INC. INSPIRES ALL GIRLS TO BE STRONG, SMART, AND BOLD	
	THROUGH LIFE-CHANGING PROGRAMS AND EXPERIENCES THAT HELP GIRLS NAVIGAT	E
	GENDER, ECONOMIC, AND SOCIAL BARRIERS. RESEARCH-BASED CURRICULA, DELIVERED BY TRAINED, MENTORING PROFESSIONALS IN A POSITIVE ALL-GIRL	
	ENVIRONMENT EQUIP GIRLS TO ACHIEVE ACADEMICALLY; LEAD HEALTHY AND	
	PHYSICALLY ACTIVE LIVES; MANAGE MONEY; NAVIGATE MEDIA MESSAGES; AND	
	DISCOVER AN INTEREST IN SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH.	
	GIRLS INC. ADVOCATES ALONG WITH GIRLS TO CHANGE THE ATTITUDES AND	
	POLICIES THAT AFFECT GIRLS' LIVES AND LIMIT THEIR POTENTIAL, WITH A	
	PARTICULAR FOCUS ON GIRLS WHO FACE MULTIPLE, INTERSECTIONAL CHALLENGES	•
4d		
	(Expenses \$ 337,837 • including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 3,469,375.	

Form 990 (2019) YWCA NASHVILLE & MIDDLE TENNESSEE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			l
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	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			37
	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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	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		X
20a		20a		X
	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	

Form 990 (2019) YWCA NASHVILLE & MIDDLE TENNESSEE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			.,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	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?	200		X
27	If "Yes," complete Schedule R, Part V, line 2	36		_^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	<u> 36</u>	21	
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Soliedule O contains a response of note to any line in this Fart V		Vac	N _C
4.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	Х	
	(gambing) withings to prize withers?	I IU	22	

019) YWCA NASHVILLE & MIDDLE TENNESSEE

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

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return2a	87			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? \dots		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	` '	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ua		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr	ovided to the payor?	7a	Х	
			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ				
	to file Form 8282?		7с		X
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	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		_		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
	Gross income from members or shareholders				
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	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				
	Enter the amount of reserves on hand				
			14a		X
	-, -, -, -, -, -, -, -, -, -, -, -, -, -		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of				_ v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	•0	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income If "Yes," complete Form 4720, Schedule O.	e	16		
	n res, complete rom 4720, somedule O.				

Page 6 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												
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b	Enter the number of voting members included on line 1a, above, who are independent 1b 40												
2													
	officer, director, trustee, or key employee?	2		X									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision												
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X									
6													
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or												
	more members of the governing body?	7a		X									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or												
	persons other than the governing body?	7b		X									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
а	The governing body?	8a	Х										
b	Each committee with authority to act on behalf of the governing body?	8b	Х										
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the												
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х									
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)												
			Yes	No									
10a	Did the organization have local chapters, branches, or affiliates?	10a		X									
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,												
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b											
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe												
	in Schedule O how this was done	12c	X										
13	Did the organization have a written whistleblower policy?	13	Х										
14	Did the organization have a written document retention and destruction policy?	14	X										
15	Did the process for determining compensation of the following persons include a review and approval by independent												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
	The organization's CEO, Executive Director, or top management official	15a	X										
b	Other officers or key employees of the organization	15b	X										
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a												
	taxable entity during the year?	16a		X									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's												
	exempt status with respect to such arrangements?	16b											
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble									
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website X Another's website X Upon request Other (explain on Schedule O)												
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial										
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's books and records												
	LATRINA ADAMS - 615-983-5138												
	1608 WOODMONT BLVD NASHVILLE TN 37215-1524												

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.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Ji gai	IIZa	((ірсп	Jan	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than c	one	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	son is	s both	an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee		a)	ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tı		ployee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RITA MITCHELL	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) AMANDA WEEKS-GEVEDEN	2.00									
BOARD CHAIR-ELECT		Х		Х				0.	0.	0.
(3) LISA FERRELLI	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) ANNE MORGAN	2.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(5) GAIL ALEXANDER	2.00	_								
BOARD MEMBER		Х						0.	0.	0.
(6) CAROLINE BRADSHAW	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) REBEKAH CARROLL	2.00								0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(8) MONICA CINTADO-SCOKIN	2.00	х						0.	0.	0
BOARD MEMBER (9) KENDRA DEAS	2.00	Λ						0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(10) BETH DEBAUCHE	2.00	Δ						0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(11) CINDY DEMPSEY	2.00	71						0.	0.	<u> </u>
BOARD MEMBER	2.00	х						0.	0.	0.
(12) JAMIE DUNHAM	2.00									
BOARD MEMBER		х						0.	0.	0.
(13) KATHARIN DYER	2.00								-	-
BOARD MEMBER		Х						0.	0.	0.
(14) RASHED FAKHRUDDIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) WANDA LYLE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) DAVID FISCHETTE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(17) BETH FORTUNE	2.00									
BOARD MEMBER		Х						0.	0.	0.

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(A) Name and title	(B) Average hours per	(do box	(C) Position (do not check more t box, unless person is officer and a director) than o	one n an	(D) Reportable compensation	(E) Reportable compensation	1		(F) timate	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer of given a part of the		Highest compensated sulty	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS0	- 1	com fr organo	other pensa om the anizati d relate nizatio	e ion ed
(18) GLENN FUNK	2.00												_
BOARD MEMBER (19) CHARLES K. GRANT	2 00	Х						0.		0.			0.
BOARD MEMBER	2.00	Х						0.		0.			0.
(20) JANIE GREENWOOD HARRIS	2.00	^	\vdash					0.		•			<u> </u>
BOARD MEMBER	2.00	х						0.		0.			0.
(21) SEAN HENRY	2.00												
BOARD MEMBER		Х						0.		0.			0.
(22) KATE HERMAN WOOD	2.00												
BOARD MEMBER		Х						0.		0.			0.
(23) RICK HOLTON	2.00												
BOARD MEMBER		Х	_				_	0.		0.			0.
(24) RITA JOHNSON-MILLS	2.00	.,								ا ۸			^
BOARD MEMBER (25) CANDICE LEE	2.00	X	-				_	0.		0.			0.
BOARD MEMBER	2.00	Х						0.		0.			0.
(26) CARLA LOVEL	2.00	22	\vdash				\vdash			•			<u> </u>
BOARD MEMBER		х						0.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								817,446.		0.	7:	9,58	38.
d Total (add lines 1b and 1c)								817,446.		0.	7:	9,58	38.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				_
compensation from the organization												1	2
										ſ		Yes	No
3 Did the organization list any former officer,													Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								per compensation from t		···	3		
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a										····			
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	,												
1 Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensat	ion fro	m	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	address	NT/	ONE	7				(B) Description of s	envices	C	(C omper		n
Traine and business	<u>audi 033</u>	TAC	JME				\dashv	Description of s	CIVICCS		ompei	isatioi	<u>'</u>
							\dashv						
2 Total number of independent contractors (in	acluding but a	ot lin	nitor	1 + 2 +	thoo	ما م	+o~	ahove) who received ma	ore than				
\$100,000 of compensation from the organiz	•	טנ ווו	intec	ו נט ו	1108))	ieu	above, who received mo	חום נוומוו				
SEE PART VII SECTION		TN	ΤΤΔ	тτ	ON	S	нг	ET S			Form (990 <i>(</i>	2010)

Part VII Section A Officers Directors Tru									62-047	5/02
Occion A. Onicers, Directors, 110		nplo	yee			ligh	est (` ′	
(A) Name and title	(B) Average hours	(c		(C Posi all t	ition		lv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JAMIE K MCPHERSON	2.00									
BOARD MEMBER		X						0.	0.	0.
(28) OSEI MEVS	2.00									
BOARD MEMBER		X						0.	0.	0.
(29) TRACEY PEARSON	2.00									
BOARD MEMBER		X						0.	0.	0.
(30) LISA QUIGLEY	2.00									
BOARD MEMBER		X						0.	0.	0.
(31) ABBY RUBENFELD	2.00									
BOARD MEMBER		Х						0.	0.	0 .
(32) TARA SCARLETT	2.00									
BOARD MEMBER		Х						0.	0.	0 .
(33) AMBER SIMS	2.00							-	-	
BOARD MEMBER		Х						0.	0.	0 .
(34) JAVIER SOLANO	2.00									
BOARD MEMBER		X						0.	0.	0 .
(35) SUNNY SPYRIDON	2.00								• • • • • • • • • • • • • • • • • • • •	
BOARD MEMBER		X						0.	0.	0 .
(36) DARKENYA WALLER	2.00									
BOARD MEMBER		X						0.	0.	0 .
(37) JEFFREY WEBSTER	2.00									
BOARD MEMBER	2.00	x						0.	0.	0 .
(38) EVETTE WHITE	2.00									
BOARD MEMBER	2.00	X						0.	0.	0 .
(39) CYNTHIA WHITEFIELD-STORY	2.00	25						0.	0.	0
BOARD MEMBER	2.00	X						0.	0.	0
(40) MRS. RUSTY POWELL	2.00	25						0.	0 •	0
BOARD MEMBER	2.00	X						0.	0.	0
(41) SHARON ROBERSON	60.00							0.	0.	0 .
PRESIDENT & CEO	00.00	1		x				166,588.	0.	16,346
(42) ORIN CROUCH	55.00			7				100,500.	0.	10,540
CHIEF OPERATING OFFICER	33.00	1		x				144,714.	0.	14,692
(43) SHAN FOSTER	50.00			Λ				144,/14•	0.	14,092
VP OF EXTERNAL AFFAIRS & A	30.00	1		x				91,436.	0.	11,618
(44) BETH BOORD	50.00			Λ				91,430.	0.	11,010
CHIEF DEVELOPMENT OFFICER	20.00	1		x				27,635.	0.	1,066
(45) RYAN FLEISCHMAN	45.00			Λ				41,033.	0.	Ι,000
	40.00	-		x				00 500	0.	11 014
SVP OF GRANTS & STRATEGIC INITIATIVE	17 00			Δ				99,590.	U •	11,914
(46) SHEILA HOLMAN	47.00	-		, l				60 036	0	10 524
VP OF HUMAN RESOURCES			1	X				69,936.	0.	10,534.

Form 990 YWCA NASH	1/1777 %	<u> </u>	תדו	םעי	Ľ	TE	MN	ESSEE	62-047	5/04
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) LATRINA ADAMS VP, CONTROLLER	45.00			Х				75,875.	0.	370
(48) ECHELL EADY	50.00									
7P, WORKFORCE DEVELOPMENT	F0 00			Х		_		70,337.	0.	3,347
(49) KRISTI STEEL VP, DOMESTIC VIOLENCE SERVICES	50.00			Х				71,335.	0.	9,701
							_			
Fotal to Part VII, Section A, line 1c								817,446.		79,588

62-0475702

		Check if Schedule O contai	ns a response	or note to any lin	e in this Part VIII			
			'	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
ωω	1 a	Federated campaigns	1a	201,758.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		,				
ည် မြ		Fundraising events		604,393.				
fts,		Related organizations						
ig ic		Government grants (contribution		1,329,664.				
Sin		All other contributions, gifts, grants		1,025,001.				
utic	ı			1,523,533.				
ë₽	_	similar amounts not included above		1,323,333.				
nou	_	Noncash contributions included in lines 1a			3,659,348.			
Oa	n	Total. Add lines 1a-1f		Business Code	3,033,340.			
	•	DDOCDAM CEDVICE DEVENITE		624100	56,658.	56,658.		
ice	2 a	PROGRAM SERVICE REVENUE		452000	,	· · · · · · · · · · · · · · · · · · ·		
erv ue	b	RETAIL - DONATED ITEMS		452000	3,740.	3,740.		
n S	С	-						
Jrar 3e∖	d							
Program Service Revenue	е							
۵	f	All other program service revenue						
\rightarrow	g	Total. Add lines 2a-2f			60,398.			
	3	Investment income (including di						04.005
		other similar amounts)			84,006.			84,006.
	4	Income from investment of tax-						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)		·····				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a	1,887,956.					
	b	Less: cost or other basis						
ne			1,902,226.					
Revenue	С	Gain or (loss) 7c	-14,270.					
	d	Net gain or (loss)	<u></u>		-14,270.			-14,270.
her	8 a	Gross income from fundraising ever	nts (not					
₹		including \$ 604,3	³⁹³ . of					
		contributions reported on line 1	c). See					
		Part IV, line 18	8a	130,280.				
	b	Less: direct expenses	8b	249,496.				
	С	Net income or (loss) from fundra	aising events		-119,216.			-119,216.
	9 a	Gross income from gaming acti	vities. See					
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gamin	ng activities					
	10 a	Gross sales of inventory, less re	eturns					
		and allowances	I .					
	b	Less: cost of goods sold	I .					
		Net income or (loss) from sales						
				Business Code				
sno	11 a	MISCELLANEOUS REVENUE		900099	38,404.			38,404.
ane pur	b							
Miscellaneous Revenue	С							
lisc	d	All other revenue						
2		Total. Add lines 11a-11d			38,404.			
	12	Total revenue. See instructions .		.	3,708,670.	60,398.	0.	-11,076.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 78,624. 78,624. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 174,521. 174,521. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 917,026. 556,856. 229,137. 131,033. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,323,913. 1,411,175. 580,675. 332,063. 7 Pension plan accruals and contributions (include 85,112. 54,714. 19,472. 10,926. section 401(k) and 403(b) employer contributions) 62,122. 271,532. 174,555. 34,855. Other employee benefits 9 241,656. 155,349. 55,286. 31,021. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 20,600. 10,933. 2,771. 6,896. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 232,004. 86,245. 41,780. 103,979. column (A) amount, list line 11g expenses on Sch O.) 10,487. 3,510. 5,566. 1,411. Advertising and promotion 12 $22,\overline{134}$ 198,190. 156,366. 19,690. 13 Office expenses 14 Information technology Royalties 15 268,703. 227,764. 29,276. 11,663. 16 Occupancy 44,334. 30,082. 2,652. 11,600. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 274,852. 4,134. 4,634. 266,084. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 298,380. 221,580. 43,025. 33,775. Depreciation, depletion, and amortization 22 36,253. 26,862. 5,308. 4,083. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 94,049. 22,976. 152,449. 35,424. MISCELLANEOUS BAD DEBT EXPENSE 20,580. 20,580. С d All other expenses 5,649,216. 3,469,375. 1,120,215. 1,059,626. Total functional expenses. Add lines 1 through 24e 25 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 (2019)
Part X Balance Sheet

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or note to	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,398.	1	264,427.		
	2	Savings and temporary cash investments	59,099.	2	262,145.		
	3	Pledges and grants receivable, net	92,590.	3	33,569.		
	4	Accounts receivable, net			21,044.	4	1,963.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	tial co	ontributor, or 35%			
		controlled entity or family member of any of these p	perso	ns		5	
	6	Loans and other receivables from other disqualified	d pers	ons (as defined			
		under section 4958(f)(1)), and persons described in	secti	ion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	B			1,409.	9	445.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,733,051.			
	b	Less: accumulated depreciation1	10b	4,713,529.	4,277,938.	10c	4,019,522.
	11	Investments - publicly traded securities			5,359,440.	11	4,461,253.
	12	Investments - other securities. See Part IV, line 11			581,986.	12	241,112.
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal li	ine 33	3)	10,394,904.	16	9,284,436.
	17	Accounts payable and accrued expenses	201,617.	17	206,759.		
	18	Grants payable				18	
	19	Deferred revenue			41,500.	19	711,200.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par				21	
S	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substant					
iab		controlled entity or family member of any of these p			60 021	22	245 542
_	23	Secured mortgages and notes payable to unrelated			69,931.	23	347,713.
	24	Unsecured notes and loans payable to unrelated th				24	
	25	Other liabilities (including federal income tax, payab		1			
		parties, and other liabilities not included on lines 17	7-24).	Complete Part X	E1 204		
				·····	51,294.	25	0.
	26	Total liabilities. Add lines 17 through 25		► ▼	364,342.	26	1,265,672.
ý		Organizations that follow FASB ASC 958, check	here				
JCe		and complete lines 27, 28, 32, and 33.			6 000 655	0=	4 065 007
a <u>la</u>	27			6,890,655. 3,139,907.	27	4,965,087. 3,053,677.	
g B	28	Net assets with donor restrictions			3,139,907.	28	3,033,077.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958,	, cned	ck nere			
P		and complete lines 29 through 33.				00	
)ts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equip				30	
³t A	31	Retained earnings, endowment, accumulated incor			10,030,562.	31	8,018,764.
ž	32	Total net assets or fund balances			10,030,302.	32	
	33	Total liabilities and net assets/fund balances			10,334,304.	33	9,284,436.

Form **990** (2019)

62-0475702

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 3,708,670. Total revenue (must equal Part VIII, column (A), line 12) 1 5,649,216. Total expenses (must equal Part IX, column (A), line 25) 2 2 -1,940,546. Revenue less expenses. Subtract line 2 from line 1 3 3 10,030,562. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 -71,252 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 8,018,764. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c 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 Act and OMB Circular A-133? X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

YWCA NASHVILLE & MIDDLE TENNESSEE

Employer identification number 62-0475702

Pa	ırt I	Reason for Public 0	Charity Status (All organizations must co	mplete th	is part.) Se	e instructions.					
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck 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		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for		llege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
	_	section 170(b)(1)(A)(iv). (C										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in				
		section 170(b)(1)(A)(vi). (C										
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-g	rant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of the college	or				
		university:										
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, an	d gross receipts from				
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	rom gross investment				
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11	Ш	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in				
	_	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.					
а	ı		anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	ıpporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
b	· L	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	ring				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
C	:		grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.					
C	I		rintegrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)				
		that is not functionally int	-		-		•	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e		Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or		nally integrated supportir	ng organiz	ation.						
f		er the number of supported o										
		vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	(II) EIN	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)				
		organization		above (see instructions))	Yes	No		Tappert (eee metaetiene)				
Tota	al											

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4071855.	5349945.	4373730.	4883730.	3659348.	22338608.	
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	4071855.	5349945.	4373730.	4883730.	3659348.	22338608.	
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)						741,205.	
	Public support. Subtract line 5 from line 4.						21597403.	
Sec	ction B. Total Support				ı	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	4071855.	5349945.	4373730.	4883730.	3659348.	22338608.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	1.55 000	444 450	445 000	400 505			
	and income from similar sources	166,230.	114,450.	117,830.	130,696.	84,006.	613,212.	
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	70 705	F1 01F	22 056	40 072	20 404	242 672	
	assets (Explain in Part VI.)	70,725.	51,815.	32,856.	49,873.		243,673.	
	Total support. Add lines 7 through 10						23195493.	
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,025,902.	
13	•						. —	
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage					
14				olumn (f))		14	93.11 %	
15	Public support percentage for 2019 (II					15	93.11 %	
	33 1/3% support test - 2019. If the c							
100	stop here. The organization qualifies							
h	33 1/3% support test - 2018. If the o							
~	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac	ū					*	
	meets the "facts-and-circumstances"				•	-		
h	10% -facts-and-circumstances test							
~	more, and if the organization meets the	_						
	,		•		•		•	
18	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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

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

Section A. Public Support		,				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	;					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	Г		1	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	1					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,	'					
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)	I					
13 Total support. (Add lines 9, 10c, 11, and 12.)						<u></u>
14 First five years. If the Form 990 is f	•			-		
check this box and stop here Section C. Computation of Pub						
15 Public support percentage for 2019			oolumn (f))		15	
16 Public support percentage from 201			.,,		16	<u>%</u> %
Section D. Computation of Inve					1 10 1	70
17 Investment income percentage for 2			ne 13 column (f)		17	%
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box						. —
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, ch	•			•		
20 Private foundation. If the organizat						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	F-		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	10a		
	IUa		
	104		
- ^	10b	W E-2,	0040
19	90 or 99	∪-⊏∠)	ZU19

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	·).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions,		Nia
2	Activities Test. Answer (a) and (b) 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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b				
	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	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
a				
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	1			

Pa	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1		Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (explain in P	art VI). See instructions. All
		other Type III non-functionally integrated supporting organizations must com	plete S	ections A through E.	
Sect	ion A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net:	short-term capital gain	1		
2	Reco	overies of prior-year distributions	2		
3	Othe	er gross income (see instructions)	3		
4	Add	lines 1 through 3.	4		
5	Depi	reciation and depletion	5		
6	Port	ion of operating expenses paid or incurred for production or			
	colle	ection of gross income or for management, conservation, or			
	mair	ntenance of property held for production of income (see instructions)	6		
7	Othe	er expenses (see instructions)	7		
8	Adju	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggı	regate fair market value of all non-exempt-use assets (see			
	instr	uctions for short tax year or assets held for part of year):			
а	Aver	age monthly value of securities	1a		
b	Aver	age monthly cash balances	1b		
С	Fair	market value of other non-exempt-use assets	1c		
d	Tota	I (add lines 1a, 1b, and 1c)	1d		
е	Disc	count claimed for blockage or other			
	facto	ors (explain in detail in Part VI):			
2	Acqı	uisition indebtedness applicable to non-exempt-use assets	2		
3	Subt	tract line 2 from line 1d.	3		
4	Cash	n deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see i	instructions).	4		
5	Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Mult	iply line 5 by .035.	6		
7	Reco	overies of prior-year distributions	7		
8	Mini	mum Asset Amount (add line 7 to line 6)	8		
Sect	ion C	- Distributable Amount			Current Year
1	Adju	sted net income for prior year (from Section A, line 8, Column A)	1		
2	Ente	r 85% of line 1.	2		
3	Mini	mum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Ente	r greater of line 2 or line 3.	4		
5	Inco	me tax imposed in prior year	5		
6	Dist	ributable Amount. Subtract line 5 from line 4, unless subject to			
	eme	rgency temporary reduction (see instructions).	6		
7		Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see
		instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	·	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury Internal Revenue Service

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

2019

Name of the organization						Employer identification number		
	YWCA	NASHVILLE	& MIDI	OLE	TENNESSEE		62-0475702	
Organization type	e (check one):							
Filers of:	Sec	etion:						

Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
, ,	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a)(1) a any one contributo	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.							
year, total contribu	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, II, and III.							
year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$							
-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

YWCA NASHVILLE & MIDDLE TENNESSEE

62-0475702

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 252,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 886,647.	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
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 80,000.	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
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

YWCA NASHVILLE & MIDDLE TENNESSEE

62-0475702

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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 organization Employer identification number

	ASHVILLE & MIDDLE TENNI		62-0475702			
	from any one contributor. Complete columns (a	through (e) and the following line er	section 501(c)(7), (8), or (10) that total more than \$1,000 for the			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)			
	Use duplicate copies of Part III if additional	space is needed.				
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
art I	(b) i dipose oi giit	(c) Ose of gift	(a) Description of now gire is need			
_						
		(e) Transfer of gi	ift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
-						
No.						
om irt l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
_ -						
-	_	-				
		(e) Transfer of gi	ift			
		(e) Transier of gr	iit			
	Transferee's name, address, a	ad 7 ID + 4	Delationship of transferor to transferoe			
	Transieree's Haine, address, al	IU ZIF + 4	Relationship of transferor to transferee			
-						
-						
-						
No						
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
rt I						
-						
— -	_					
-		-				
		(e) Transfer of gi	ift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
-						
-						
N -						
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
rt I	(b) i dipode di giit	(6) 656 51 girt	(a) Boson phon or now gire to note			
_						
_ _						
		(e) Transfer of gi	ift			
			Relationship of transferor to transferee			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YWCA NASHVILLE & MIDDLE TENNESSEE

Employer identification number 62-0475702

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	, ,	, ,
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex	-	
	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
	impermissible private benefit?		
Par		nization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation		of a historically important land area
	Protection of natural habitat	· —	of a certified historic structure
	Preservation of open space		
2	 Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic struc		
	Number of conservation easements included in (c) acquired aft		
	listed in the National Register	·	2d
	Number of conservation easements modified, transferred, relea		
	year >		-
4	Number of states where property subject to conservation easer	ment is located	_
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
			
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Part	Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under FASB ASC 958,	'	
	of art, historical treasures, or other similar assets held for public		•
	service, provide in Part XIII the text of the footnote to its financi		
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furt	therance 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 treas	ures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB ASC	_	
	Developed to the lead of the Company		
а	Revenue included on Form 990, Part VIII, line 1		> \$

Pai	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other	Similar <i>i</i>	Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that	make sig	nificant us	e of its	,	,
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exch	nange progra	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exemp	ot purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?				Yes	No No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "	Yes" on F	orm 990, I	Part 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 intermedi	ary for contributions	or other ass	ets not in	cluded			
	on Form 990, Part X?						\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f						1f			
2a	Did the organization include an amount on Fo					/?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been p	orovided on F	art XIII				
	rt V Endowment Funds. Complete if).			
		(a) Current year	(b) Prior year	(c) Two year		d) Three yea	ars back	(e) Four ye	ars back
1a	Beginning of year balance	2,872,525.	2,789,247.	2,651			9,820.		71,811.
	Contributions								
	Net investment earnings, gains, and losses	-541.	83,278.	138	,247.	22	1,180.	- 4	41,991.
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g		2,871,984.	2,872,525.	2,789	,247.	2,65	1,000.	2,42	29,820.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1g. column (a)						
	Board designated or quasi-endowment		%	,					
	Permanent endowment ► 61.79	%	_,,						
	Term endowment ▶ 38.21 g								
	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the possess	•	tion that are held an	d administere	ed for the	organizati	on		
	by:					9		Y	es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the							0.0	
	rt VI Land, Buildings, and Equipme		vinorit rarias.						
	Complete if the organization answered	l "Yes" on Form 990	. Part IV. line 11a. Se	ee Form 990.	Part X. lir	ne 10.			
	Description of property	(a) Cost or of				cumulated		(d) Book v	alue
	Boson prior or property	basis (investm				reciation		(u) Doon v	aido
12	Land	`		5,763.	1-			405	763.
	Buildings			2,574.	3.9	08,63	3.	3,403,	
	Leasehold improvements		,,,,,,	_ , _ ,	2,3	,		-,,	
			99	0,764.	8	04,89	6.	185	868.
	Equipment Other			3,950.		0 1 7 0 0	-		950.
	il. Add lines 1a through 1e. (Column (d) must ed	•	· · · · · · · · · · · · · · · · · · ·					4,019,	
	, laa iii loo Ta ti ii oagii To. [Colullii lai Must et	iuai i Uiiii 330. Fdfl /	v. colullil (D). IIIIe 10	/し./				-, /	

Schedule D (Form 990) 2019 YWCA NASHVI	LLE & MIDDLE	TENNESSEE	62-0475702 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t 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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)		<u> </u>	
(2)		<u> </u>	
(3)		<u> </u>	
(4)			
(5)			
(6)			
(7)		1	
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	e 15.)		▶
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Scriedule D	(FUIII 990) 2019	1 11 021 1121011	V T T T T C	11111111		02 04/5/0
Part XI	Reconciliation	of Revenue per A	Audited Fina	ancial State	ements With Reve	nue per Return.

			•		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,937,339.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-71,252.		
b	Donated services and use of facilities	2b	50,425.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	249,496.		
е	Add lines 2a through 2d			2e	228,669.
3	Subtract line 2e from line 1			3	3,708,670.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen			5	3,708,670.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	its With	n Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,949,137.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	50,425.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	249,496.		
е	Add lines 2a through 2d			2e	299,921.
3	Subtract line 2e from line 1			3	5,649,216.
4	Amounts included on Form 990 Part IX line 25, but not on line 1:				

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

b Other (Describe in Part XIII.)c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

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

4a

4c

5,649,216.

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT FUNDS IS TO HELP FUND A PORTION OF THE

OPERATING OR CAPITAL REQUIREMENTS AS NEEDED, AS WELL AS TO PROVIDE

FINANCIAL STABILITY FOR THE YWCA. THE ENDOWMENT FUNDS CONSIST PRIMARILY OF

PERMANENTLY RESTRICTED FUNDS, FROM WHICH THE ORGANIZATION OBTAINS

INTEREST, DIVIDENDS, AND GAINS AND LOSSES.

THE YWCA OF NASHVILLE & MIDDLE TENNESSEE HAS A POLICY OF APPROPRIATING FOR

DISTRIBUTION OF UP TO FIVE PERCENT (5%) OF THE ENDOWMENT FUND, EXCEPT AS

OTHERWISE STIPULATED BY DONORS, TO FUND ANNUAL OPERATING NEEDS.

Part XIII | Supplemental Information (continued)

THE YWCA IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE YWCA FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE YWCA HAS NO TAX PENALTIES OR INTEREST REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 249,496.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 249,496.

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

Open to Public Inspection

Name of the organization

Employer identification number

YWCA NASHVILLE & MIDDLE TENNESSEE 62-0475702 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPRING (add col. (a) through WW&S BREAKFAST col. (c)) (event type) (total number) (event type) Revenue 392,163. 235,415. 107,095. 734,673. 1 Gross receipts 296,383. 235,415. 72,595. 604,393. 2 Less: Contributions 95,780. 34,500. 130,280. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 43,980. 6 Rent/facility costs 98,511. 142,491. 7 Food and beverages 8 Entertainment 63,360. 2,337. 41,308. 107,005. 9 Other direct expenses 249,496. **10** Direct expense summary. Add lines 4 through 9 in column (d) -119,216. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2019 YWCA NASHVILLE & MIDDLE TENNESSEE 62-0	J475	702	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:			
		10-	I	0.4
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter 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:			
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a			Yes	□ Na
	retain the state gaming license?	. Ш	162	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year > \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	nes 9, 9	∌b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	YWCA NASHVILLE	. &	MIDDLE	TENNESSEE	62-0475702	Page 4
Part IV	Supplemental Infor	YWCA NASHVILLE mation (continued)					

SCHEDULE (Form 990)

Part II

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

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

Open to Public Inspection

OMB No. 1545-0047

2

Department	Department of the Treasury	Open to Public
Internal Rev	Internal Revenue Service	Inspection
Name of	Name of the organization	Employer identification number
	YWCA NASHVILLE & MIDDLE TENNESSEE	62-0475702
Part I	Part I General Information on Grants and Assistance	
1 Do	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
crit	criteria used to award the grants or assistance?	X Yes No
2 De	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

(if applicable) (b) EIN (c) IRC section (if applicable) (ash graphicable) (ash graphicable) (b) EIN (c) IRC section (d) Amount and graphicable) (d) Amount and government organizations listed in the line 1 table and government organized in the line 1 table and graphicaples.	ded. (b) Amount of valuation (book, noncash assistance assistance of grant assistance other)	.0			1.
anization (b) EIN (c) IRC section (d) (f applicable) c (f	Amount of hon-cash ash grant assistance	624.			1 table
anization (b) EIN (b) EIN (c) (3) and government ganizations listed in the	can be duplicated if additional s (c) IRC section (d) (if applicable) c	284 501(C)(3)			nt organizations listed in the line line 1 table
Tecipient that received rorgan or government or government FAMILY & CHILDREN SERVICES 201 23RD AVE NORTH NASHVILLE, TN 37203 2 Enter total number of section 3 Enter total number of other or	recipient that received more than \$5,000. Part II (a) Name and address of organization or government				501(c)(3) and governmer rganizations listed in the

YWCA NASHVILLE & MIDDLE TENNESSEE

Page 2

62-0475702

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)

Part III | Grants and Othe

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	,				
GEN, ASSIST, - HOUSING	62	142,683.	0		
GEN. ASSIST, - TRANSPORTATION	177	11,987.	0.		
GEN. ASSIST, - NECESSITIES	152	.060,7	0.		
GEN. ASSIST - SCHOLARSHIP	Н	12,761.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE YWCA EXECUTES A FORMAL AGREEMENT	NO	ORGANIZAT	ALL ORGANIZATIONS (NOT ON	NC	
INDIVIDUALS) RECEIVING FUNDS. THE Y	YWCA MONITORS		RECIPIENTS FOR (COMPLIANCE	
AS IT RELATES TO THE ORIGINATING FU	FUNDER REQ	REQUIREMENTS.	ADDITIONALLY,	LLY, THE	
VWCA MATNTAINS INVOICES AND ANY OTHER DOCUMENTATION	TER DOCTIM	я истатия	FROM WHICH IT PAYS	ል 2789 ከ1	

⋖ YWCA MAINTAINS INVOICES AND ANY OTHER DOCUMENTATION FROM WHICH IT PAYS

GRANT OR INDIVIDUAL RECIPIENT

SCHEDULE I, PART III, COLUMN (B): ESTIMATES WERE USED IN THE CALCULATION OF

NECESSITIES. THE ESTIMATE WAS THE NUMBER OF RECIPIENTS FOR GENERAL ASSIST.

932102 10-26-19

Part IV Supplemental Information
DETERMINED BASED ON 50% OF 294 HOUSEHOLDS STAYING IN THE WEAVER CENTER,
TOTALING 147 PEOPLE, AND 30% OF 18 HOUSEHOLDS IN TRANSITIONAL/RAPID
REHOUSING RECEIVING THIS ASSISTANCE, TOTALING 5 PEOPLE. TOGETHER THESE ADD
UP TO 152 RECIPIENTS OF THESE SERVICES.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Questions Regarding Compensation

Department of the Treasury

YWCA NASHVILLE & MIDDLE TENNESSEE

Employer identification number 62-0475702

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

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(c)-(i)(g)	in column (B) reported as deferred on prior Form 990
(1) SHARON ROBERSON	(i)	166,588.	0	0	8,750.	7,596.	182,934.	0
PRESIDENT & CEO	(E)		0	0	0	0	0	0
(2) ORIN CROUCH	(E)	144,714.	0	0	7,350.	7,342.	159,406.	0
CHIEF OPERATING OFFICER	(ii)	0	0	0	• 0	0.	0.	• 0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
0,700							Schedu	Schedule J (Form 990) 2019

SCHEDULE 0

Internal Revenue Service

(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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YWCA NASHVILLE & MIDDLE TENNESSEE

Employer identification number 62-0475702

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTING PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL. IT IS THE
VISION OF YWCA NASHVILLE & MIDDLE TENNESSEE TO FOCUS ON WOMEN AND GIRLS
WHO DESIRE TO CREATE A BETTER QUALITY OF LIFE FOR THEMSELVES AND/OR
THEIR FAMILIES, TO ACHIEVE SELF-SUFFICIENCY, AND TO INCREASE THEIR
FINANCIAL STRENGTH. YWCA WILL ALSO BE A SPOKESPERSON FOR THOSE WOMEN
WHO HAVE NO VOICE. FURTHER, WE WILL RAISE THE AWARENESS AND DIMINISH
THE INCIDENCE OF VIOLENCE AND RACISM.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
QUALITY OF LIFE FOR THEMSELVES AND/OR THEIR FAMILIES, TO ACHIEVE
SELF-SUFFICIENCY, AND TO INCREASE THEIR FINANCIAL STRENGTH. YWCA WILL
ALSO BE A SPOKESPERSON FOR THOSE WOMEN WHO HAVE NO VOICE. FURTHER, WE
WILL RAISE THE AWARENESS AND DIMINISH THE INCIDENCE OF VIOLENCE AND
RACISM.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
IN FY20, GIRLS INC. AT YWCA SERVED 532 GIRLS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
AMEND TOGETHER IS YWCA'S PRIMARY PREVENTION INITIATIVE DEDICATED TO
ENDING VIOLENCE AGAINST WOMEN AND GIRLS BY ENGAGING MEN AND BOYS TO BE
A PART OF THE SOLUTION. AMEND TOGETHER WILL IDENTIFY, RECRUIT, EDUCATE,
AND EQUIP MEMBERS IN THE COMMUNITY TO SERVE AS ADVOCATES FOR VIOLENCE
PREVENTION AND CULTURAL CHANGE, PROVIDING POSITIVE ROLE MODELS FOR

YOUNG MEN AND BOYS IN THE GREATER NASHVILLE AREA. AMEND TOGETHER

Name of the organization **Employer identification number** YWCA NASHVILLE & MIDDLE TENNESSEE 62-0475702 STRATEGY ENGAGES AND EDUCATES MEN AND BOYS, BUT IT IS ALSO AM EFFECTIVE TOOL FOR WOMEN. AMEND TOGETHER PROVIDES TOOLS TO CHANGE MENTALITIES, LANGUAGE, AND BEHAVIORS, THEREBY TRANSFORMING THE CULTURE THAT PERPETUATES VIOLENCE AGAINST WOMEN. AMEND TOGETHER WILL NOT ONLY RAISE AWARENESS AND CHANGE MINDSETS, BUT IT WILL ALSO CREATE REAL, MEASURABLE CHANGE BY CHALLENGING, INSPIRING, AND EQUIPPING INDIVIDUALS TO REDEFINE A CULTURE THAT SUPPORTS VIOLENCE AGAINST WOMEN. IN FY20, AMEND CLUBS SERVED 627 BOYS, AN ADDITIONAL 100 BOYS THROUGH SUMMER CAMP, AND TRAINED OVER 2,500 COMMUNITY MEMBERS. EXPENSES \$ 337,837. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED AND APPROVED BY THE CEO, THE COO, AND THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: WHEN A CONFLICT OF INTEREST, ACTUAL OR PERCEIVED, IS OR APPEARS TO BE PRESENT, IT IS THE AFFIRMATIVE DUTY OF THE EFFECTED DIRECTOR TO DECLARE SUCH CONFLICT TO THE CHAIR, WHO SHALL DETERMINE THE APPROPRIATE ACTION IN RESPONSE. ON AN ANNUAL BASIS, EACH DIRECTOR SHALL SIGN A WRITTEN DECLARATION THAT HE

ON AN ANNUAL BASIS, EACH DIRECTOR SHALL SIGN A WRITTEN DECLARATION THAT HE

OR SHE HAS READ, UNDERSTOOD, AND WILL COMPLY WITH THIS POLICY AND SHALL

DECLARE ANY CURRENT OR POTENTIAL CONFLICTS THAT MAY EXIST.

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

A BOARD COMMITTEE, HEADED BY OUR CHAIR, GATHERS MARKET DATA TO DETERMINE COMPENSATION.

YWCA NASHVILLE & MIDDLE TENNESSEE	Employer identification number 62-0475702
SENIOR DIRECTOR OF HUMAN RESOURCES GATHERS MARKET DATA BI-	-ANNUALLY AND
PRESENTS RECOMMENDATIONS TO CEO/PRESIDENT FOR FINAL DECISION	ON. A BI-ANNUAL
INDEPENDENT COMP SURVEY IS CONDUCTED WITH LOCAL NON-PROFIT	S AND ADDITIONAL
COMP SURVEY DATA ARE USED TO DETERMINE MARKET VALUE FOR PO	SITIONS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	