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X 501(C 408(e) 408A 529(a) 502(a) 502(a) 602 602 602 602 602 602 602 602 602 602	Type 220(e) 1530(a)	Number, street, and room or suite no. If a 1400 EYE STREET NW, City or town, state or province, country, at WASHINGTON, DC 200 F Group exemption number (See instructing Check organization type X 50 action's unrelated trades or businesses.	nd ZIP or foreign p 0 0 5 Ions.) (c) corporation Inplete Parts I and I	501(c) trust Describe If only one, I, complete a Schedule	the only (or first) un complete Parts I-V. M for each additions	E Unrelated (See Instr	Other trus
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During the If "Yes," en The books Part I 1a Gross re b Less rei Cost of Gross p 4a Capital b Net gain	then complete Parts tax year, was the conter the name and idea are in care of Unrelated Traceceipts or sales turns and allowances	II-V. poration a subsidiary in an affiliated group on this of the parent corporation. ELISHA RHODES	r a parent-subsidia	ary controlled group?	▶ [Yes	
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The books Part I 1 a Gross re b Less ret Cost of Gross p 4 a Capital b Net gair	unrelated Tra	ELISHA RHODES	<u> </u>	Teleph	nno number > 2		
Part I 1 a Gross re b Less rei 2 Cost of 3 Gross p 4 a Capital b Net gair	Unrelated Tra receipts or sales turns and allowances			Teleph	ana numbar 🛌 🤼		
1 a Gross re b Less re 2 Cost of 3 Gross p 4 a Capital b Net gain	receipts or sales turns and allowance	de or Business Income					
b Less rei Cost of Gross p Capital Net gair	turns and allowance:			(A) Income	(B) Expenses	-	(C) Net
2 Cost of 3 Gross p 4 a Capital b Net gair							
Gross p Gross p Gross p Gross p Gross p			► 1c				
4 a Capital b Net gair	goods sold (Schedu	e A, line 7)	2	•			
b Net gair	profit. Subtract line 2	from line 1c	3			/	
	gain net income (atta) 4a				
c Conital	n (loss) (Form 4797,	Part II, line 17) (attach Form 4797) 🔎 🔾	(1) <u>4b</u>				
o capital	loss deduction for tr	usts	4c			L	
5 Income	(loss) from a partne	rship or an S corporation (attach statement)	5	<u> </u>			
6 Rent ind	come (Schedule C)	53	15	<i>1</i>			
7 Unrelate	ed debt-financed inc		7				-
8 Interest	t, annuities, royalties,	and rents from a controlled organization (Sci	hedule F) 8	/	,		
9 Investm	nent income of a sec	ion 501(c)(7), (9), or (17) organization (Sche	edule G) 9				
0 Exploite	ed exempt activity in	ome (Schedule I)	10				
	sing income (Schedu	•	11				
	- ,	ons; attach schedule)	12				
	Combine lines 3 thro	•	13	· 0.			
		ot Taken Elsewhere (See instruc					- · · · · · · · · · · · · · · · · · · ·
		be directly connected with the unrelate					
4 Compe	ensation of officers	lirectors, and trustees (Schedule K)				14	
	es and wages	an action of a man and a m				15	
	rs and maintenance		\			16	
7 Bad de			~ } ~			17	
	ebis st (attach schedule) (see instructions) EO ACCOUR	11/2			18	
	, ,	FIRECEIVE	וטו				
.	and licenses	1500)		امما	•	19	
0 Depred	ciation (attach Form	on Schedule A and elsewhere on return 20	217	20			
1 Less d	sepreciation claimed	on Schedule A and elsewhere on return	1)	21a		21b	•
2 Deplet		ompensation plans TPR BRAN	rotH		•	22	
	butions to deferred o		T	-		23	
	yee benefit program:		7		•	24	
	s exempt expenses (<i>,</i> , , , , , , , , , , , , , , , , , ,				25	
	s readership costs (S					26	
	deductions (attach s	·				27	
8 Total o	deductions. Add line	s 14 through 27				28	(
	ated business taxable	income before net operating loss deduction.	Subtract line 28 fr	rom line 13		29	
	ALUG DUSHIOOS LUNUDIO	loss arising in tax years beginning on or after	er January 1, 2018	}	-	T	
9 Unrela						ایما	_
9 Unrela 0 Deduc						30	0

	9) YWCA USA, INC.	1-1		13	-1624103 Page 2
	Total Unrelated Business Taxab				
32 /Total	of unrelated business taxable income computed f	rom all unrelated trades or businesses (see in	structions)	32	0.
33 Amou	unts paid for disallowed fringes			33	
34 Chard	table contributions (see instructions for limitation	rules)	* * * * * * * * * * * * * * * * * * * *	34	0.
35 Total	unrelated business taxable income before pre-201	8 NOLs and specific deduction. Subtract line:	14 from the surn of lines 32 and 33	35	
36 Deduc	ction for net operating loss arising in tax years be	ginning before January 1, 2018 (see instructi	ons) ,	36	
37 Total	of unrelated business taxable income before spec	titic deduction. Subtract line 36 from line 35		37	
	itic deduction (Generally \$1,000, but see line 38 in			39	1,000.
	lated business taxable income. Subtract line 38				
	the smaller of zero or line 37	16. 16. 16.		39	0.
Part IV	Tax Computation	1			
	nizations Taxable as Corporations. Multiply line	30 by 21% (0.21)	•	40	0.
	s Taxable at Trust Rates. See instructions for tax			1	
				4,	
	Tax rate schedule or Schedule D (Form				
-		···· ··· · · · · · · · · · · · · · · ·		42	
43 Altern	native minimum tax (trusts only)			43	· · · · · · · · · · · · · · · · · · ·
44 Tax o	on Noncompliant Facility Income See instruction	ns	. ,	44	
45 Total	Add lines 42, 43, and 44 to line 40 or 41, which	ever applies		45	0.
<u> </u>	\Tax and Payments				
	gn tax credit (corporations attach Form 1118; trus		46a	-l I	
b Other	r credits (see instructions)	** * ** * * * * * * * * * * * * * * * *	46b	1 1	
			46c	┛	
d Credi	it for prìor year minimum tax (attach Form 8801 o	ır 8827)	464	_	
e Total	credits. Add lines 46a through 46d			46e	
47 Subtr	ract line 46e from line 45			47	0.
48 Other	ract line 46e from line 45 r taxes. Check if from: Form 4255	Form 8611 Form 8697 Form 886	6 Other (attach schedule)	48	·
49 Total	tax. Add lines 47 and 48 (see instructions)			49	0.
	net 965 tax liability paid from Form 965-A or For			50	0.
	nents: A 2018 overpayment credited to 2019		1,869		
			51b	7 I	
	estimated tax payments			1 1	
c Tax d	deposited with Form 8868		51c	1	
c Tax d d Forei	deposited with Form 8868	see instructions)	51c 51d		
c Tax d d Forei e Backi	deposited with Form 8868 ign organizations: Tax paid or withheld at source (up withholding (see instructions)	see instructions)	51c 51d 51e		
c Tax d d Foren e Backi 1 Credi	deposited with Form 8868	see instructions)	51c 51d		
c Tax d d Foren e Backi f Credi g Other	deposited with Form 8868	see instructions)	51c 51d 51e 51f		
c Tax d d Foren e Backi f Credi g Other	deposited with Form 8868 Ign organizations: Tax paid or withheld at source (up withholding (see instructions) it for small employer health insurance premiums or credits, adjustments, and payments: Form 4136 Ott	see instructions) (attach Form 8941) rm 2439 her Total	51c 51d 51e 51f 51g	-	1 960
c Tax d d Foreli e Backi 1 Credi g Other	deposited with Form 8868 Ign organizations: Tax paid or withheld at source (up withholding (see instructions) It for small employer health insurance premiums or credits, adjustments, and payments: Form 4136 I payments. Add lines 51a through 51g	(attach Form 8941) rm 2439 her Total	51c 51d 51e 51f 51g	\$2	1,869.
c Tax d d Foreig e Backi f Credi g Other 52 Total 53 Estim	deposited with Form 8868 Ign organizations: Tax paid or withheld at source (up withholding (see instructions) It for small employer health insurance premiums or credits, adjustments, and payments: Form 4136 Other payments. Add lines 51a through 51g nated tax penalty (see instructions). Check if Form	see instructions) [attach Form 8941) rm 2439 her Total 2220 is attached	51c 51d 51e 51f 51g	53	1,869.
c Tax d d Foren e Back f Credi g Other 52 Total 53 Estim	deposited with Form 8868 Ign organizations: Tax paid or withheld at source (up withholding (see instructions) It for small employer health insurance premiums or credits, adjustments, and payments: Form 4136 Otil payments. Add lines 51a through 51g mated tax penalty (see instructions). Check if Form due. If line 52 is less than the total of lines 49, 50,	(attach Form 8941) rm 2439 her Total 2220 is attached and 53, enter amount owed	51c 51d 51e 51f 51g	53 54	
c Tax d d Foren e Back f Credi g Other 52 Total 53 Estum 54 Tax d 55 Oven	deposited with Form 8868 Ign organizations: Tax paid or withheld at source (up withholding (see instructions) It for small employer health insurance premiums or credits, adjustments, and payments: Form 4136 Otil payments. Add lines 51a through 51g mated tax penalty (see instructions). Check if Form due. If line 52 is less than the total of lines 49, 50, payment. If line 52 is larger than the total of lines	(attach Form 8941) rm 2439 her Total 2220 is attached Indicate amount owed 49, 50, and 53, enter amount overpaid	51c 51d 51e 51f 51g	53 54 55	1,869.
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c Tax d d Foren e Back f Credi g Other 52 Total 53 Esum 54 Tax d 55 Oven 56 (Enter	deposited with Form 8868 Ign organizations: Tax paid or withheld at source (up withholding (see instructions) It for small employer health insurance premiums or credits, adjustments, and payments: Form 4136 I payments. Add lines 51a through 51g Inated tax penalty (see instructions). Check if Form due. If line 52 is less than the total of lines 49, 50, payment. If line 52 is larger than the total of lines the amount of line 55 you want: Credited to 202 Statements Regarding Certain A	(attach Form 8941) rm 2439 her Total 2220 is attached Total and 53, enter amount owed 49, 50, and 53, enter amount overpaid 0 estimated tax Activities and Other Information	51c 51d 51e 51f 51g	53 54 55	1,869. 1,869.
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c Tax d d Foren e Back f Credi g Other 52 Total 53 Esum 54 Tax d 55 Oven 56 (Enter	deposited with Form 8868 Ign organizations: Tax paid or withheld at source (up withholding (see instructions) It for small employer health insurance premiums or credits, adjustments, and payments: Form 4136 I payments. Add lines 51a through 51g Inated tax penalty (see instructions). Check if Form due. If line 52 is less than the total of lines 49, 50, payment. If line 52 is larger than the total of lines the amount of line 55 you want: Credited to 202 Statements Regarding Certain A Ty time during the 2019 calendar year, did the organ a financial account (bank, securities, or other) in a	(attach Form 8941) rm 2439 her Total 2220 is attached Total and 53, enter amount owed 49, 50, and 53, enter amount overpaid 0 estimated tax Activities and Other Information anization have an interest in or a signature or a foreign country? If Yes,* the organization m	51c 51d 51e 51f 51g 51g Refunded Resunstructions) other authority ay have to file	53 54 55	1,869. 1,869.
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c Tax d d Foren e Backt f Credi g Other 52 Total 53 Estum 54 Tax d 55 Oven 56 (Enter Part VI) 57 At an over Fince	deposited with Form 8868 Ign organizations: Tax paid or withheld at source (up withholding (see instructions) It for small employer health insurance premiums or or credits, adjustments, and payments: Form 4136 Oth I payments. Add lines 51a through 51g nated tax penalty (see instructions). Check of Form due. If line 52 is less than the total of lines 49, 50, payment. If line 52 is larger than the total of lines or the amount of line 55 you want. Credited to 202 Statements Regarding Certain A by time during the 2019 calendar year, did the orga a financial account (bank, securities, or other) in a EN Form 114, Report of Foreign Bank and Financial	(attach Form 8941) rm 2439 her Total 2220 is attached Total and 53, enter amount owed 49, 50, and 53, enter amount overpaid 0 estimated tax Activities and Other Information anization have an interest in or a signature or a foreign country? If "Yes," the organization mail Accounts. If "Yes," enter the name of the for	51c 51d 51e 51f 51g 51g 60 Refunded 1 (see instructions) other authority ay have to file eign country	53 54 55	1,869. 1,869.
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