Form 990 -	F	EXTENDED TO NOVEXEMPT OF	/EMB	ER 15, 2019	av Return		OMB No 1545-0687
		(and proxy tax und			ux Hetuiii		2018
Department of the Treasury		► Go to www.irs gov/Form990T for it		ons and the latest inform		_	
Internal Revenue Service	<u> </u>	Do not enter SSN numbers on this form as it may					pen to Public Inspection for 1(c)(3) Organizations Only er identification number
A Check box if address changed		Name of organization (Check box if name of	changed	and see instructions.)		(Employ- instruct	/ees' trust, see
B Exempt under section	Print	KATE'S CLUB, INC.				16	-1646487
X 501(g()3_)	10	Number, street, and room or suite no. If a P.O. bo				Unrelate (See ins	ed business activity code tructions)
400(e)220(e)	Type	1190 WEST DRUID HILLS		•	0		·
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of	or foreig	n postal code			
C Book value of all assets		ATLANTA, GA 30329 F Group exemption number (See instructions.)	>				
at end of year 1, 325, 26	7.	G Check organization type ► X 501(c) corp	poration	501(c) trust	401(a)	trust	Other trust
		tion's unrelated trades or businesses.	1	Describe	the only (or first) unr	elated	
trade or business here			-		complete Parts I-V. I		
		ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each additions	al trade o	or
business, then complete Pa		v. oration a subsidiary in an affiliated group or a pare	nt-eube	idiary controlled group?	· · · · · · · · · · · · · · · · · · ·	Yes	X No
		ifying number of the parent corporation.	111 3003	idially controlled group.			22 110
J The books are in care of ▶	> 1	HERESA PRESTWOOD		Telepho	one number 🕨 👍	04-3	47-7619
Part I Unrelated	Trac	le or Business Income		(A) Income	(B) Expenses		(C) Net
■ 1a Gross receipts or sales						*	
b Less returns and allowa		c Balance	1c				
2 Cost of goods sold (Sch Gross profit. Subtract III		-	3				• 1
4a Capital gain net income			4a				
4		art II, line 17) (attach Form 4797)	4b			-	
b Net gain (loss) (Form 4) c Capital loss deduction for			4c				
5 Income (loss) from a pa	artners	hip or an S corporation (attach statement)	5_				
Ω ₆ Rent income (Schedule			6				
7 Unrelated debt-financed		,	7				
•		nd rents from a controlled organization (Schedule F) n 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt activit			10				
11 Advertising income (Sci		,	11				
12 Other income (See instr		•	12			'	
13 Total. Combine lines 3			13	0.			
		t Taken Elsewhere (See instructions for tions, deductions must be directly connected			: income)		
		ectors, and trustees (Schedule K)		and amolated been lose		14	·
14 Compensation of office15 Salaries and wages	ers, un	ectors, and trustees (scriedule K)		RECEIVE		15	
16 Repairs and maintenan	nce		-		- 33	16	
17 Bad debts			H004	OCT 2.9 2019	: [17	
18 Interest (attach schedu	ıle) (se	e instructions)	1		<u>K</u>	18	
19 Taxes and licenses		and the state of the bands to a substitute of the state o		OGDEN U		19	
20 Charitable contribution21 Depreciation (attach Fo	•	Instructions for limitation rules)		21	-	20	
·		Schedule A and elsewhere on return		22a		22b	
23 Depletion				(===)		23 ^	
24 Contributions to deferr	ed con	npensation plans				24	
25 Employee benefit progr	rams				_	25	
26 Excess exempt expens						26	
27 Excess readership cost	•	·			}	27	
28 Other deductions (attack) 29 Total deductions Add		•			<u> </u>	29	
		come before net operating loss deduction. Subtrac	t line 29	9 from line 13	ļ	30	0.
•		oss arising in tax years beginning on or after Janua			Į	31	
elated business tax	able in	come. Subtract line 31 from line 30		·		32	0.
LHA For	Paperv	vork Reduction Act Notice, see instructions.			\wedge	1 ~	Form 990-T (2018)
751928	10	9397 2018.04030	36 KAT		$_{\rm NC}$. Q	U	109397_1

Form 990-	THILD B CHOD, THE	<u> 16-16</u>	<u> 546487 </u>	Page 2
Part I	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instru	ctions)	33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	0.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	▶ 39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 3	38 from:		
	Tax rate schedule or Schedule D (Form 1041)	>	▶ 40	
41	Proxy tax. See instructions	•	▶ 41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income See Instructions		43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \	/ Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		7	-
b	Other credits (see instructions) 45b			
c	General business credit. Attach Form 3800 45c		<u></u>	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		 _	
	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule	9) 47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018			
	2018 estimated tax payments 50b	-	7	
	Tax deposited with Form 8868 50c		7	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		7	
	Backup withholding (see instructions) 50e		7	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		7.	
	Other credits, adjustments, and payments: Form 2439		7 1	
	☐ Form 4136 ☐ Other ☐ Total ► 50g			
51	Total payments. Add lines 50a through 50g		51	
. 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	-
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded >	- 55	
Part \		nstructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may ha			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign			
	here >	-		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign trust?		_ X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of taxeexempt interest received or accrued during the tax year ▶\$			
	Under penaltips of perjury, I declare that I have examined this return, including accompanying schedules and statements orrect, and domplete Declaration of preparer (other than taxpayer) is pased on all information of which preparer has an	s, and to the best of my kr	nowledge and belief	f, it is true,
Sign	Street, and dompiete peciaration of preparer (other than taxpayer) is passed on all information of which preparer has any		May the IRS discus	
Here	$ \mathcal{V} (5)/\sqrt{3}$ EXECUTIVE I	~~~~~~	the preparer shown	
	Signature of officer Date Title		instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
Paid		self- employe	:d	
Prepa	BRIAN T. MUIA 16/4/19	1	P012	22323
Use C	TONIES AND WO	Firm's EIN	▶ 58-1	763570
USE C	3475 PIEDMONT ROAD NE, SUITE 1500			
	Firm's address ► ATLANTA, GA 30305	Phone no.	(404)26	<u>2-792</u> 0
823711 01				990-T (2018)

Schedule A - Cost of Good	is Sold. Enter	method of inve	ntory v	valuation N/A	7				
1 Inventory at beginning of year 1			6	Inventory at end of year		6		_	
2 Purchases	2		7 Cost of goods sold. Subtract line 6			line 6	•		_
3 Cost of labor	3			from line 5. Enter here	and in l	Part I,		1	
4a Additional section 263A costs				line 2		Į	7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes N	0_
b Other costs (attach schedule)	4b		╛	property produced or	acquired	d for resale) apply to		_	
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y) 	
1. Description of property									
(1)		•							_
(2)									_
(3)									
(4)									_
	2. Rent receiv	ed or accrued							
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	conal property (if the percent property exceeds 50% or if led on profit or income)	age	3(a) Deductions directly columns 2(a) an	conne d 2(b) (cted with the income in attach schedule)	
(1)					·				
(2)				-					_
(3)			•						
(4)									
Total	0.	Total			0.	_			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)			· · · · · ·	0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0) <u>.</u>
Schedule E - Unrelated De	bt-Financec	l Income (see	ınstru	ctions)	Т			<u>-</u>	
			2	. Gross income from or allocable to debt-		Deductions directly control to debt-finance		perty	
1. Description of debt-fi	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)	
(1)	<u>-: -</u>								_
(2)									_
(3)		-							_
(4)						· · ·			_
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property ischedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(Allocable deductions column 6 x total of column 3(a) and 3(b))	s
(1)				%					
(2)				%					_
(3)				%					
(4)				%					_
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				•		0		0	•
Total dividends-received deductions in	ncluded in column	8				>			•_

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circutation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						. ""
(2)]
(3)			<u> </u>			
(4)						
Totals (carry to Part II, line (5))	0.	_ 0.				0.
						Earm QQA-T (2010)

Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)	ĺ				_		
(3)							
(4)							
Totals from Part I	▶	0.	0.	. ,		* 4	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		r		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	0.		• • •	· · · · · · · · · · · · · · · · · · ·	l o

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		▶	0.

Form 990-T (2018)