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Form 990-T	Exempt Organization (and proxy)		ss Income T	ax Return		OMB No 1545-0687				
	For calendar year 2018 or other tax year beginning		• • •	N 30 $\frac{1}{201}$	9	2018				
Department of the Treasury Internal Revenue Service	► Go to www irs gov/Forr ► Do not enter SSN numbers on this for				— Ор 50	en to Public Inspection for 1(c)(3) Organizations Only				
A Check box if address changed	Name of organization (Check b	D5 of the state of								
B Exempt under section	Print THE WOMEN'S TREAT	MENT CEN	TER		36	-3682166				
X 501(c<u>0</u>03)	Number, street, and room or suite no	If a P O. box, see i	nstructions			d business activity code ructions)				
408(e)220(e)	Type 140 N. ASHLAND AV	/ENUE								
529(a)	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code									
C Book value of all assets at end of year	F Group exemption number (See insti	ructions.)								
	339. G Check organization type ▶ 🗶	501(c) corporation	n 501(c) trust	401(a)	trust	Other trust				
H Enter the number of the	organization's unrelated trades or businesses.	▶ 1	Describe	the only (or first) un	related					
trade or business here	► QUALIFIED TRANSPORTA	ATION FRI	NGE If only one,	complete Parts I-V	If more th	nan one,				
describe the first in the	plank space at the end of the previous sentence,	complete Parts I ar	nd II, complete a Schedule	M for each addition	al trade o	r				
business, then complete										
	the corporation a subsidiary in an affiliated grou		idiary controlled group?	▶ L	Yes	X No				
· · · · · · · · · · · · · · · · · · ·	and identifying number of the parent corporation	n ▶								
J The books are in care o			· ·			850-0050				
Part I Unrelate	d Trade or Business Income	ĭ	(A) Income	(B) Expenses		(C) Net				
1a Gross receipts or sal										
b Less returns and allo	***	► <u>1c</u>								
2 Cost of goods sold (•	2				· · · · · ·				
3 Gross profit. Subtrac		3								
4a Capital gain net inco		4a								
· ' ' '	1 4797, Part II, line 17) (attach Form 4797)	4b								
c Capital loss deduction		4c								
· · ·	partnership or an S corporation (attach stateme					-				
6 Rent income (Sched		6								
	ced income (Schedule E)	7			-					
	pyalties, and rents from a controlled organization	· / -								
	of a section 501(c)(7), (9), or (17) organization (
	ivity income (Schedule I)	10								
11 Advertising income (12 Other income (See ii	structions; attach schedule)	11				·				
13 Total. Combine line	'	13	0.							
	ons Not Taken Elsewhere (See ins									
	contributions, deductions must be directly			s income)						
	ficers, directors, and trustees (Schedule K)			· · · · · · · · · · · · · · · · · · ·	14	··········				
15 Salaries and wages					15					
16 Repairs and mainte	T Company of the Comp	RECEIVE	ED		16					
17 Bad debts	1 [The state of the s	18		17	•				
	edule) (see instructions)	MAR 2 3 2			18					
19 Taxes and licenses		MAN D G Z			19					
	ions (See instructions for limitation rules)	OCEEN			20	·				
21 Depreciation (attacl	1	OGDEN,	21							
	laimed on Schedule A and elsewhere on return		22a		22b					
23 Depletion					23					
24 Contributions to de	ferred compensation plans				24					
25 Employee benefit p					25					
26 Excess exempt exp	enses (Schedule I)				26	· • • • • • • • • • • • • • • • • • • •				
27 Excess readership	costs (Schedule J)				27					
28 Other deductions (a					28					
	Add lines 14 through 28				29	0.				
	taxable income before net operating loss deduct	tion Subtract line 2	9 from line 13		30	0.				
	perating loss arising in tax years beginning on o				31					
	taxable income. Subtract line 31 from line 30		<u> </u>		32	0.				
823701 01-09-19 LHA F	or Paperwork Reduction Act Notice, see instru	ctions				Form 990-T (2018)				

000 T	WORKS THE MONTH CONTROL CONTROL	26 260	2166	Page 2
Form 990-T	(2018) THE WOMEN'S TREATMENT CENTER	36-368	32166	Page Z
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		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	20	36	1 000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	39	\$7	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		11.1	•
D- 4.0	enter the smaller of zero or line 36		88	0.
Part I			1 1 1	
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 38 from:	_		
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax See instructions	•	41	
42	Alternative minimum tax (trusts only)		42	
	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 \	1		1 1 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		- !	
b	Other credits (see instructions) 45b		-	
C	General business credit Attach Form 3800 45c		-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		┥ │	
	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		tach schedule)	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	2 200	-	
	2018 estimated tax payments	2,280.	4	
	Tax deposited with Form 8868	 	-	
	Foreign organizations Tax paid or withheld at source (see instructions)	.	-	
	Backup withholding (see instructions) 50e		-{	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		-{	
9	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 50g		ا ـړ ⊦	2 200
	Total payments Add lines 50a through 50g		51	<u>2,280.</u>
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	55.	53	2 200
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	(6)	54	<u>2,280.</u>
Part V	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refu Statements Regarding Certain Activities and Other Information (see instruct)		55	2,280.
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	•		Ves Ne
90	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	- · · · · · · · · · · · · · · · · · · ·			
57	here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore			$- \frac{X}{X}$
37		igii irusiz		
58	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of peralty, I declare that I have examined this return including accompanying schedules and statements and to the	hest of my kno	wledge and belief	it is true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledg	e		
Here	MANOGO ALLINO B-15-5610 CHAIRPERSON		lay the IRS discuss	
	Signature of officer Date Date		e preparer shown to structions)?	
	Print/Type preparer's name Preparer's signature Date C		f PTIN	. 03
De la		elf- employed	ii C I IIV	
Paid	P_{obs} was present P_{obs} P_{\text	en- empioyed	P0198	25511
Prepa	E L DITCHALL CONTROL CONTROL OF THE	Firm's FIN .		
Use C	4320 WINFIELD ROAD SUITE 450	Firm's EIN ▶	30-20	886485
	<u> </u>	Dhone no C	30. 665	4440
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323/11/01	•• ••		⊢orm	990-T (2018)

Schedule A - Cost of Goods Sold	Enter method	of inventory v	aluation > N/A	,				
1 Inventory at beginning of year 1		6 Inventory at end of year				6		
2 Purchases 2		7	7 Cost of goods sold Subtract line 6					
3 Cost of labor 3			from line 5 Enter here	and in Pa	ırt I,			
4a Additional section 263A costs			line 2			7_		
(attach schedule) 4a	1	8	Do the rules of section	263A (wi	th respect to		Yes	No
b Other costs (attach schedule) 4t)		property produced or a	acquired f	or resale) apply to		ļ	
5 Total Add lines 1 through 4b 5			the organization?					
Schedule C - Rent Income (From (see instructions)	Real Proper	ty and Pe	rsonal Property	Lease	d With Real Pro	pert	y) 	
1 Description of property								
(1)								
(2)								
(3)			-					
(4)								
2 8	ent received or accrue	d			0/ 15			
(a) From personal property (if the percentage or rent for personal property is more than 10% but not more than 50%)	f (b) F	f rent for personal	conal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a		cted with the income attach schedule)	in .
(1)								
(2)								
(3)								
(4)								
Total	O . Total			0.				
(c) Total income Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A)	<u> </u>			آ ۾	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Debt-Fina	anced Incom	1e (see instru	ctions)					
		2	Gross income from		 Deductions directly cor to debt-finant 			
Description of debt-financed pro	operty		or allocable to debt- financed property	(a) s	traight line depreciation (attach schedule)		(b) Other deductio (attach schedule)	
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	Average adjusted ba of or allocable to debt-financed proper (attach schedule)	ty	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduc column 6 x total of c 3(a) and 3(b))	
(1)			%					
(2)			<u></u> %					
(3)			%		-			
(4)			%					
					er here and on page 1, rt I line 7, column (A)		Enter here and on pa Part I line 7 column	
Totals			•		0			0.
Total dividends-received deductions included in	n column 8					•		0.

Schedule F - Interest,	Annuitie	s, Royalt	ies, ar	nd Rents	From Co	ontrolle	d Organiz	ation	1S (see ins	truction	s)
-				Exempt C	ontrolled O	rganizatio	ons				
1 Name of controlled organiza	tion	2 Empl identifica numb	ation		elated income instructions)	4 Tota	al of specified nents made	include	t of column 4 t ed in the contr ation's gross (olling	6 Deductions directly connected with income in column 5
(1)							 				
(2)											
(3)											
(4)							· <u>.</u>				
Nonexempt Controlled Organi	zations			1						<u> </u>	
7 Taxable Income	8 Net u	nrelated income ee instructions)		9 Total o	of specified payi made	ments	10 Part of column the controllingross		nization's		ductions directly connected income in column 10
/1\	 										
<u>(1)</u> (2)	 						-				
(3)											
(4)											
	I			l			Add colun Enter here and line 8, c		e 1, Part I, A)	Enter h	id columns 6 and 11 lere and on page 1, Part I, line 8, column (B)
Totals Schedule G - Investme				E04/a\/	7) (0) 07	<u>▶</u>	iti		0.		0.
	ructions)	me or a s	ection	1 50 1 (C)(), (9), or	(17) Or	ganization	1			
<u> </u>	cription of inco	me			2 Amount of	ıncome	3 Deduction	ected	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)							(4.1.20.1.20.1.20.1.20.1.20.1.20.1.20.1.2	,			(66) 6 \$1,55 66. 17
(2)											
(3)	,										
(4)											
					Enter here and Part I, line 9, co		-				Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited (see instru	_	Activity	Incom	e, Other	Than Ac	lvertisi	ng Income)			
1. Description of exploited activity	unrelated	e from	directly of with pro of unr	penses connected oduction related s income	4 Net incon from unrelated business (co minus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	that ted	6 Exp attribute colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)							· · · · · · · · · · · · · · · · · · ·				
	Enter her page 1 line 10	col (A)		` '							Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisi	na Inco	0.	etrijetier	0.							<u> </u>
Part I Income From					solidated	Basis					
1 Name of periodical		2 Gross advertising income		3 Direct ertising costs			5. Circulat		6 Reade	ership S	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)											_
(2)											, , ,
(3)											
(4)											4
Totals (carry to Part II, line (5))	•	0		0	•						0.
							i				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) (cot 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)							
(3)							
(4)			,				
Totals from Part I		0.	0.		ı		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)	,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.			1	0

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)