Internal Revenue Service

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

▶ 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.

Open to Public Inspection

Α	For the	e 2017 calendar year, or tax year beginning and	d ending		
В	Check if	C Name of organization		D Employer identifi	cation number
	applicable	- PHYLLES WHEATLEY YOUNG WOMEN S CHRIST	ΓΙΑΝ		
	Addres	S ASSOCIATION, INC.		_	
	Name change	Doing business as		53-0	207404
	Initial return	Number and street (or P 0, box if mail is not delivered to street address)	Room/suit	e E Telephone numbe	r
	Final return/	901 RHODE ISLAND AVE. N.W.		(202	<u>) 667-9100</u>
<u>∞</u>	termin ated	City or town, state or province, country, and ZIP or foreign postal code	·	G Gross receipts \$	447,125.
	Ameno	WASHINGTON, DC 20001		H(a) Is this a group re	
	Application	Finame and address of principal officer PAIRICIA L. PLOPING	ER 🦯	for subordinates	? Yes X No
	pendin	901 RHODE ISLAND AVE. N.W., WASHINGTOR		H(b) Are all subordinates in	ncluded? Yes No
<u>71</u>	Tax-exe	empt status 🗶 501(c)(3) 🔲 501(c) ( ) ◀ (insert no ) 🔲 4947(a)(1	) or	If "No," attach a	list (see instructions)
		e: ► N/A		H(c) Group exemption	
		organization. X Corporation Trust Association Other	_ L Yea	ar of formation: 1923 n	A State of legal domicile: DC
_	art I	Summary			
ہ کے	, 1	Briefly describe the organization's mission or most significant activities Prov	<u>/ides_</u>	<u>care, housin</u>	g, and
		guidance to working women and special ne			
ڲۊ	2	Check this box 🕨 📖 if the organization discontinued its operations or disp	osed of mo	re than 25% of its net as	l .
رر قِرر	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
ও ক	4	Number of independent voting members of the governing body (Part VI, line 1b)	)	4	17
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
<b>SCANN</b> Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	0
Ąċţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			-	Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	2,011,700.	234,515.	
en.	9	Program service revenue (Part VIII, line 2g)		76,118.	189,118.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<i></i>	11,108.	1.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Net	<u>}</u> \ ⊢	26,929.	23,491.
	12	Total revenue - add lines o through TT (must edual - ale will (collection (A), line T2)	3/	2,125,855.	447,125.
	1	Grants and similar amounts paid (Part IX, column (A), libes 1·3)  Benefits paid to or for members (Part IX, column (A), line 4) (1)	<i>\\\\\</i> } ⊢		0.
	l		<u> </u>	80,849.	83,027.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, Column (A), Imes 5 10) Professional fundraising fees (Part IX, column (A), Ime 11 e) Total fundraising expenses (Part IX, column (D), line 25)	·	0.	0.
ë	16a	Professional fundraising fees (Part IX, column (A), line (1)	1.		<u> </u>
Ä	b	Total fundraising expenses (Part IX, column (D), line \$5)	<del></del>  -	67,422.	81,240.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 114:246)	-	148,271.	164,267.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,977,584.	282,858.
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12		Beginning of Current Year	End of Year
ts o	ğ	Tatal assate (Dort V. Iran 16)	<u>                                     </u>	2,336,697.	2,619,555.
SSG	20	Total assets (Part X, line 16)		0.	0.
Net Assets or	21	Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20	-	2,336,697.	2,619,555.
ř	ert II	Signature Block		2,330,037.	2,015,555.
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	les and state	ments, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of pregarer (9th)er than officer) is based on all information of v			, moments and bonon, mo
11 0	0, 001160	Motor of Pl.	тион ргорал	Men	hor 13 2118
Sig	20	Signature of officer	_	Date	<del>4 104 0010</del>
He	_	PATRICIA L. PLUMMER, PRESIDENT			
116		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Pa	id	Robert Waller, CPA	A	11/9/18 If self-employ	
	eparer	Firm's name R.L. WALLER & ASSOCIATES	•	Firm's EIN	52-2329777
	e Only	Firm's address 4601 PRESIDENT'S DRIVE SUITE 38	3.0	1880 0 289	
Ja	o only	LANHAM, MD 20706		Phone no. ( 3	01) 262-6400
M	av the IC	RS discuss this return with the preparer shown above? (see instructions)		1. Hono Ho. ( 3	X Yes No
	2001 11-2		tions		Form <b>990</b> (2017)
132	.001 11-2	o-iiiii i oi rapei woin nequotion Mot Notice, see tile sepaiate ilistitol			( )

orm	990 (2017) ASSOCIATION,		<u>53</u> -0	<u> 207404</u>	Page 2
Pai	t III Statement of Program Service Acc	omplishments			
	Check if Schedule O contains a response or n	ote to any line in this Part III			
1	Briefly describe the organization's mission	•			
	Provide for affordable hou	sing to low-incom	me working women a	nd wome	n
	with special needs. Also				
	community based activities				
	Community Dabea accivicies	CO WOMELL III CIIC	COMMITTELY:		
	Did the comment of control of the co		n ware not lested on the		
2	Did the organization undertake any significant progr	an services during the year which	i were not listed on the		X No
	prior Form 990 or 990-EZ?			Yes	L <b>∆</b> _I No
	If "Yes," describe these new services on Schedule (		_		[ <del>3</del> 2]
3	Did the organization cease conducting, or make sign	ificant changes in how it conduc	ts, any program services?	∟ Yes	X No
	If "Yes," describe these changes on Schedule O				
4	Describe the organization's program service accomp				
	Section 501(c)(3) and 501(c)(4) organizations are rec	uired to report the amount of gra	nts and allocations to others, the to	tal expenses, a	and
	revenue, if any, for each program service reported				
4a	(Code) (Expenses \$145, 28	6 • including grants of \$	) (Revenue \$	212,	<u>610.</u> )
	Provided affordable housing	g for low income	and special needs	women	in
	2017				
			-		
			······································		
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$		)
		-			
					<del></del>
		···········			
4c	(Code) (Expenses \$	including grants of \$	) (Revenue \$		)
	<u></u>				
	·				
4d	Other program services (Describe in Schedule O)				
	(Expenses \$ including gran	ts of \$	) (Revenue \$	)	
4e	Total program service expenses	145,286.			
<u></u>		<del></del>		Form 9	90 (2017)

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Form 990 (2017) ASSOCIATION, INC.

Part IV Checklist of Required Schedules

			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	$\overline{}$	Yes	No
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	<u> </u>	
•	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	<u> </u>		
•	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			<del></del>
•	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		<u> </u>
14a	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		<u> X</u>
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	1		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
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	لــــا	<u> X</u>
		Form	990 (	(2017)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		<u>X</u>
þ	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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		
^-	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
20	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		_A_
28	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
-	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
٠.	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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
- <b>-</b>	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2017)

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rai	Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Confedence of Confedence of Motor to any line in this hart v			_ <u></u> _
4-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	ıİ		ŀ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	. 1		
·	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			· ·
20	filed for the calendar year ending with or within the year covered by this return 2a 0			ĺ
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
ь	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 (FBAR)			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		ĺ
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	.		ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	$\rightarrow$	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	$\dashv$	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\rightarrow$	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b></b> -
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	ĺ
_	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8	$\rightarrow$	
9	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	-55		
а	Initiation fees and capital contributions included on Part VIII, line 12			
-	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	ĺ		
11	Section 501(c)(12) organizations. Enter	.		
a	Gross income from members or shareholders	ŀ		
	Gross income from other sources (Do not net amounts due or paid to other sources against	.		
	amounts due or received from them)	, 1		
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		<u> </u>
	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	, ]		ı
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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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 in 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 1a 17			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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, or trustees, or key employees to a management company or other person?	3	<u>X</u> _	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6	X	
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_		<u> </u>
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	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	~ · · · · · · · · · · · · · · · · · · ·		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-		x
_	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
40	In Schedule O how this was done	12c 13		Х
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	- 1-	-	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		Х
a b	Other officers or key employees of the organization	15b	,	X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<b></b>
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IOU	taxable entity during the year?	16a		X
h	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 ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
.0	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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:			
	PHYLLIS WHEATLEY YWCA - (202) 667-9100			
	901 RHODE ISLAND AVE. N.W., WASHINGTON, DC 20001			

ASSOCIATION, INC.

Form 990 (2017)

53-0207404

Page 7

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization ne	or any related	orga	ınıza	tion	cor	mpei	nsat	ed any current officer, o	lirector, or trustee	
(A)	(B)	(C)					(Q)	(E)	(F)	
Name and Title	Average	Position				Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)			box, unless person is both an		compensation	compensation	amount of	
	week	├──	cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	50	te te			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	institutional trustee		e X	шреп		(** 2/ 1033 1/1100)		and related
	below	geng	notion	<u></u>	Key employee	est co	<u>=</u>			organizations
	line)	횰	first	Officer	Key	Highest compensated employee	Former			
(1) Patricia L. Plummer	5.00								_	
President		X	L	X				0.	0.	0.
(2) Brenda T. Fortenberry	5.00								_	
Vice President		Х		X		_		0.	0.	0.
(3) Jessica Brewster-Johnson	5.00			ļ					_	
Vice President-Residence		Х		X				0.	0.	0.
(4) Imogene Akins Hutchinson	5.00									_
Treasurer		X		X		_		0.	0.	0.
(5) Mae Frances Frazier	5.00					-			_	
Chaplain		X	<u> </u>	X				0.	0.	0.
(6) Theresa B. Leeke	5.00									
Vice President- Membership		X		X	ļ	ļ		0.	0.	0.
(7) Janet M. Vernon	5.00								•	
Recording Secretary		X		X		<b> </b>		0.	0.	0.
(8) Bernadette White	5.00									
Corresponding Secretary		X	L.	X		<u> </u>	<u> </u>	0.	0.	0.
(9) Reba M. Diggs	5.00									
Financial Secretary		X		X		ļ	ļ	0.	0.	0.
(10) Dr. Judith A. Webb	5.00	,,						0.	0.	0.
Historian	F 00	X			-	<del>                                     </del>		0.	0.	0.
(11) Tammy L. Hagin	5.00	x	ŀ					0.	0.	0.
Board Member	5.00	^	-			$\vdash$				<u> </u>
(12) Farita Davis	3.00	x						0.	0.	0.
Board Member	5.00	^	$\vdash$		-			0.		
(13) Karen M. Holiday	3.00	x						0.	0.	0.
Board Member	5.00	Α		-	<u> </u>	1		0.		
(14) Ernestine D. Lyon	3.00	v						0.	0.	0.
Board Member	5.00	^			-			0.		<u> </u>
(15) STEPHANIE MINOR-HARPER	3.00	x						0.	0.	0.
Board Member	5.00	42			╁					
(16) JOANNA THURSTON-WATSON	3.00	x						0.	0.	0.
Board Member (17) Inga Harrison	5.00									
, , ,	3.00	x						0.	0.	0.
Board Member	<u></u>	47	Щ.	L		٠	<u> </u>	1		Form 990 (2017)

	(A)		(B)	(C)
	Name and business address	NONE	Description of services	Compensation
-		·		
•				

o.

Form 990 (2017) ASSOCIATION, INC.

Part VIII Statement of Revenue

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_ · u		Check if Schedule O cont		or note to any lin	e in this Part VIII			
		Check in Schedule O cont	ams a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s, Grants Amounts	1 á þ c		1a 1b		* "	y y v,	· · · · · · · · · · · · · · · · · · ·	
Contributions, Gifts, Grants and Other Similar Amounts	d e	Related organizations Government grants (contribut All other contributions, gifts, gran	tions) 1d		=			
ontribut od Other		similar amounts not included abo	ve 11	234,515.			, , , ,	
<u>2</u> <u>p</u>	<u>h</u>	Total. Add lines 1a-1f			234,515.	······································		
				Business Code				
8	2 a			531190	124,108.	124,108.		
Program Service Revenue	b			531110	54,000.	54,000.		
S T	С			531190	9,195.	9,195.		
ĕ a	d		<u> </u>	531190	1,735.	1,735.		
ğ. ∣	е	VENDING INCOME		531190	80.	80.		
₫	f	All other program service reve	enue	900099				
	g	Total. Add lines 2a-2f		<b>•</b>	189,118.	•	*	. ,
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	1.	1.		
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		▶				
- 1			(i) Real	(ii) Personal		*	,	
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		▶			•	
		Gross amount from sales of	(i) Securities	(II) Other			- 1	
	, a	assets other than inventory	(y occurrios	(1) (1)				
	<b>h</b>	Less cost or other basis						
	D						,	,
		and sales expenses		· · · ·				
	_	Gain or (loss)						
e	d 8 a	Net gain or (loss) Gross income from fundraisin	•			v		
		including \$	of					
Other Reven		contributions reported on line	1c) See					
ē		Part IV, line 18	а					
돌	b	Less direct expenses	b				" "	11 1 11 11
٦		Net income or (loss) from fund	=	<b>_</b> _				
	9 a	Gross income from gaming ac	ctivities See				1	
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	, a			_	11 1	1
	b	Less. cost of goods sold	. b		'	· ·		
		Net income or (loss) from sale	_					1
Ī		Miscellaneous Revenu		Business Code	-			
ŀ	11 0	SPECIAL EVENTS		900099	21,600.	21,600.		]
		LATE FEE INCOME		900099	1,890.	1,890.		
ĺ		MISCELLANEOUS I		900099	1,000.	1,000.		
			NCOME	300033	+•			
		All other revenue			22 401			
	-	Total. Add lines 11a-11d			23,491.	212 610		
	12	Total revenue See instructions.		<u> </u>	447,125.	212,610.	0.	0.

Form 990 (2017) ASSOCIATION, INC. Part IX Statement of Functional Expenses

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

D^ -	Check if Schedule O contains a response to line amounts reported on lines 6b,	(A)	(B) T	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			• •	
	and domestic governments. See Part IV, line 21		_		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	55 445	75 445		
	trustees, and key employees	77,115.	77,115.		
3	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
3	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	E 010	5,912.		
)	Payroll taxes	5,912.	5,914.		
ı	Fees for services (non-employees)				
а	Management	750.		750.	
þ	Legal	18,230.		18,230.	
C	Accounting	10,230.		10,230.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		<del></del>		<del></del> <del></del>
f	Investment management fees	-			
g	Other (If line 11g amount exceeds 10% of line 25,	4,142.	4,142.		
_	column (A) amount, list line 11g expenses on Sch O.)	4,144.	4,142.		
2	Advertising and promotion				<u> </u>
3	Office expenses	2,304.	2,304.		
<b>!</b> -	Information technology	2,304.	2,304.		
5	Royalties				
6	Occupancy				-
7	Travel			*	
В	Payments of travel or entertainment expenses for any federal, state, or local public officials				
`	Conferences, conventions, and meetings				
9 0	Interest				
	Payments to affiliates				
1	Depreciation, depletion, and amortization	256.	256.		
2	Insurance	250.			
3 4	Other expenses. Itemize expenses not covered				
•	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				•
а	SPECIAL PROJECTS	22,876.	22,876.		
a b	AWARDS, RECOGNITION & SY	9,523.	9,523.		
C	INSURANCE	7,741.	7,741.		· · · ·
d	STORAGE	4,310.	4,310.		
	All other expenses	11,108.	11,107.		
	Total functional expenses Add lines 1 through 24e	164,267.	145,286.	18,980.	
<u>5</u> 6	Joint costs Complete this line only if the organization	101/20/1	220,200		
J	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here from it following SOP 98-2 (ASC 958-720)				

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53-0207404 Page 11 ASSOCIATION, INC. Form 990 (2017) Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 186,721 241,820. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4,500. 9,000. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 165,594. 10a basis Complete Part VI of Schedule D 165,168. 164,912. 682. 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 2,203,823. 1,980,308. 15 15 Other assets See Part IV, line 11 2,336,697. 2,619,555. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 0 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,336,697. 2,619,555. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,336,697. 33 2,619,555. 33 Total net assets or fund balances 2,336,697 2,619,555. 34 Total liabilities and net assets/fund balances

Form 990 (2017)

Form	n 990 (2017) ASSOCIATION, INC.	53-02	07404	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>67.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,336	5,6	<u>97.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,619	<del>)</del> , 5	<u>55.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>                                      </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		.		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>)</b>			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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				1
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			1
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		ı		1
C	, , ,	audıt,	7		1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audıt	-	-	1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

### **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

Open to Public Inspection

**Employer identification number** PHYLLIS WHEATLEY YOUNG WOMEN'S CHRISTIAN Name of the organization 53-0207404 A CCOCT A MITON

				NC.				J-0207404
Pa	rt I	Reason for Public (	Charity Status (A	All organizations must co	omplete the	s part ) Se	e instructions	
he	organi	zation is not a private found	ation because it is (	For lines 1 through 12, o	heck only	one box)		d
1		A church, convention of chi	urches, or associatio	n of churches described	d in sectio	n 170(b)(1	I)(A)(i).	$\sim$
2		A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ))		× 1/1
3		A hospital or a cooperative					i).	
4	一	A medical research organiza					•	the hospital's name.
•		city, and state		,,				
5		An organization operated for	or the benefit of a co	lege or university owner	d or operat	ed by a gr	overnmental unit describ	ed in
3	ш	section 170(b)(1)(A)(iv). (C		lege of university owner	a or operat	cu by a g	ovommonical anni accome	, od 111
_		, ,, ,, ,, ,	•		4 47	O(L)(4)(A)	4.3	
6	屵	A federal, state, or local gov						
7	L	An organization that normal		ntial part of its support t	rom a gove	ernmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	•					
8	닏	A community trust describe						
9	ш	An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	d in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the colleg	e or
		university	·					
10	$\mathbf{x}$	An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions · subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine:	sses acqu	ired by the organization	after June 30, 1975
		See section 509(a)(2). (Cor						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety See s	section 50	9(a)(4).	
12		An organization organized a						purposes of one or
_		more publicly supported org						
		lines 12a through 12d that of						
_		Type I. A supporting orga						aivina
а		the supported organization						
					a majority (	or tile direc	stors or traditions or time s	оррогинд
	_	organization You must c	•				ad arganization(a), by ba	· · · · · · · · · · · · · · · · · · ·
b	L	Type II. A supporting orga						
		control or management of			ame perso	ns that co	ontrol or manage the sup	portea
	_	organization(s) You must						
С	L	Type III functionally inte	_					ed with,
		its supported organization						
đ		Type III non-functionally	<b>r integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally into	egrated The organiz	ation generally must saf	tisfy a disti	ribution re	quirement and an attent	iveness
		requirement (see instructi	ons) You must con	plete Part IV, Sections	s A and D,	and Part	٧.	
е		Check this box if the orga	inization received a v	written determination fro	m the IRS	that it is a	ı Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	ation		
f	Ente	r the number of supported o	organizations					
a		ide the following information		d organization(s)				
		) Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga in your governi	nization listed no document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
								<del></del>
				<del></del>				
			-		<del> </del>			
		·						
					]			
					ļ <u> </u>			
	.1				1		l	1

Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION, INC.

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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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015(d) 2016 (e) 2017 (f) To 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization'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 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 **⋌(ć)** 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization, meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2017

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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# Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION, INC. 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

50	qualify under the tests listed bection A. Public Support	elow, please comp	olete Part II )				
				4 1 0045	1,0010		
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		00 271	60 220	2011700	224 515	222004
	include any "unusual grants ")		22,371.	60,338.	2011700.	234,515.	2328924.
2	Gross receipts from admissions, merchandise sold or services performed, 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	762,554.	4118154.	715,151.	98,269.		5694128 <u>.</u>
4	Tax revenues levied for the organ-						
	ızatıon'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	7.CO F.F.4	41.40505	775 400	2100000	224 515	0000050
	Total. Add lines 1 through 5	762,554.	4140525.	775,489.	2109969.	234,515.	8023052.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
•	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)						8023052.
Se	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	762,554.	4140525.	775,489.	2109969.	234,515.	8023052.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				11,108.	1.	11,109.
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				11,108.	1.	11,109.
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)						
13	Total support. (Add lines 9, 10c, 11, and 12)	762,554.	4140525.	775,489.	2121077.	234,516.	8034161.
	First five years. If the Form 990 is for						ation,
	check this box and stop here	•					<b>▶</b> □
Se	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2017 (I	·		column (f))		15	99.86 %
16	Public support percentage from 2016		-			16	99.87 %
	ction D. Computation of Inve						
17	Investment income percentage for 20			ne 13, column (f))		17	.14 %
18	Investment income percentage from			. ,,,,		18	.13 %
	a 33 1/3% support tests - 2017. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a						►X
	33 1/3% support tests - 2016. If the						
•	line 18 is not more than 33 1/3%, che						ightharpoons
20	Private foundation. If the organization						<b>▶</b> □

### 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 (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
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Yes   No   No   No   No   No   No   No   N		dule A (Form 990 or 990-EZ) 2017 ASSOCIATION, INC.	53-020740	<b>4</b> Pa	age 5
11 Has the organization accepted a giff or contribution from any of the following persons?  A person with ordirectly or indirectly controls, either actine or together with persons described in (b) and (c) below, the governing body of a supported organization?  5 A family interther of a person described in (a) activities of the control	Pa	rt IV   Supporting Organizations (continued)			
a 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?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) of (b) above?  t A 35% controlled entity of a person described in (a) of (b) above?  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 organizations directors or trustees at all times during the tax year? If "No" describe in Part VI how the supported organizations described among the tax year.  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 organizations described in the power to regularly appoint or elect at least a majority of the organizations described in the power to describe how the power to appoint and/or remove directors or trustees at all times during the tax year of the organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operated for the benefit of any supported organization other than the supported organization of the supported organization orga				Yes	No
below, the governing body of a supported organization?  b A family member of a person described in [a] or (b) above?  c A 35% controlled entity of a person described in [a] or (b) above?!! "Yes" to a, b, or c, prowde detail in Part VI.  Section B. Type I Supporting Organizations  To the directors, rustees, or membership of one or more supported organizations have the power to repulsiry appoint or elect at least a majority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees are all class organization, describe organization and what conditions or restrictions, and yea appeal to such powers during degratation, describe how the power to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the power to appoint and/or remove directors or trustees were allocated among the supported organization, described in the organization or restrictions, and yea appeal organization of the "than the supported organization" is the ported organization of the "than the supported organization" is the "than the supported organization" is the "than the supported organization" is appeared.  Section C. Type II Supporting Organizations  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 supported organization organizatio					
b A family member of a person described in (g) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  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 and it into supported organization and the tax year? If "No," describe he Part VI how the supported organization's directors or trustees and it into submit of the organization and the organization and the more than one supported organization, describe how the powers to appoint and/or emissions, if any, applied to such powers during the supported organization, describe how the powers to appoint and/or emissions, if any, applied to such powers during the supported organization, and the providing such henefit carried out the purposes of the supporting organization of If "Yes," suplain in Part VI how providing such henefit carried out the purposes of the supporting organization? If "Yes," suplain in Part VI how providing such henefit carried out the purposes of the supporting organizations.  Section C. Type II Supporting Organizations  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 directors.  1 Were a majority of the organization's directors organizat	а				
c. 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.  Section B. Type I Supporting Organizations  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 yea? If "No," describe in Part VI how the supported organization (sine-time) organization and under conditions or restrictions, and what conditions or restrictions, if any appile of the organization and what conditions or restrictions, if any appile of usurb none supported organization give apported organization of personal organization operate for the benefit of any supported organization of the third the supported organization of personal organization of personal organization of personal organization of personal organization of the supported organization or unsupported organization organizati					
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Section C. Type II Supporting Organizations  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 was vested in the same persons that controlled or managed the supported organizations  Section D. All Type III Supporting Organizations  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 operating documents in effect on the date of notification, to the extent not previously provided?  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 samilamed a close and continuous working relationship with the supported organization(s)  3 By reason of the relationship described in (ii), did the organizationship with the supported organizationship described in (iii), did the organizationship described in (iii), did the organizationship described in (iii), did the organizationship described organizationship described in (iii), did the organization's involved organization's supported organizationship described in (iii), did the organization's supported organization's such the organization was responsive to the organization was responsive		, , , , , , , , , , , , , , , , , , , ,	2		
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The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations in 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 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 of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  Parent of Supported Organizations Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			u dollons).		
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3				
trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  .					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-				
	b			-	
			3b		

Sche	dule A (Form 990 or 990-EZ) 2017 ASSOCIATION, INC.			3-0207404 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov 20, 1970 (explain in F	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		,	
	instructions for short tax year or assets held for part of year)			,
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	•		
	factors (explain in detail in Part VI)			4.
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3_		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		<u></u>
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8	······	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	3 <sup>4</sup> 3 24 3	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, , , , , , , , , , , , , , , , , , ,	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	, ам	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		, ,	
	emergency temporary reduction (see instructions)	6	, , ,	
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION, INC. 53-0207404 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (11) (iii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Ca. Peck Blasscope Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reason-2 able cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 a The state of the Meligiphing allighe **b** From 2013 hall elektrikan c From 2014 WELL-THEFT HERE , 사람들은 구기들도 다른 도도 등 보고 한 등을 등을 다 생물이 된 모든 모든 등을 다 다 그 모든 등 등록 다 다 다 되었다. - 보고 등을 느낀 등로 도시 그리고 무슨 등을 보고 되고 있다. 이 그를 보고 시트로 등록 다 다 다 되었다. d From 2015 e 'From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount THE THE STREET STREET TO THE STATE OF TH Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D. AND CAME BANKS OF A SALE STATES a Applied to underdistributions of prior years **的数据的逻辑活动的逻辑** b Applied to 2017 distributable amount र्षः ज्ञानितृत्व पुरुष्णास्य ग्रीहरूमे एकः । ज्ञानितृत्व क्रिकेट्रा स्ट्रीम हिन्द्रीय । स्ट्रीयम च क्रिकेट्रास्ट्रीय स्ट्रीय विकास स्ट्रीयम् । c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3 and 4c Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 LET REFERENCE AND THE PROPERTY OF THE PROPERTY

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016

Excess from 2017

Schedule A	Form 990 or 990-EZ) 2017	ASSOCIATION,	INC.		53-0207404 Page 8
Part VI	line 1, Part IV, Section D, lines 1, 2	2, 3b, 3c, 4b, 4c, 5a, 6, 9 nes 2 and 3, Part IV, Sec	a, 9b, 9c, 11a, 11b, and tion E, lines 1c, 2a, 2b, 3	art II, line 10, Part II, line 17a or I 11c, Part IV, Section B, lines 3a, and 3b; Part V, line 1; Part V implete this part for any addition	r 17b; Part III, line 12, I and 2, Part IV, Section C, /, Section B, line 1e; Part V,
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PHYLLIS WHEATLEY YOUNG WOMEN'S CHRISTIAN ASSOCIATION, INC.

**Employer identification number** 53-0207404

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes N
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes N
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc-	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ie organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		L Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		04.14140141
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		— · · · · — · ·
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	s the organization's accounting for
Dai	conservation easements t III Organizations Maintaining Collections of	of Art Historical Treasures or C	Other Similar Assets
Fai	Complete if the organization answered "Yes" on Form		August August.
	If the organization elected, as permitted under SFAS 116 (A)		ment and balance sheet works of art
па	historical treasures, or other similar assets held for public ex		
			ance of public service, provide, in Part Alli
	the text of the footnote to its financial statements that described to the text of the footnote to its financial statements that described to the footnote to its financial statements that described to the footnote to its financial statements.		at and halance cheet works of art. historic
þ	If the organization elected, as permitted under SFAS 116 (As		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pr	ublic service, provide the following amount
	relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
_	(ii) Assets included in Form 990, Part X	and the state of t	al gain, provide
2	If the organization received or held works of art, historical tre		ai gairi, provide
	the following amounts required to be reported under SFAS 1	i to (ASC 938) relating to these items	<b>*</b>
а	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>

		TION, INC.	rt Hic	torical Tr	ogenree (	or Oth	or Sim		07404	
								_		
3	Using the organization's acquisition, accessi	ion, and other record	s, cnec	k any of the	tollowing tha	it are a s	ignifican	t use of its	collection	items
	(check all that apply)				_					
а	Public exhibition	C			hange progr	ams				
b	Scholarly research	e	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	=		-	_			oose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	sures, or oth	er sımıla	r assets	_	7	_
	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organization	on answered	"Yes" or	Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	tinclude	to	٦	
	on Form 990, Part X?								」 Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table			_	1		
							<u> </u>	ļ .	Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e	ļ		
f	Ending balance						1f	<u> </u>	<b>-</b> 1	
-	Did the organization include an amount on F	•	•				•	<u> </u>	」 Yes	⊢ No
	if "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete									
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions		<b></b>			-		-		
С	Net investment earnings, gains, and losses									
d	Grants or scholarships					_				
е	Other expenditures for facilities	•	ļ							
	and programs									<del></del>
f	Administrative expenses									
g	End of year balance		<u> </u>							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for t	he orgar	iization	_	<del></del>
	by								_ Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?	•				3b	
4	Describe in Part XIII the intended uses of the		owment	funds						
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\			), Part X	, line 10			
	Description of property	(a) Cost or o	other		t or other		ccumula		(d) Book	/alue
		basis (investi	ment)	basis	(other)	de	preciatio	n		
1a	Land			16	4,827.				164	<u>,827.</u>
b	Buildings									
С	Leasehold improvements									
d	Equipment				767.		(	582.		85 <u>.</u>
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c)			▶ 🗆	164	<u>,912.</u>

Schedule D (Form 990) 2017 ASSOCIATION Part VII Investments - Other Securities.		<del></del>	•	-0207404 Page 3
Complete if the organization answered "Yes"		<del>_</del>		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation. Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)	<u></u>			<del></del>
(C) ·			· <del></del>	
(D)		<u> </u>	<del></del>	<del></del>
(E)		<del></del>		
(F)				
(G)		·-		
(H)		1/722_185564568.0750ecch6557_1c.m/1	indered liden Charlies (1888) Listes in	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.  Complete if the organization answered "Yes"	on Form 000. Bort IV. In		,	PERRUPT SHAMEN AND THE PERSON OF THE PERSON
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or end	of-vear market value
· · · · · · · · · · · · · · · · · · ·	(b) Doon value	(c) wellower		
(1) (2)	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
	-	· · ·		·
(3) · · · · · · · · · · · · · · · · · · ·				
(5)		•	<del></del>	
(6)		1		
(7)				
(8)				
(9)	-			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes"  (a)	on Form 990, Part IV, lir Description	ne 11d See Form 990	, Part X, line 15	(b) Book value
(1) SPONSOR NOTE RECEIVABLE	-			2,203,823.
(2)	<del></del> .			
(3)				<del></del>
(4)			•	
(5)	•			
(6)	<del></del>			
(8)			AF.	
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15 )			2,203,823.
Part X: Other Liabilities.  Complete if the organization answered "Yes"		ne 11e or 11f See For	m 990 Part X line 25	2,203,023
(a) Description of liability	5 5 550, r arc 14, III	(b) Book value	\$\$\$\$\$\$\#\#\#\#\#\\$\$\$\$\$\\$\$\\$\$\\$\$\\$\$	
(1) Federal income taxes		1		TARE AND TRANSPORT OF THE PROPERTY OF THE PROP
				A THE PROPERTY OF THE PROPERTY
(2)			THE TAX PROPERTY OF THE PROPER	frankaratitinger/appikanen () byaka kapanan () byaka kapanan k
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Total (Column (h) must equal Form 000, Part Y and (P) line	ا ➡ ا			
		to the organization's	financial statements t	hat reports the
<ol> <li>Total. (Column (b) must equal Form 990, Part X, col (B) line</li> <li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li> </ol>	the text of the footnote			

	rt XI Reconciliation of Revenue per Audited Financial Stater	nente With Paye	nue ner Return	age 4
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		nde per neturn.	
		<u></u>		
1	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12		1	
2	Net unrealized gains (losses) on investments	2a		
a b	Donated services and use of facilities	2b	<del></del>	
_	Recoveries of prior year grants	2c	<del></del>	
c d	Other (Describe in Part XIII )	2d	<del></del>	
e	Add lines 2a through 2d	_ Zu		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b	<del>- 10</del>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	,	5	
	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expe		
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		·	
1	Total expenses and losses per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, 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		
	Other (Describe in Part XIII)	710		
С	Add lines 4a and 4b	70	4c	
5	Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18)	7,0	4c 5	
5 Pa	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.		5	
<b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b,	5	
<b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.	art IV, lines 1b and 2b,	5	
<b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b,	5	
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<b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b,	5	
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<b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b,	5	
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<b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b,	5	
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<b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b,	5	
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<b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b,	5	
<b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b,	5	
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### **SCHEDULE O**

(Form 990 or 990-EZ)

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.

Open to Public " Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information. PHYLLIS WHEATLEY YOUNG WOMEN'S CHRISTIAN ASSOCIATION, INC.

**Employer identification number** 53-0207404

Form 990, Part I, Line 1, Description of Organization Mission: D.C. area. Also provides charitable events for children and adults within the community. Form 990, Part VI, Section A, line 3: ORGANIZATION USES A MANAGEMENT COMPANY TO MANAGE DAY TO DAY OPERATIONS. Form 990, Part VI, Section A, line 6:\_\_ THE ORGANIZATION DOES HAVE MEMBERS WHO SERVE AS THE BOARD OF DIRECTORS. THE BOARD IS CHARGED WITH THE RESPONSIBILITY OF OVERSIGHT OF THE ORGANIZATION. THE BOARD MEMBERS DO HAVE VOTING RIGHTS AND ESTABLISH POLICY FOR THE ORGANIZATION. NO MEMBER OF THE BOARD IS COMPENSATED. Form 990, Part VI, Section A, line 7b: ALL DECISIONS OF THE GOVERNING BODY ARE MADE BY VOTES OF THE MEMBERS OF THE BOARD. (MAJORITY RULES). NO ONE OR TWO INDIVIDUALS CAN ENACT ANY NEW POLICIES OF RULES. Form 990, Part VI, Section B, line 11b: A copy of the form 990 is kept at the Organization's headquarters. It is available for inspection by any member of the governing body. The form 990 is reviewed by the president and the treasurer prior to it being signed by the treasurer or the president and mailed. Form 990, Part VI, Section C, Line 19:

The Association makes it's governing documents, and financial statements LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017) Name of the organization PHYLLIS WHEATLEY YOUNG WOMEN'S CHRISTIAN **Employer identification number** 53-0207404 ASSOCIATION, INC. available to the public upon written request. Form 990, Part VII Contact Addresses for Officers, Directors, Etc: Patricia L. Plummer - 615 M STREET NE, WASHINGTON, DC 20002 Brenda T. Fortenberry - 1414 34TH. STREET SE, WASHINGTON, DC 20020 Jessica Brewster-Johnson - 1383 SOMERSET PLACE NW, WASHINGTON, DC 20011 Imogene Akins Hutchinson - 511 WHITTIER STREET NW, WASHINGTON, DC 20012 Mae Frances Frazier - 7905 BEECHNUT ROAD, CAPITOL HEIGHTS, MD 20743 Theresa B. Leeke - 1382 PATUXENT RIDGE ROAD, ODENTON, MD 21113 Janet M. Vernon - 1005 ARBOR PARK PLACE, MITCHELLVILLE, MD 20721 Bernadette White - 65 BRYANT STREET NW, WASHINGTON, DC 20001 Reba M. Diggs - 6404 13 STREET NW, WASHINGTON, DC 20012 Dr. Judith A. Webb - 7408 8TH. STREET NW, WASHINGTON, DC 20012 Tammy L. Hagin - 10229 WIMBLETON PLACE, WALDORF, MD 20601 Farita Davis - 2043 36 STREET SE, WASHINGTON, DC 20020 Karen M. Holiday - 6750 EASTERN AVE. NW, WASHINGTON, DC 20012 Ernestine D. Lyon - 5109 5TH. STREET NW, WASHINGTON, DC 20011 STEPHANIE MINOR-HARPER - 7012 9TH. STREET NW, WASHINGTON, DC 20012 JOANNA THURSTON-WATSON - P.O. BOX 48070, WASHINGTON, DC 20002 Inga Harrison - 2009 FAIRLAWN AVE. SE # 1, WASHINGTON, DC 20020 Paulette C. Holloway - 2017 NORTH CAPITOL STREET NE, WASHINGTON, DC 20002

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

· Open to Public Inspection 2017

OMB No 1545-0047

Schedule R (Form 990) 2017 (g) Section 512(bX13) controlled Š Employer identification number entity? Direct controlling Yes 53-0207404 Part II.3 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling entity End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity Total income Exempt Code ত্ত Go to www.irs.gov/Form990 for instructions and the latest information. section Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) PHYLLIS WHEATLEY YOUNG WOMEN'S CHRISTIAN Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. INC. ASSOCIATION, Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

ASSOCIATION, INC. Schedule R (Form 990) 2017

Part III, Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

Page 2

53-0207404

RELATED  RELATED  RELATED  RELATED  Recommended from the first of the	(c)		۱ ۵	(d)	(e)	(J)	(6)	£ ,		6	(K)
RELATED X N/A X 1	Primary activity domecia Direct or cogal (state or foreign country)		Uirect c er	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportiona allocations?		General or managing partner?	Percentage ownership
RELATED X N/A X 1								8		2	
RELATED X N/A X 1	REDEVELOPMENT										
RELATED X N/A X 1	46-4959074, 701 LAMONT STREET OF TRANSITIONAL	PHYLLIS	SITTXH								
	HOUSING DC WHEATLEY INC,		WHEATLEY		RELATED			×	N/A	×	1,00%
	-										
	_										
										ŀ	
						_					
									-		

Pariv Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related part IV.

	,								
(a)	(q)	(c)	(p)	(e)		(6)	(h)	(i) °	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Legal domicile Direct controlling Type of entity (C corp. S corp. foreign	Type of entity (C corp, S corp, or thist)	Share of total income	Share of end-of-year	Percentage 512(b)(13) ownership controlled entity?	Section 5 12(b)( control entity)	00 (13) (7)
		country)		or crussy		22223		Yes	No
							-		
	1								

See Part VII for Continuations

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Schedule R (Form 990) 2017

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Yes

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ASSOCIATION, INC Schedule R (Form 990) 2017 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Schedule R (Form 990) 2017 Ē (d) Method of determining amount involved ŧ 두 4 4 <u>4</u> 우 5 9 <u>0</u> ¥ 19 ¥ 우 4 Ħ ÷ If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 0. DRAW DOWN SCHEDULE During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b)
Transaction type (a-s) 33 А Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) (1) PHYLLIS WHEATLEY REDEVELOPMENT LLC s Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses **b** Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 7 € 혤 <u>ත</u> 9 3

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ASSOCIATION, INC.

Schedule R (Form 990) 2017

Part Vi. Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(e)   (f)   (g)   (h)   (i)   (j)   (k)   (k)   (i)   (i)   (k)   (ki)   (ki)				
Predominant income part (related, unrelated, 59 excluded from tax under Pescettons 512-514)				, ,
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2017 ASSOCIATION, INC.	53-0207404 Page 5
Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions	
	_
Part III, Identification of Related Organizations Taxable	as Partnership:
Name, Address, and EIN of Related Organization:	
Name, Address, and EIN Of Related Organization:	
PHYLLIS WHEATLEY REDEVELOPMENT LLC	
THE BED WILLIAM MADE VERY BED TO THE STATE OF THE STATE O	
EIN: 46-4959074	
701 LAMONT STREET NW SUITE 11	
WASHINGTON, DC 20010	
D ' DEDUCTION OF TRANSPORT MODIFIES	
Primary Activity: REDEVELOPMENT OF TRANSITIONAL HOUSING	
Direct Controlling Entity: PHYLLIS WHEATLEY INC.	
Direct Controlling Entity: Philipis wheather inc.	
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