Form 990-T .	(E	Exempt Organization Bus			ax Return	ا مرا	OMB No 1545-0687
	ļ.	(and proxy tax und			190	6	0040
الغني	For ca	ilendar year 2018 or other tax year beginning $JUL~1$,				9	2018
Department of the Treasury Internal Revenue Service	•	► Go to www irs gov/Form990T for ir Do not enter SSN numbers on this form as it may				i	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of YOUNG WOMEN'S CHRISTIA	hanged	d and see instructions.)	······································	D Empl (Emp	oloyer identification number ployees' trust, see ructions)
B Exempt under section	Print	OF WINSTON-SALEM AND F				5	66-0564345
X 501(c)(3/1)	or	Number, street, and room or suite no. If a P.O. bo			<u>-</u> -	E Unre	elated business activity code
408(e) 220(e)	Туре	318 INDERA MILLS COURT				(See	instructions)
408A 530(a)	i	City or town, state or province, country, and ZIP of		n postal code		1	
529(a)		WINSTON-SALEM, NC 271				713	3940 /
C Book value of all assets		F Group exemption number (See instructions.)					
11,872,5	<u>99.</u>	G Check organization type X 501(c) con	poratio	n 501(c) trust	401(a)	trust	Other trust
ii tiitei tile numbei oi tile	uryaniza	ILION 5 UNI EIGLEU WAUES OF DUSINESSES.	<u> </u>		the only (or first) un		
		OL, COURT, AND SPACE RE			, complete Parts 1-V.		
		ace at the end of the previous sentence, complete Pa	arts I ar	nd II, complete a Schedule	e M for each addition	al trade	e or
business, then complete						=	- TVT
		poration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	▶ [Y6	es 🗓 No
	_	NANCY MAJCHER		Telenh	ione number > 3	36-	722-5138
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale			I	(A) modile			
b Less returns and allow		c Balance	10	J			
2 Cost of goods sold (S			2		********		728/332
3 Gross profit. Subtract		·	3		不够以及影響	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4a Capital gain net incon	ne (attac	h Schedule D)	4a				
	4797, P	aj̇̃t II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	for trus	sts	4c		14 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1.8.4	<u></u>
	partners	ship or an S corporation (attach statement)	5			B-2887-1974 1. x All 25	
Rent income (Schedu 7 Unrelated debt-finance	le C)		6_				
			7	141,619/	222,1	<u>52.</u>	<80,533.>
		nd rents from a controlled organization (Schedule F)	8				
" "		on 501(c)(7), (9), or (17) organization (Schedule G)					
10 Exploited exempt acti 11 Advertising income (S			11				
12 Other income (See in:		·	12		(4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	grafie de	<u> </u>
13 Total. Combine lines		•	13	141,619.			
		ot Taken Elsewhere (See instructions for					100/000
		utions, deductions must be directly connected			income)	,	
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages		RE	CEI	VED		15	
16 Repairs and mainter	ance	. /	<u> </u>	VLD		,16	
17 Bad debts		ee instructions)	σΛ	2020 8		17	
18 Interest (attach sche	dule) (se	ee instructions)	Z U	2020		18	
19 Taxes and licenses				<u> </u>		19	
		e instructions for limitation rules) OGI	DE۱	N, UT		20	
21 Depreciation (attach				21 22a			
22 Less depreciation cla23 Depletion	mineu oi	n Schedule A and elsewhere on return		[22 <u>a</u>]		22b 23	
24 Contributions to defe	erred co	moensation olans				24	
25 Employee benefit pr		mponsation plans				25	
26 Excess exempt expe	-	chedule I)				26	
27 Excess readership co	-					27	
28 Other deductions (at		,				28	
29 Total deductions. A		•				29	0.
/		ncome before net operating loss deduction. Subtrac	t line 29	9 from line 13		30	<80,533.>
31 Deduction for net op	erating l	oss arising in tax years beginning on or after Janua	ry 1, 20	118 (see instructions)	10	31	4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
		ncome. Subtract line 31 from line 30			31	32	<80,533.>
823701 01-09-19 I HA Fo	r Paner	work Reduction Act Notice see instructions				í	Form 990-T (2018)

Page 2

Part	Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instructions)		T L	33	<80, <u>533.></u>
	Amounts paid for disallowed fringes	•		` [3,4	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	uctions) S.	гит 1		35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s					
	lines 33 and 34		_		36	<80,533.>
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	•	3 3	4	37	1,000.
37	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36	· 📆	1/4	Ϋ́	
(1 ³⁸	enter the smaller of zero or line 36	300,	11 -9		3B	<80,533.>
	Tax Computation				7	(00/3331)
						0.
/39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	l 00 for			39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 from:		,		
	Tax rate schedule or Schedule D (Form 1041)			₹	40	
41	Proxy tax. See instructions			▶⊦	4	
42	Alternative minimum tax (trusts only)			-	42	
43	Tax on Noncompliant Facility Income See instructions				43	
11 44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44	0.
Part V	Tax and Payments			100	*** L. 0/1	
/45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a				
b	Other credits (see instructions)	45b				
С	General business credit. Attach Form 3800	45c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		Ŷ,		
е	Total credits Add lines 45a through 45d			<u>L</u>	45e	
46	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 86	866 Other	(attach schei	dule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				49	0.
	Payments: A 2017 overpayment credited to 2018	50a		3.	3 10	
	2018 estimated tax payments	50b			\$ 800 \$ \$400	
	Tax deposited with Form 8868	500		i		
		500				
	Foreign organizations: Tax paid or withheld at source (see instructions)	50e		—— ģ		
	Backup withholding (see instructions)	50f				
	Credit for small employer health insurance premiums (attach Form 8941)	301			i i	
9_	Other credits, adjustments, and payments: Form 2439			-		·
	☐ Form 4136 ☐ Other ☐ Total ►	50g			-	
51	Total payments. Add lines 50a through 50g				51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				52 53	····
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed					
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1 -			54	
65	Enter the amount of line 54 you want: Credited to 2019 estimated tax		funded		55	
Part V						- 1 1
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature					Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		9			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	e foreign country				
	here >	_				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or t	transferor to, a fo	reign trust'	?		Х
	If "Yes," see instructions for other forms the organization may have to file.					
58 ·	Enter the amount of tax-exempt interest received or accrued during the tax year >\$					Junto San I
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	tatements, and to the	best of my l	nowledge	e and beli	ef, it is true,
Sign	Correct, and complete declaration of prepara (office than taxpayar) is based on an information of which prepara	a mad any knomedy	-	May	the IRS d	iscuss this return with
Here	Church Jones 6/18 Pla CEO/PRI	ESIDENT				hown below (see
	Signature of officer Date Title			ınstr	uctions)?	X Yes No
_	Print/Type preparer's name Preparer's signature D	ate	Check	ıf	PTIN	
De: א			self- empl	loved		
Paid	JANE R POTTER Jane RP. ttn	5/15/20			P0	1057495
Prepa	rer SIZIZI II DITTURE II D	L	Firm's El	N Þ		-1138530
Use C	100 CLUB OAKS COURT		1			
	Firm's address ► WINSTON-SALEM, NC 27104		Phone n	o. 3 3	6-7	68-2310
823711 01			1			Form 990-T (2018)

Form 990-T (2018)

YOUNG WOMEN'S CHRISTIAN ASSOCIATION Form 990-T (2018) OF WINSTON-SALEM AND FORSYTH COUNTY

56-0564345

Page 3

Schedule A - Cost of Goods	s Sold. Enter met	thod of invent	tory valuation N/A	· -			
1 Inventory at beginning of year	1		6 Inventory at end of year	 Ir		6	
2 Purchases	2		7 Cost of goods sold. St	Γ			
3 Cost of labor	3		from line 5. Enter here	and in Part I,	L		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	icquired for resale) apply	/ to		
5 Total Add lines 1 through 4b	5		the organization?			<u></u>	
Schedule C - Rent Income ((From Real Pro	perty and	Personal Property L	eased With Real	Prope	rty)	
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent received or			0(0) 0 - 4 - 4 - 4			
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	nd personal property (if the percentagersonal property exceeds 50% or if is based on profit or income)			nnected with the income in 2(b) (attach schedule)	1
(1)							
(2)							
(3)							
(4)							
Total	0 . Tota	al		0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	(A)	>		(b) Total deduction Enter here and on Part I, line 6, column	page 1,	.	0.
Schedule E - Unrelated Deb	t-Financed Inc	ome (see	nstructions)				
		:	2. Gross income from		ectly connected	ted with or allocable property	
1 Description of debt-fin	anced property		or allocable to debt- financed property	(a) Straight line depred (attach schedule		(b) Other deduction (attach schedule)	IS
				STATEMEN'	r 2	STATEMENT	3
(1) POOL, COURT, AND	SPACE REN	TAL	141,619.	76,	731.	145,4	21.
(2)							
(3)							
_(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjus of or allocal debt-financed (attach sche	ble to property	6. Column 4 divided by column 5	7. Gross income reportable (columi 2 x column 6)	,	8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1) 1,750,125.	1,59	93,959.	100.00%	141,	619.	222,1	52.
(2)			_%				
(3)			%				
(4)			%				
				Enter here and on pag Part I, line 7, column		Enter here and on page Part I, line 7, column (
Totals			▶	141,	619.	222,1	52.
Total dividends-received deductions in	cluded in column 8						0.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Form 990-T (2018) OI	F WINSTON-	SALEM	AND FORS	YTH COU	NTY			56-05	6434	5_	Page 4
Schedule F - Int	erest, Annuitie	s, Royali	ies, and Ren	ts From Co	ntrolle	d Organiza	tion	see ins	struction	s)	
			Exem	pt Controlled C)rganızat	ions					
. 1. Name of controlled organization						yments made includ		Part of column 4 that is cluded in the controlling anization's gross income		6. Deductions d connected with it in column 5	ncome
		-			 		 				
(5)	· · · · · · · · · · · · · · · · · · ·	 			 		 	··· · · · · · · · · · · · · · · · · ·			
		 -			<u> </u>						
(3)		 			 		_		+		
(4)					<u> </u>						
Nonexempt Controlle						γ					
7. Taxable Incom		unrelated incom see instructions		otal of specified pay made	ments	10 Part of colur in the controlli gross	nn 9 tha ng orgar s income	nization's	11. De with	ductions directly co i income in column	onnected 10
(5)											
(3)											
											
_(4)			i		<u>,</u>	Add colum Enter here and		1, Part I,	Enter h	ld columns 6 and 1 ere and on page 1, line 8, column (B)	
						"""	0.011111 (/			inte o, column (b)	_
Totals		·				<u></u>		0.			<u> 0.</u>
Schedule G - Inv	vestment Incor (see instructions)	me of a S	ection 501(c)(7), (9), or (17) Org	ganization					
	1. Description of inco	ome		2. Amount of	income	3 Deduction directly connect (attach schedu	cted	4 Set-		5 Total dec and set-a (col 3 plus	asides
<u>(1)</u>		<u> </u>									
(2)											
(3)			· · · · · · · · · · · · · · · · · · ·								
(4)											
Totals				Enter here and Part I, line 9, co						Enter here and of Part I, line 9, co	
Schedule I - Exp	loited Exempt	Activity	Income Oth	er Than Adv			<u> 4.38</u>	<u>, 92 - 12 - 1890 -</u>	10812, 77	×	
	see instructions)	Activity	meome, our								
	See instructions/	 _		1 4				,		T	
1. Description of exploited activity	f unrelated incom	Gross I business ne from business	3 Expenses directly connected with production of unrelated business income	4. Net incor from unrelated business (co minus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity the is not unrelated business incor	nat ed	6. Exp attribut: colur	able to	7 Excess e expenses (c 6 minus colu but not more column	olumn ımn 5, e than
(1)											
(2)										<u> </u>	
(3)	· - 	 +							<u> </u>	 	
(4)				 ·	_						
_(4)	Foter he	re and on	Enter here and on		· "	STATE OF STATE	405.00 C. A	1 00 AL 200 AL	ren e	Enter here	and
Totals	page line 10,	1, Part I, , col (A)	page 1, Part I, line 10, col (B)	•						on page Part II, line	1,
Schedule J - Ad			structions)								
Part I Income	From Periodic	als Repo	rted on a Co	nsolidated	Basis						
1. Name of pe	eriodical	2 Gross advertising income	-3. Direct advertising cos	or (loss) (c sts col 3) If a g	tising gain ol 2 minus ain, comput arrough 7	5. Circulati	on	6. Reade		7. Excess read costs (column 6 column 5, but no than column	minus ot more
<u>(1)</u>				COR AL	4 S. A. ST. A	<u> </u>			t i	Marin Back	e de la companion de la compan
(2)										等。公的xxx 一个大学生	\$. \$
(2)			 							18	AND THE STATE OF T
						X					
_(4)				\$ # A 70 A	ZWY.Z.	<u> </u>			<u>-</u> -	Arā billiotski	et dissiliée.
Totals (carry to Part II, I	line (5))	C	, .	0.							0.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

1. Name

Total Enter here and on page 1, Part II, line 14

(1)

(2)

(3)

(4)

Form 990-T (2018) OF WINSTON-SALEM AND FORSYTH COUNTY <u>56-0564345</u> Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus 7. Excess readership 2. Gross 3. Direct 5 Circulation 6. Readership costs (column 6 minus 1. Name of periodical advertising col 3) If a gain, compute cols 5 through 7 column 5, but not more than column 4) advertising costs ıncome costs ıncome (1) (2) (3) (4) 0. 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 0. Totals, Part II (lines 1-5) 0 0 Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable

2. Title

Form 990-T (2018)

0.

to unrelated business

%

%

% %

▶

823732 01-09-19

STATEMENT 1

TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)

FORM 990-T

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSL APPLIED	Y		OSS AINING	AVAILABLE THIS YEAR
06/30/13	203,970.		0.	-	203,970.	203,970.
06/30/14	173,197.		0.		173,197.	173,197.
06/30/15	74,744.		0.		74,744.	74,744.
06/30/16	489,916.		0.		489,916.	489,916.
06/30/17	713,361.		0.		713,361.	713,361.
06/30/18	616,590.		0.		616,590.	616,590.
NOL CARRYOVE	ER AVAILABLE THIS	YEAR		2	,271,778.	2,271,778.
FORM 990-T	SCHEDULE I	E - DEPRECIA	TION	DEDUCT	ION	STATEMENT 2
DESCRIPTION				VITY BER	AMOUNT	TOTAL
DEPRECIATION		- SUBTOTAL -		1	76,731	76,731
OTAL OF FOR	M 990-T, SCHEDULE	E E, COLUMN	3(A)			76,731
FORM 990-T	SCHEDUI	LE E - OTHER	DEDU	CTIONS		STATEMENT 3
DESCRIPTION				VITY BER	AMOUNT	TOTAL
UTILITIES INTEREST INSURANCE REPAIRS SALARIES SUPPLIES		- SUBTOTAL -		1	37,435 20,065 7,902 11,696 59,254 9,069	• •
	_	PODICIUM _		_		147,441

NET OPERATING LOSS DEDUCTION

145,421.

(0:02% 0 02% 0.00% %00 o x 100% of the pool = x 20% of the pool 73% of the pool XX hours x XX courts 3,016 hours rented = 3016 at 5% x (on average) 24 hours x 7 days per week x 52 weeks per year = 8736 499 = 5.7% x 50% of Rooms 8736 $\frac{0}{8736} = 0.00\%$ 0 = 0.00% 0 0 2% 2 8736 = 8736 x 0 birthday parties + 499 hours other rent 24 hours x 7 days per week x 52 weeks per year x 0 days per week x 1 week per year x 7 days per week x 52 weeks per year x 0 days per week 0 o'weeks per year x 7 days per week x 52 weeks per year 24 hours x 7 days per week x 52 weeks per year 1 week per year 2 1 day per week - 2 hours 24 hours 24 hours 1 hour 1 hour T.3 Hours used per week
Total hours per week Total hours per week T.3 Hours used per week Total hours per week T.3 Hours used per week Total hours per week Birthday Parties
T.3 Hours used per week Total hours per week Swim Teams WFBH ROOMS GYM

Amounts updated for 18-19 See T.3

YWCA of Winston-Salem and Forsyth County

990-T Income and Expenses

POOL

6/30/19

* 10 m

1438%