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trade or business here № POOL, COURT, AND SPACE RENTAL. If only one, complete Parts I.V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, fine complete Parts III.V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No X N	1,765,2			oration	501(c) trust	401(a) trust	Other trust
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# Yes' enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ NANCY MAJCHER Telephone number ▶ 336-722-5138 Part I Unrelated Trade or Business Income 1.6 Cross recepts or sales b Less returns and allowances c Cost of opods sold (Schedule A, Ine 7) 3. Gross profits. Subtract line 2 from line 10 4. Capital again net income (attant Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (statch Form 4797) c Capital loss deduction for trusts 5. Income (loss) from a partnership or an S corporation (attach statement) 6. Rent income (Schedule C) 7. Unrelated debt-Inanced income (Schedule E) 8. Interest, amuntee, royathee, and rents from a controlled organization (Schedule 6) 7. Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6) 8. Interest, amuntee, royathee, and rents from a controlled organization (Schedule 6) 9. Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6) 10. Advertisation and come (Schedule 1) 11. Advertisation of officers, directors, and trustees (Schedule 8) 12. Other income (See instructions; attach schedule) 13. Total, Combine lines 3 through 12 14. Compensation of officers, directors, and trustees (Schedule 8) 15. Gleductions must be directly connected with the unrejated business income) 16. RECEIVED 17. Interest (attach Schedule) (see instructors) 18. Interest (attach Schedule) (see instructors) 19. Depreciation (attach form 4662) 19. Depreciation (attach form 4662) 19. Excess readifications (attach form 4662) 19. Total (dependence) (Schedule 1) 19. Depreciation (attach form 4662) 19. Excess readifications (attach schedule) 19. Depreciation (attach form 4662) 19. Depreciation (· · · · · · · · · · · · · · · · · · ·			. [V] No
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923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.							1 01 1	Form 990-T (2019)

	D-T (29,19) YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF W	INSTON-S	ALEM A	56-05	64345 Page 2
Parl	Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)	ļ	32	-17,478.
33	Amounts paid for disallowed fringes		•	33	
34	Charitable contributions (see instructions for limitation rules)		_	. 34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line	e 34 from the sum of	lines 32 and 33	7 35	-17,478.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	ctions) S	STMT 2	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	5	0	37	-17,478.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		Q	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 3	37,	11		45 450
	enter the smaller of zero or line 37		<u> </u>	39	<u>-17,478.</u>
	Tax Computation				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		•	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	n line 39 from:		22	
	Tax rate schedule or Schedule D (Form 1041)			41	
42	Proxy tax. See instructions			42	
43	Alternative minimum tax (trusts only)			43	
44	Tax on Noncompliant Facility Income. See instructions			45	0.
45 Pârt	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	***************************************		1 40]	<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a		3 mr / 2	
b	Other credits (see instructions)	46b	~		
C	General business credit. Attach Form 3800	46c	_		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			
	Total credits. Add lines 46a through 46d			46e	
47	Subtract line 46e from line 45			47	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	866 Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)			49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50	0.
51 a	Payments: A 2018 overpayment credited to 2019	51a			
b	2019 estimated tax payments	51b	<u>-</u>		
С	Tax deposited with Form 8868	51c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d		\$25 ° 7	
· e	Backup withholding (see instructions)	51e			
f	Credit for small employer health insurance premiums (attach Form 8941)	51f			
g				Sand Co	
	Form 4136	51g			
52	Total payments. Add lines 51a through 51g			52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached			53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		•	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			. 55	
56 Bord	Enter the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information		unded	56	
;₽aŗi			(tions)		l Van I Na
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of	-			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization is				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	oreign country			X
50	here	noforor to a foroi	n truct?		$-\frac{x}{x}$
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trail	nsieror to, a foreig	jn trust <i>r</i>		
50	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$				
59	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatements, and to the	best of my knowle	edge and belief, if	is true,
Sign	The state of the s				
Here		ESTDENT		May the IRS discu	iss this return with
	Signature of officer Date CEO/PRI				Yes No
		— т		ıf PTIN	
D-:			self- employed		
Paid	$ 1 \times 1 $	5/14/21			57495
	Only Firm's name BUTLER + BURKE, LLP		Firm's EIN		138530
USE	100 CLUB OAKS COURT				-
	Firm's address ► WINSTON-SALEM, NC 27104		Phone no.	36-768	3-2310
000744	01 27 20				m 990-T (2019)

YOUNG WOMEN'S CHRISTIAN ASSOCIATION Form 990-T (2019) OF WINSTON-SALEM AND FORSYTH COUNTY

56-0564345

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold. Su	ubtract lin	e 6		,	
3 Cost of labor	3		from line 5. Enter here	and in Pa	ırt I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4 <u>a</u>		8 Do the rules of section	263A (w	th respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired f	or resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (From Real F	Property and	Personal Property L	.eased	With Real Prope	erty)	1	
(see instructions)							_	
1. Description of property								
(1)								
(2)								
(3)								
(4)					<u></u>	_		
		d or accrued			3(a) Deductions directly		tod with the income in	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for per	d personal property (if the percentag rsonal property exceeds 50% or if is based on profit or income)	ge	columns 2(a) an	d 2(b) (attach schedule)	•
(1)								
(2)								
(3)								
(4)			· · · · · -				_	
Total	0.	Total		0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		er >		ا م	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see in	nstructions)					
			2. Gross income from		 Deductions directly conn to debt-finance 			
Description of debt-fin	anced property		or allocable to debt- financed property	(a) s	traight line depreciation		(b) Other deduction	ıs
			manous property		(attach schedule)		(attach schedule)	4
POOL GOIDE AND	CDACE D	ENION I	2 407	5.7	TATEMENT 3 3,788.		<u> TATEMENT</u> 17,1	4
	SPACE R	ENTAL	3,427.	 	3,700	-	1/,1	<u> </u>
(2)	-					+		
(3)						+		
(4)						+	•	-
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-finar	adjusted basis flocable to nced property i schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	'	8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1) 20,839.		17,946.	100.00%		3,427		20,9	05.
(2)			%					
(3)			%					
(4)			%					
					er here and on page 1, rt i, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals					3,427	.	20,9	05.
Total dividends-received deductions in	cluded in column	8			•			0.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Form 990-T (2019) OF WINSTON-SALEM AND FORSYTH COUNTY

56-0564345

Page 4

•	Annuities, R			ontrolled Or					tructions)		
1. Name of controlled organizati	ion	2. Employer identification number				ments made includ		Part of column 4 that is cluded in the controlling anization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organia	zations				-						
7. Taxable Income		ed income (loss) structions)	9 Total c	of specified paym made	ents	10 Part of colu in the controll gross	mn 9 that ing organ s income	ization's		uctions directly connected ncome in column 10	
(1)				-							
(2)											
(3)											
(4)								l			
Table		•				Add colun Enter here and line 8, d		1, Part I,	Enter her	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
Totals Schedule G - Investme	nt Income	of a Section	n 501(c)(7)	. (9). or (1	7) Org	anization		<u> </u>			
(see instr				,, (-), (-	., 3	,					
1. Desc	ription of income			2. Amount of i	ncome	3. Deduction directly connection (attach scheduler)	cted	4. Set-a		Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)		-									
(3)		_									
(4)			-								
Totals				Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)	
Schedule I - Exploited	-	tivity Incon	ne, Other	Than Adv		g Income	mother to a	e we transfer an	7-100 50-000	· 1	
(see instru 1. Description of exploited activity	2. Gross unrelated busin ncome fron trade or busine	directi	Expenses y connected production unrelated ess income	4. Net incomfrom unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity is not unrelai business inco	that ted	6 Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)	1										
(3)	1										
(4)	<u> </u>										
,	Enter here and page 1, Part line 10, col (/	I, pag	here and on e 1, Part I, 10, col (B)							Enter here and on page 1, Part II, line 25	
Totals Schedule J - Advertisir	na Income					awar siye. Kilik	COPERTITION OF THE PERSON NAMED IN	Carrellandor and Carrelland	nesser et sind et 2000.	<u>, </u>	
Part Income From I				olidated l	Basis	_					
1. Name of periodical	adve	Gross ertising come a	3. Direct dvertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, computi	5. Circula income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) (2) (3) (4)									Ta Ward	t tu	
. Totals (carry to Part II, line (5))	•	0.	0		3 ** 1962+6*G, 72			,		0 Form 990-T (201	

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Form 990-T (2019) OF WINSTO	N-SALEM AN	ID FORSY	TH COUNTY		56-056434	5 Page
Partill Income From Perio columns 2 through 7 on a	dicals Reporte	d on a Sepa	rate Basis (For ea	ach periodical liste	d in Part II, fill in	١
1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	Advertising gain or (loss) (cot 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					,	
(2)						
(3)						
(4)						
Totals from Part I	0.	0				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		sei.		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0	•			0.
Schedule K - Compensation	of Officers, D	irectors, an	d Trustees (see i	nstructions)		
1. Name			2 Title	3. Perce time devot busine	ted to to un	ensation attributable related business

Form 990-T (2019)

0.

%

%

923732 01-27-20

(1) (2)

(3) (4)

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

FORM 990-T	NET	OPERATING LO	oss	DEDUCTION	STATEMENT 1
t. TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSL' APPLIED		LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	80,533.		0.	80,533.	80,533.
NOL CARRYOV	VER AVAILABLE THIS	YEAR		80,533.	80,533.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	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 CARRYO	VER AVAILABLE THIS	YEAR	2,271,778.	2,271,778.

FORM 990-T	SCHEDULE E - DEPRECIATION DEDUCTION					
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL			
DEPRECIATION	- SUBTOTAL - 1	3,788.	3,788.			
TOTAL OF FORM 99	0-т, SCHEDULE E, COLUMN 3(A)		3,788.			

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT, 4
: DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES			376.	
INTEREST			35.	
INSURANCE			1,126.	
REPAIRS			917. 13,750.	
SALARIES SUPPLIES			913.	
501111115	- SUBTOTAL -	. 1	713.	17,117.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	3(B)		17,117.