					2,00		_				
Form 990-T	Exempt Organization (and proxy tax	rn	OMB No 1545-0687								
	For calendar year 2018 or other tax year begir	nning _	, 2018, ai	nd ending	ı ,	20	2018				
Department of the Treasury	► Go to www irs gov/Form990	T for i	nstructions and the	e latest ir	formation						
Internal Revenue Service	Do not enter SSN numbers on this form		<u>, </u>			/\ /	501(c)(3) Organizations Only.				
A Check box if address changed	Name of organization (Check b		•		•		oyer identification number lyees trust, see instructions)				
B Exempt under section	ATLANTA										
X 501(C)()3)	Print Number, street, and room or suite no	lf a P O	box, see instructions				593442				
408(e) 220(e	Type					E Unrelated business activity code (See instructions)					
408A530(a	95 / NORTH HIGHLAND					,	•				
529(a)	City or town, state or province, countr	y, and a	ZIP or foreign postal cod	le							
C Book value of all assets at end of year	ATLANTA, GA 30306										
2 200 675	F Group exemption number (See instruct			5044.)	 	1 4044 5					
	G Check organization type ► X 501			501(c)		∫ 401(a)					
trade or business he	the organization's unrelated trades or busine	esses		lu ana a		•	(or first) unrelated				
	ce at the end of the previous sentence, co	molete		•	•		e than one, describe the				
•	en complete Parts III-V	IIIPIELE	raits rand ii, compi	ele a Sci	ledule IVI IOI ear	or addition	iai				
	was the corporation a subsidiary in an affil	ıated o	roup or a parent-subs	sidiary co	ntrolled group?		▶ Yes X No				
	ame and identifying number of the parent co		on >								
J The books are in car	of ▶SHARMEN GOWENS		Те	lephone	number ► 40	4-892-	-3476				
Part I Unrelated	Trade or Business Income		(A) Income		(B) Expen		(C) Net				
1a Gross receipts or	sales			2							
b Less returns and allows	ncesc Balance >	1c		8		<u> </u>					
2 Cost of goods so	d (Schedule A, line 7)	2		ě		<u></u>					
· · · · · · · · · · · · · · · · · · ·	tract line 2 from line 1c			ie.		EN					
4a Capital gain net i	ncome (attach Schedule D)	4a		,	-ZOE	<u>ستايا</u>	[\Q\				
	rm 4797, Part II, line 17) (attach Form 4797)			, 3	<u> </u>		501a /87/				
	ction for trusts				10/ 2	1 0 1					
	artnership or an S corporation (attach statement)				<u> </u>	9.	مسالان				
	edule C)	$\overline{}$			- lar	<u> </u>	M				
	nanced income (Schedule E)	7					·				
	ilties, and rents from a controlled organization (Schedule F)										
	section 501(c)(7) (9) or (17) organization (Schedule G) activity income (Schedule I)										
•	e (Schedule J)										
•	e instructions, attach schedule)	12		Į4	G. Na 124	B arra Tarra	1				
	nes 3 through 12			0.	140	2. 10.00					
Part Deductio	ns Not Taken Elsewhere (See instr s must be directly connected with t	ructio	ons for limitations			except for	or contributions,				
	officers, directors, and trustees (Schedule K)					. 14					
	s										
	enance					I .					
17 Bad debts						. 17					
18 Interest (attach s	chedule) (see instructions)					. 18					
19 Taxes and license	5					. 19					
(07)	utions (See instructions for limitation rules)			1							
	ch Form 4562),										
	claimed on Schedule A and elsewhere on re					22b					
23 Depletion		,				. 23					
	eferred compensation plans										
	programs										
	penses (Schedule I)										
	costs (Schedule J)										
	(attach schedule)					f					
	Add lines 14 through 28										
· ·	s taxable income before net operating										
31 Deduction for net	operating loss arising in tax years beginnir	ig on o	r atter January 1, 201	ıø (see ii	istructions)	. 31	CONTRACTOR STATE				

Form	990-T (2018)	Page 2
Pa	rt III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	instructions)	33
34	Amounts paid for disallowed fringes	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
	instructions)	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
	of lines 33 and 34	36
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,	
	enter the smaller of zero or line 36	38 0.
Pai	t IV Tax Computation	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	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	41
42	Alternative minimum tax (trusts only).	42
43	Tax on Noncompliant Facility Income See instructions	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	
Par	t V Tax and Payments	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	
	Other credits (see instructions)	
С	General business credit Attach Form 3800 (see instructions)	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	3+3 E
е	Total credits Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47
48	Total tax Add lines 46 and 47 (see instructions)	48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49
	Payments A 2017 overpayment credited to 2018	
	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·	
	Tax deposited with Form 8868- · · · · · · · · · · · · · · · · · · ·	
	Foreign organizations Tax paid or withheld at source (see instructions)	
	Backup withholding (see instructions)	[] [] [] [] [] [] [] [] [] []
	Credit for small employer health insurance premiums (attach Form 8941)	
g	Other credits, adjustments, and payments Form 2439 Other Total ▶ 50g	
51	Form 4136 Other Total ▶ 50g Total payments Add lines 50a through 50g	51
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶	55
Par		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	standard of the statement
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country
	here >	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust? X
	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 ▶ \$	
٥.	Under penalties of perjury, I declare that inhave examined this return, including accompanying schedules and statements and to the b true, correct, and complete Declaration of preparer (other than toppayer) is based on all information of which preparer has any knowledge	est of my knowledge and belief, it is
Sigr	Ma	y the IRS discuss this return
Here		h the preparer shown below
	Signature of officer Date Title (see	e instructions)? X Yes No
Paid	Check	if 201720240
Prep	arer	50 1050101
Use	Firm's name	101 071 6011
	Phone	Form 990-T (2018)
JSA		(2010)

%

% %

%

Form 990-T (2018)

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8.

Enter here and on page 1,

Part I, line 7, column (A)

Schedule F-Interest, Ann	uities, Royaltie							ation	s (se	e instruction	ons)		
			Exemp	ot Cor	ntrolled Or	ganızatı	ons						
Name of controlled organization	Employer Identification number						Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5		
(1)													
(2)								ĺ					
(3)									-				
(4)													
Nonexempt Controlled Organi	zations												
7 Taxable Income 8 Net unrelated in (loss) (see instruct					otal of specific	inc						11 Deductions directly onnected with income in column 10	
(1)													
(2)										•			
(3)													
(4)													
Totals						▶	Eni Pa	rt I, line	and on 8, colu	page 1, mn (A)	Ent	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Schedule G-Investment Ir	ncome of a Sec	ction	501(c)	(7), (nizatio	on (se	e ins	tructions)			
1 Description of income	2 Amount o	2 Amount of income			3 Deductions directly connected (attach schedule)			4 Sei (attach				5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)													
(2)													
(3)													
(4)					20100000000000000000000000000000000000	r sagragging							
Totals	Enter here and Part I, line 9, c	column (A	(A) الج	r Tha				(see	ınstru	ctions)		Enter here and on page 1 Part I, line 9, column (B)	
			,	<u> </u>				7					
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conr pro u	Expenses directly sected with duction of nrelated ess income		4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income		that sted	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)													
(2)													
(3)													
(4)	<u> </u>												
Totals	Enter here and on page 1, Part I, line 10, col (A)	pag	here and e 1, Part 10, col (E	I,								Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In	icome (see instr	uctions	s)		The same of the Books and X	- e secretaria				- FAT MAIL PRODUCTUR			
Part I Income From Peri				solic	dated Bas	is	•						
					4 Advert	ising						7 Excess readership	
1 Name of periodical	1 Name of periodical advertising		Direct rtising cos	gain or (loss) (on		3) If	If income		on	6 Readership costs		costs (column 6 minus column 5, but not more than column 4)	
(1)				4								44	
(2)													
(3)													
(4)													
				[â	ertalezzia 2 od.20.	<u> </u>						100 to 100 Table College (100 to 100	
Totals (carry to Part II, line (5))		_							<u>-</u>			Form 990-T (2018	

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)					<u> </u>	
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part t, 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

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

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

Form **990-T** (2018)

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return

▶ Go to www irs gov/Form4562 for instructions and the latest information

OMB No 1545-0172

Attachment Sequence No 179

Identifying number 58-0593442

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return YOUNG WOMEN CHRISTIAN ASSOCIATION OF GREATER Business or activity to which this form relates

G	ENERAL DEPRECIATION						
Pa	rt I Election To Expense Note: If you have any			e you comp	lete Part I		
1	Maximum amount (see instructions))					1
2	Total cost of section 179 property j	placed in service (see ii	nstructions)			🗀	2
3	Threshold cost of section 179 prop	erty before reduction	in limitation (see instruction	ons)		🗀	3
4 5	Reduction in limitation Subtract lin Dollar limitation for tax year Subtract line 4 fr separately, see instructions	e 3 from line 2 If zero om line 1 If zero or less, enter	or less, enter -0- -0- If marned filing				5
6	(a) Description			usiness use only			
				-			
7	Listed property Enter the amount f						
8	Total elected cost of section 179 pe						8
9	Tentative deduction Enter the small	ler of line 5 or line 8.		,		🗀	9
10	Carryover of disallowed deduction	from line 13 of your 20)17 Form 4562			1	0
11	Business income limitation Enter t		•	•			1
12	Section 179 expense deduction Ad					1	2
13	Carryover of disallowed deduction			▶ 13			
Note		<u> </u>					
	rt Special Depreciation		<u>-</u>				nstructions)
14	Special depreciation allowance		, ,				
	during the tax year. See instructions						4
15	Property subject to section 168(f)(1						5
16	Other depreciation (including ACRS	/Dam't include heted	nranarty Can matrix		·····	<u> 1</u>	6
Fa	rt MACRS Depreciation	(Don't include listed	Section A	cuons)			
17	MACRS deductions for assets plac					1.4	7
18	If you are electing to group any	assets placed in sei	• •	ar into one	or more gener	20,000	
			During 2018 Tax Yea			reciation	System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)		(e) Convention	(f) Metho	od (g) Depreciation deduction
19a	3-year property						
b	5-year property	72 (2) A42 (442)					
С	7-year property	700					
d	10-year property	The State of the s					
е	15-year property						
f	20-year property						
g	25-year property	70 12 30 2 0 20 20 20 20 20 20 20 20 20 20 20 20 20		25 yrs		S/L	
h	Residential rental			27 5 yrs	MM	S/L	
	property			27 5 yrs	ММ	S/L	
- 1	Nonresidential real			39 yrs	MM	S/L	
	property		<u></u>		мм	S/L	
	Section C - Assets		uring 2018 Tax Year	Using the A	Iternative De	preciatio	on System
20a	Class life	27/28 16 /29/09				S/L	
	12-year			12 yrs		S/L	
	30-year			30 yrs	ММ	S/L	
	40-year	<u> </u>		40 yrs	ММ	S/L	<u> </u>
	t IV Summary (See instruc					-	
	Listed property Enter amount from I					2	1
	Total Add amounts from line 12,	-					
23	here and on the appropriate lines of For assets shown above and place	your return. Partnershi ced in <u>service</u> durino	ps and S corporations - s the current vear, ent	ee instruction	s <u></u> T	22	
	For assets shown above and place portion of the basis attributable to s			23	1		
LOL F	Paperwork Reduction Act Notice, se	ee separate instruction	ıs				Form 4562 (2018)

	111 4002 (2010)														i age =
Pa		operty (Include ent, recreation, c			certa	n oth	er ve	hıcles,	certa	ıın aır	craft,	and	prope	rty us	ed fo
	Note. For a	iny vehicle for wh	nch you ar	e using	g the s	tandard	l milea	ge rate	or dec	ducting	lease	expense	e, com	olete o	nly 24a
	24b, columr	ns (a) through (c) o	f Section A	all of S	Section	B, and	Section	C if ap	plicable						
	Section A -	Depreciation and	Other Info	rmatio	n (Caut	ion [.] Se	e the in	structio	ns for l	mits for	r passe	nger au	ıtomobil	es)	
24	a Do you have evidend	e to support the bus	iness/investr	nent use	claimed	12 Y	es	No 2	4b If "	res," is 1	the evide	ence writ	ten?	Yes	No
	(a)	(b)	(c)				(e)	Ţ	(f)	1	g)	Ι.,	 (h)	T	 (ı)
	Type of property (list	Date placed	Business/		(d)		sis for depi		Recovery		hod/	1	eciation	1	section 179
	vehicles first)	in service	percentage	se Cosi	or other b	asis (bu	siness/invi use only		period		ention		uction	1	ost
	C 1		· ·							<u> </u>	1				-
25	Special depreciation														i
	the tax year and us					se See	instruc	lions .			. 25	<u> </u>		<u> </u>	
26	Property used mor	re than 50% in a q	ualified busi	ness us	se					,		-,		·	
				%											
				%											
				%											
27	Property used 50%	6 or less in a qualif	ied busines:	use								-1			
	.,,,	1	1	%						S/L -		1		T]
				%				-		S/L -		-		1	
_		<u> </u>	 							 				4	
				%		l				S/L -				1	
	Add amounts in co													<u> </u>	
29	Add amounts in co	lumn (ı), lıne 26 E	nter here a	nd on	line 7, p	age 1 .							. 29		
					Inform										
Cor	mplete this section fo	r vehicles used by		–						er." or r	elated o	person	lf vou r	rovided	vehicles
	our employees, first an														
<u> </u>		· · · · · · · · · · · · · · · · · · ·			a)	1	b)	<u> </u>	(c)	1 1	d)	1 7	(e)	Τ ,	f)
					ncle 1		icle 2		iicle 3		ıcle 4		ncle 5	Vehicle 6	
30															
	the year (don't incl	ude commuting m	ıles)									<u> </u>		1	
31	Total commuting m	niles driven during	the year .									<u> </u>			
32	Total other p	ersonal (nonco	mmuting)					ł							
	miles driven									l					
33	Total miles drive		ear Add												
	lines 30 through 32														
24	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34				103	110	103		1.03	''	103	110	,,,,	110	103	110
	use during off-duty														
35	Was the vehicle														
	than 5% owner or r	elated person?									-				
36	ls another vehicl	le available for	personal												
	use ⁷								İ						
		ction C - Questic		plove	rs Who	Provi	de Vel	nicles	for Use	by Th	eir Em	plove	es		-
Δης	swer these question													who a	ron't
	re than 5% owners o		-		eption	io com	Jiethig	Occioi	1 10 101	vernoie.	o useu	by cin	pioyees	wiio a	i Cii t
		·												Voc	No
37	Do you maintain a	a written policy s	tatement t	hat pro	ohibits	all pers	sonal u	se of v	ehicles/	, ınclud	ling co	mmutir	ıg, by	Yes	No
	your employees?													<u> </u>	<u> </u>
38	Do you maintain a	a written policy s	statement t	hat pr	ohibits	person	al use	of veh	icles, e	xcept c	ommul	ting, by	/ your		
	employees? See th					e officer	s, direc	tors, or	1% or i	more ov	wners				
39	Do you treat all use	of vehicles by em	ployees as	person	al use?										
40	Do you provide m	ore than five vel	hicles to ye	our em	nployee	s, obta						s abou	ut the		
	use of the vehicles,														
41	Do you meet the re					demo	 Istratio	n use?:	 See inst	ructions					
•	Note: If your answ													-	1
			0, 01 41 13	100, 0	2011 (00	mpicto	00000		110 00 10	100 101	110100			l	1
۲a	rt VI - Amortizati	on			r										
	(a)		(b)			(c)			(4)		(e Amortiz			(f)	
	(a) Description of	f costs	Date amort		Am	nortizable	amount		(d) Code se	ction	perio		Amortiza	ition for th	ns vear
	,		begins	i							percer				
42	Amortization of cos	ts that begins duri	ng your 20	18 tax	year (se	e instru	ictions)								
					<u> </u>							T			
				-											
43	Amortization of cos	te that hegan hofe	re vour 20	IR tov	l lear						1	12			
	Total. Add amount											43			
	Total. Add allicult	3 in Column (i) Se	o the motit	10110113	TOT WITE		POIL .	<u></u>				44		AFE	2 (05:5:
JSA													Fo	rm 430	2 (2018)