Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

2018

Department of the Treasury

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

Open to Public

Inter	nal Revenu	ie Service	► Go to www.irs.gov/Form990 for instructions and the latest in	tormation.		inspection		
Α	For the	2018 cale	ndar year, or tax year beginning , 2018, and ending			, 20		
B	Check if a	applicable	C Name of organization YOUNG WOMENS CHRISTIAN ORGANIZATION	D	Employ	er identification number		
	Address of		Doing business as		58-0	0632083		
Ī	Name cha	•	Number and street (or P O box if mail is not delivered to street address) Room/suite	e E	Telepho	ne number		
$\overline{\Box}$	Initial retu	ŭ	562 RESEARCH ROAD	1	706	-354-7880		
Ħ		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	-				
H			ATHENS, GA 30605	_ _	Groce re	eceipts \$ 1684505		
\exists	Amended		F Name and address of principal officer	FT 1 - 9		subordinales? Yes No		
ш	Application	on penaing	P Name and address of principal officer					
						s included? L_ Yes L_ No a list. (see instructions)		
<u> </u>		npt status:	\[\begin{align*}	⊣				
<u>J</u> _	Website:			H(c) Group exe	•			
K			Corporation	on.	M State	of legal domicile GA		
P	art I	Summ						
	1 1	Briefly de	escribe the organization's mission or most significant activities:	***************************************				
မွ		PROVIDES	CITIZENS IN THE AREA WITH A VARIETY OF EDUCATIONAL AND RECREATIONAL	PROGRAMS AND				
Activities & Governance	'	ACTIVITI	IES.					
ē	2	Check th	is box ▶☐ If the organization discontinued its operations or disposed of	more than 2	5% of	its net assets.		
Š			of voting members of the governing body (Part VI, line 1a)		3	24		
æ			of independent voting members of the governing body (Part VI, line 1b)		4	24		
es	1		nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	213		
Σį	1		nber of volunteers (estimate if necessary)		6	93		
Ę			elated business revenue from Part VIII, column (C), line 12		7a			
_			lated business taxable income from Form 990-T, line 38		7b	<u> </u>		
	b	Net unre	ated business taxable income from Form 990-1, line 30	Prior Year	110	Current Year		
Revenue		O = == 4 == 1 = = = =	Language of Superstanding Superstand Superstanding Superstanding Superstanding Superstanding Superst		849	651888		
	8		tions and grants (Part VIII, line 1h)		244	994762		
	9	_	service revenue (Part VIII, line 2g)	0/4		994702		
ě	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	2.7	25	27055		
_	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		262	37855		
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1545	380	1684505		
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)					
	14	Benefits	paid to or for members (Part IX, column (A), line 4)					
ç	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	792	531	868860		
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)					
be	ь		draising expenses (Part IX, column (D), line 25) ▶		:	-		
Ж	17		penses (Part IX, column (A), lines 11a-11d, 11164eCFIVED.	484	242	594816		
				1276	773	1463676		
	1	-	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		607			
		Hevenue	Tess expenses. Subtract line to from line 32	eginning of Curre		End of Year		
Net Assets or	20	Total		2471		2647124		
SSe	20		sets (Fait A, line 10)		284	86822		
<u>a</u>	21		oilities (Part X, line 26)					
			ts or fund balances. Subtract line 21 from time 25	2304	4/3	2560302		
Ŀ	art II	Signa	ture Block					
Uı	nder penal	lties of perju	ury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the	best of r	my knowledge and belief, it is		
tru	ue, correct	, and comp	lete. Declaration of preparer (other than officer) is based on all information of which preparer	nas any knowledo	ge 			
		1 6	atherine 88 lenson		<u>5 -</u>	31-19		
Si	gn	Sign	nature of officer	Date		•		
He	ere	IN &C	ATHERINE MEYRAN, EXECUTIVE DIRECTOR			_		
		C Type	e or print name and title					
_		Print/Ty	rpe preparer's name Preparer's signature Dat	e	Check	PTIN PTIN		
	aid	∞_{JE}	RRY W HAWKINS	5/28/2019	self-em			
	repare	· //	IINCILLED AND ALCONDATE CONTO	Firm's		58-2657482		
U	se Onl			i		770-867-9426		
<u> </u>	as the In		200,000	Phone	no			
_	-		s this return with the preparer shown above? (see instructions)	• • • •	· <u>·</u> · ·			
	r Paperw NA	vork Redu	iction Act Notice, see the separate instructions.			Form 990 (2018)		

YOUNG WOMENS CHRISTIAN ORGANIZATION 58-0632083 Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: TO PROVIDE EDUCATIONAL AND RECREATIONAL PROGRAMS AND ACTIVITIES Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes 🖾 No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ including grants of \$) (Revenue \$ (Code:) (Expenses \$ including grants of \$) (Revenue \$ (Code:) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ►



Part IV · Checklist of Required Schedules

			Yes	No
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 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 during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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, VIII, IX, or X as applicable.			<u> </u>
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	Х	
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		Х
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		Х
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		Х
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		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
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		Х
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		Х
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 (see instructions)	17		Х
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		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
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		Х

Part	V . Checklist of Required Schedules (continued)			
			Yes	No
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		Х
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		X
b	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		
d	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		Х
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 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," complete Schedule L, Part II	26		Х
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	المستحدا	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		X
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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	Х	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in Boy 2 of Form 1000 Finter 10 if not one Book 1	, , ,	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	(, 4	, ,
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	; <u> </u>	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)				<u> </u>
				Yes	No
2a`	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			经验	数 图
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 21	36.20		验温
b	If at least one is reported on line 2a, did the organization file all required federal employment t	ax returns? .	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ructions)	TE		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So	chedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth			<u> </u>	۱
	a financial account in a foreign country (such as a bank account, securities account, or other finan	cial account)?	4a	a errora	X
b	If "Yes," enter the name of the foreign country:		極陰		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			FEE	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		Δ.
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	 00 and did tha	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,00		6a		X
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such		ba		^
b	gifts were not tax deductible?	CONTRIBUTIONS OF	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).		E333	即用方数	1. A. F. E.
	Did the organization receive a payment in excess of \$75 made partly as a contribution and	northy for goods			
а	and services provided to the payor?	partly for goods	7a	FURNI	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property f		1		<u> </u>
·	required to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	125 MAI	Sar.	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7e	-3-1-1-1-4	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f_		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi	le a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the		歷記	
	sponsoring organization have excess business holdings at any time during the year?		8	<u> </u>	X
9	Sponsoring organizations maintaining donor advised funds.		11.1		100
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal donor advisor, or related personal donor advisor, or related personal donor advisor.	son?	9b	061.7,33	X
10	Section 501(c)(7) organizations. Enter.	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b		(c)	
11	Section 501(c)(12) organizations. Enter:	اعما			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a	L. See	X
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	12.0	ha are	73.74
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		ر در در اور در در د	21
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	A2 "" _,	الاستكثرة وا
а	Note. See the instructions for additional information the organization must report on Schedul	 eΩ		E. 1863	N. A.F.
b	Enter the amount of reserves the organization is required to maintain by the states in which	· ·	والموسودية الموادية الموسودية الموادية		E 17
Б	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	1854) Sul	特型	18 44
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a	33.711	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in				
	excess parachute payment(s) during the year?		15		
	If "Yes," see instructions and file Form 4720, Schedule N.			17	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation.	estment income?	16		
	If "Yes," complete Form 4720, Schedule O.		1. 18 E. S.	11 TY (0.50E)	性觀

Form 990 (2018)

Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
•	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	
Section	on A. Governing Body and Management			
		144.732	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		er in Herm	
	If there are material differences in voting rights among members of the governing body, or	3.57	ولوگيو. دو موا	235
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	143		3 .5
h	Enter the number of voting members included in line 1a, above, who are independent . 1b 24			
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	12 m	704
2	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			X
	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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			<u> </u>
_	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
	stockholders, or persons other than the governing body?	7.0	4 300	47°.4
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	(· / ·	ا ا دارج	\$ 13 A
а	The governing body?	8a	X	12
b	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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Cc	de.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
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 in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			5 7
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			134 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	, ; ;		
	with a taxable entity during the year?	16a		X
b	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		
Secti	on C. Disclosure	LIOD		
17	Let the states with which a copy of this Form 000 is required to be filed \rightarrow GA			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec)	11011	50 I(C)
	Own website Another's website 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 int	erest r	obic	v. and
	financial 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 re	cords	•	

Part VII?	Compensation of Officers, Direc	tors, Trustees,	Key Employees,	Highest Con	npensated E	mployees,	and
	Independent Contractors						

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Chock this box if neither the organization nor	any related	orga	aniza			ompe	nsa	tea any curren	t officar, director	, or trustoe.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CATHERINE J MEYRAN EXECUTIVE DIRECTOR	40				X			62500	0	0
(2) JESSICA GOODWIN	40				X			41154	0	0
(3) SUMMER GREENE	40				X			28837		0
(4) ROSEMARY K MAY	40				Х		-	26922		0
(5) GAYLA CHALMERS	40	-			Х			26831	0	0
(6) SHARON MICHAELS	40				Х			25575	0	0
(7)						-				
(8)					-					
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
· · · · · · · · · · · · · · · · · · ·										

٠	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	s pe	rition more	than of the box Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportat compensatio related organizatii (W-2/1099-N	n from ons	(F) Estimated amount of other compensation from the organization and related organizations	
(15)							u						
(16)											-		
(17)													
(18)													
(19)										_			
(20)													
(21)													
(23)													
(24)													
(25)													
1b c d		VII, Sectio	n A 	•		 	•	▶ ▶	211819				
2	Total number of individuals (including burreportable compensation from the organization)		to th	ose	list	ed a	above	e) W	ho received m	ore than \$1	00,000) of 	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ındi	vidi	ıal					3	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	? <i>I</i> : 	f "Ye: ·	s," ·	complete Sch	edule J fo 	or sucl	4	X
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc		5	X
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												:
	(A) Name and business add	lress							(B) Description of s	ervices		(C) Compensation	
								_					
		_											
<u> </u>													
2	Total number of independent contractor received more than \$100,000 of compens	-	-					o th	nose listed ab	ove) who	第 4		

Part	VIII	Statement of Reve						
ilma sirver	7 071 PKL 3 7 ML.	Check if Schedule O	contains a res	ponse or note to				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s 1a					
ts, Grants Amounts	b	Membership dues .	1b	419812				
	С	Fundraising events .	1c					
Gifts, ilar Ar	d	Related organizations	<u>1d</u>					
	е	Government grants (con		36324				
itio: er S	f	All other contributions, gi					9 at 1 at 1 at 1	
ribu Ç		and similar amounts not inc	<u> </u>	195752				
Contributions, Giff and Other Similar	g	Noncash contributions includ			(51000			
	h	Total. Add lines 1a-1	<u>f</u>	•	651888			
nue		ACHATICO AND FITNES	20	Business Code	102102	103193		
eve		AQUATICS AND FITNES	55		103193 36631	36631		
9 H	1 ~	RECREATION			33380	33380	<u> </u>	
ĬŽ.		AFTERSCHOOL			582364	582364		
Program Service Revenue	d	SUMMERCAMP			239039	239039		
gran	f	All other program ser	VICE YEVEN IE		155	155		
Proj	g	Total. Add lines 2a-2			994762			
	3	Investment income		ends, interest,		Communication of Wind Street, Section 19	E COLSTED FREEDOM (SERVICE COLE)	INCOMPANY THE PROPERTY OF THE
		and other similar amo		▶				
	4	Income from investmen	t of tax-exempt b	ond proceeds ▶				
	5			▶				
		•	(i) Real	(II) Personal				
	.6a	Gross rents	37.855					
	b	Less: rental expenses						
	C	Rental income or (loss)	37855					
	ď	Net rental income or	(loss)	>	37855			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory					100	
	b	Less: cost or other basis						
		and sales expenses .	<u>.</u>					
	С	Gain or (loss)		<u>.</u>				
	d	Net gain or (loss) .		<u> ▶</u>	1679A ACRES ENTRE DESCRIPTA BANCO	erser ombar krast vida ten	6237K (\$2517K (\$2517K) (\$25	RESERVE TENTOCCO PROGRESSION DE PARA
enne	8a	Gross income from fu	undraising					
Other Revenue		of contributions reporte See Part IV, line 18 .						
the	<u>ا</u>	Less: direct expenses	_					
Ó	C	Net income or (loss) f	•	'∟	Terrander of Zonaminos		WAS THE ACCUMENTATION	Charles and a second second
	I -	Gross income from ga		verits .				V. TEST PARTIE
		See Part IV, line 19 .						
	ь	Less: direct expenses					a series and	
	c	Net income or (loss) t			CONTRACTOR A VIGORY MULES SAN	INCOME AND SECURE AND PROPERTY AND	DETACOUNT OF SAME SAME	See the second state of the second se
	_	Gross sales of in					2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
	''	returns and allowanc	-					
	Ь	Less: cost of goods s	-	ļ				
	C	Net income or (loss) t			distributed distributed to appropriate actions.	as park Salura Provincia Sua 111 Par Su	Street Charles September	or California a third do inclinates heromachine
		Miscellaneous F		Business Code				
	11a	<u></u>	· ·	<u> </u>	Commence of the Commence of th		Service of the servic	
	b							
	C							
	d	All other revenue .						
	e	Total. Add lines 11a-	-11d	•				
	12	Total revenue. See i			1684505	994762		

Form 990 (2018)

Part IX^o Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
•	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		🛚
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 individuals. See Part IV, line 22				The state of the s
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	· 799560	799560		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10	Other employee benefits	69300	69300	:	
11	Fees for services (non-employees):				
, а	Management				
b	Legal				
С	Accounting				
d	Lobbying		CONTRACTOR FOR THE CONTRACTOR OF THE	CONTRACTOR CONTRACTOR CONTRACTOR	
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	54756	54756		
12	Advertising and promotion				
13	Office expenses	8699	8699	•	
14	Information technology				
15	Royalties				
16	Occupancy	108017	103370	4647	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	4126		4126	
21	Payments to affiliates	60550	COEFO		
22	Depreciation, depletion, and amortization .	60558 40546	60558		
23	Insurance	0 4 C U P	40546	WINDS CHIEF WAR TO SEE THE FARE	ESPECIALE ASSESSMENT OF A PROPERTY OF A PROP
24	Other expenses. Itemize 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 O.)				
а	SUPPLIES	66428	50904	15524	TARREST LIPA TARA TARANCA MARANA
b	REPAIRS AND MAINTENANCE	16283	12402	3881	
c	TRANSPORTATION	16824	14699	2125	
d	TELEPHONE	7526	2000	5526	
e	All other expenses	211053	171189	39864	
25	Total functional expenses. Add lines 1 through 24e	1463676	1387983	75693	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part X : Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year Savings and temporary cash investments Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 instructions). Complete Part II of Schedule L Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 3294<u>0</u> *Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds.

Total net assets or fund balances

Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
1 .	Total revenue (must equal Part VIII, column (A), line 12)	1	1684505
2	Total expenses (must equal Part IX, column (A), line 25)	2	1463676
3	Revenue less expenses. Subtract line 2 from line 1	3	220829
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2304473
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	2525302
Part	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		_
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	in Parling
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		DESCRIPTION OF THE PROPERTY OF
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled (or Section 1
	reviewed on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		. 2b
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a a sile sile sile sile sile sile sile sile
	separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersig/	ht ·
	of the audit, review, or compilation of its financial statements and selection of an independent account		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in .
	Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth	in 3a
	the Single Audit Act and OMB Circular A-133?		·
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a specific or audits or audits or audits or audits or audits of au	rgo tr udite	ne 3b
2010	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uuito.	Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name of the organization

Employer identification number 58-0632083

	TOONG WOMENS CHRISTIAN					30 003200				
Par							ns.			
The o	organization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)				
1	A church, convention of church	hes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	4) 1			
2	A school described in section	170(b)(1)(A)(ii).	Attach Schedule E (F	orm 990	or 990-E2	Z).)	1 / 1			
3	☐ A hospital or a cooperative hos	spital service org	anization described in	n section	170(b)(1)(A)(iii).				
4	A medical research organization						iii). Enter the			
	hospital's name, city, and state	e:								
5	An organization operated for	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in			
	section 170(b)(1)(A)(iv). (Com		,		•	, ,				
6	A federal, state, or local govern	·	mental unit described	in sectio	n 170(b)	(1)(A)(v).				
7	An organization that normally						the general public			
	described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8										
9	An agricultural research organ			•	orated in	conjunction with a l	and-grant college			
	or university or a non-land-gra									
	university:	in conego or agr				,,,				
10	An organization that normally i	receives: (1) more	e than 331/3% of its su	ipport fro	m contril	butions, membership	fees, and gross			
	receipts from activities related	to its exempt fur	nctions—subject to c	ertain exc	eptions,	and (2) no more that	n 331/3% of its			
	support from gross investmen acquired by the organization a	t income and uni	related business taxal	DIE INCOM	ie (less se nolete Pa	ection 511 tax) from	businesses			
11	An organization organized and									
12	_ •	•	•	-			ry out the nurnoses			
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).									
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а	☐ Type I. A supporting organ	ization operated	supervised, or contr	olled by i	ts suppo	rted organization(s).	typically by giving			
_	the supported organization									
	supporting organization. Y									
b	Type II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having			
_	control or management of									
	organization(s). You must				•		•			
c	☐ Type III functionally integ	rated. A suppor	ting organization oper	ated in c	onnectio	n with, and functiona	ally integrated with,			
	its supported organization	(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.				
d	Type III non-functionally	integrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)			
	that is not functionally inte	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	d an attentiveness			
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.				
е	Check this box if the organ	nzation received	a written determination	on from t	ne IRS th	at it is a Type I, Type	e II, Type III			
	functionally integrated, or									
f	Enter the number of supported	organizations .								
g	Provide the following informatio	n about the supp	oorted organization(s).							
	(i) Name of supported organization	(ii) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
			above (see mondonome)							
				Yes	No					
(A)										
(~)							<u></u> .			
(B)										
										
(C)										
				<u> </u>						
(D)										
				ļ .	<u> </u>					
(E)										
				<u> </u>						

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	on A. Public Support	y quality ariac	i the tests he	sted belevy, p	icase comple	ito r art iii.j	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(4) 20 1 1	(2) 2010	(0/2010	(0, 20) .	(6) 20 10	(7 . 514.
	membership fees received. (Do not	1	,				
	include any "unusual grants.")	1095759	1113931	2598708	1545385	1684505	8038288
2	Tax revenues levied for the		-				
	organization's benefit and either paid	1					
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the	ļ					
	organization without charge						
4	Total. Add lines 1 through 3	1095759	1113931	2598708	1545385	L	8038288
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			数据编制的图片			8038288
	on B. Total Support	4) 004 4	# \ 0045	(1) 0040	(1) 0047	() 0040	(0 T-1-1
	dar year (or fiscal year beginning in)	(a) 2014 1095759	(b) 2015 1113931	(c) 2016 2598708	(d) 2017 1545385	(e) 2018 1684505	(f) Total 8038288
7	Amounts from line 4	1095759	1113931	2598708	1545385	1684303	8038288
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from		,	1			
	similar sources	137	80	29	25		271
9	Net income from unrelated business	137	1 0.0	2.			271
J	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					25 25 27 11 27	8038559
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the	he organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	ere					🕨 🔲
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2018 (line		•				9.997 %
15	Public support percentage from 2017 Sc	hędule A, Part	II, line 14 .				9.993 %
16a	331/3% support test-2018. If the organ						
`	box and stop here. The organization qua	•		-			
b	331/3% support test—2017. If the organ						
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization m						
	Part VI how the organization meets the			_	•		
	organization						_
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
4.0	supported organization						
18	Private foundation. If the organization d						
	instructions		· · · · ·		• • •		<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

	_
D	•
Page	

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ion 509(a)(2)			
	(Complete only if you checked the						der Part IJ.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.)	
	on A. Public Support	,					
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018_	(f) Total
1	Gifts, grants, contributions, and membership fees					/	•
•	received. (Do not include any "unusual grants.")						
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					<u> </u>	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
					/		
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf			١ ٠			
5	The value of services or facilities			/			
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	<u> </u>		/			
7a	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons .		/				~
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	5.8 CS / 18 //					
	line 6.)	A CAPACITA	E LE LES CHE				
Secti	on B. Total Support	/					
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total `
9	Amounts from line 6				_		
10a	Gross income from interest, dividends,	/		į			
	payments received on securities loans, rents,	 /					
	royalties, and income from similar sources . /					<u> </u>	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975 /						
С	Add lines 10a and 10b /						
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.) . /						
10	Total support. (Add lines 9, 10c, 11,						
13	and 12.) /						
14	First five years, If the Form 990 is for the	L	'e firet secon	d third fourth	or fifth tay w	Dar as a sectio	n 501(c)(3)
14	organization, check this box and stop he	-			_		▶ 🗆
Socti	on C. Computation of Public Suppo				<u> </u>		
15	Public support percentage for 2018 (line			13 column (f)		15	%
16	Public support percentage from 2017 Sci						
	on D. Computation of Investment In			<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	1101	70
17	Investment income percentage for 2018			ov line 13 colu	ımn (f))	17	<u></u> %
18	Investment income percentage for 2013	•		-		 	
19a	33//3% support tests—2018. If the organ						
iJa	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organic						
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		_	•			

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.
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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.
 - 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, t determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018 Page 5 Part IV **Supporting Organizations (continued)** Yes No 11 ` Has the organization accepted a gift or contribution from any of the following persons? 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? 11a 11b b A family member of a person described in (a) above? 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. 11c Section B. Type I Supporting Organizations Yes No 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 year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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(s). Section D. All Type III Supporting Organizations Yes No 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 governing documents in effect on the date of notification, to the extent not previously provided? 1 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 maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a 3 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 ☐ The organization satisfied the Activities Test. Complete line 2 below. а ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.* b С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 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 organization(s) to which 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. 2a 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. 2b Parent of Supported Organizations. Answer (a) and (b) below. 3 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. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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Schedule A (Form 990 or 990-EZ) 2018 Page **6**

Part V. Type III Non-Functionally integrated 509(a)(3) Supporting Org	ganı	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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		
Section 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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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	-	-
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		
Section C—Distributable Amount	<u>'</u>		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 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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continual Section D—Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E—Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E—Distribution Allocations (see instructions) (i) Excess Distributions 1 Distributable amount for 2018 from Section C, line 6	Current Year
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Section E—Distribution Allocations (see Instructions) (i) Excess Distributions Underdistribution Pre-2018 Distributable amount for 2018 from Section C, line 6	
Section E—Distribution Allocations (see Instructions) 1 Distributable amount for 2018 from Section C, line 6	
TO THE STATE OF TH	Amount for 2018
2 Underdistributions, if any, for years prior to 2018	246
(reasonable cause required—explain in Part VI). See instructions.	
3 Excess distributions carryover, if any, to 2018	
a From 2013	
b From 2014	
c From 2015	
d From 2016	
e From 2017	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2018 distributable amount	
i Carryover from 2013 not applied (see instructions)	
Contraction on the contraction of the contraction o	
4 Distributions for 2018 from Section D, line 7: \$	
a Applied to underdistributions of prior years	
b Applied to 2018 distributable amount	THE STATE OF THE SECOND CONTRACTOR AND ADMINISTRATION OF THE SECON
c Remainder. Subtract lines 4a and 4b from 4.	
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	
Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	
7 Excess distributions carryover to 2019. Add lines 3 _j and 4c.	
8 Breakdown of line 7:	A CONTRACTOR OF THE PARTY OF TH
a Excess from 2014	
b Excess from 2015	- CHECKER OF THE PARTY NEW YORK TO A TO
c Excess from 2016	学识别是否是证明的
d Excess from 2017	
e Excess from 2018	

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service

Name o	f the organization		Employer identification number
YO	UNG WOMENS CHRISTIAN ORGANIZATION		58-0632083
Par			
	Complete if the organization answered		
		(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 funds are the organization's property, subject to the		
_	·		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	Conservation Easements.		TO TES INC
ı aı	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7	
1	Purpose(s) of conservation easements held by the		•
•	Preservation of land for public use (e.g., recrea		of a historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen	ts	
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		I I
•			
3	Number of conservation easements modified, tran	isterred, released, extinguisned, or tel	rminated by the organization during the
	tax year ► Number of states where property subject to conse	on/ation agrament is located	
4 5	Does the organization have a written policy re		spection handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe		
•	>	g,	, 3
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	g conservation easements during the year
	▶\$		-
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		· · · · · · · 🗋 Yes 🗌 No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		inancial statements that describes the
	organization's accounting for conservation easem		
Pari			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	footnote to its financial statements th	at describes these items
_	If the organization elected, as permitted under s		
b	works of art, historical treasures, or other similar		
	public service, provide the following amounts rela	· · · · · · · · · · · · · · · · · · ·	
	(i) Revenue included on Form 990, Part VIII, line 1	-	▶ \$
2	If the organization received or held works of ar		
-	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990 Part X		• · · · · · · · · · · · · · · · · · · ·

Part	Organizations Maintaining	Collections of A	Art, His	torical T	reasures	, or Ot	her Similar As	isets (co	ontinued)	
3 .	Using the organization's acquisition, a collection items (check all that apply):									
а	☐ Public exhibition		ď	☐ Loan	or exchang	ge prog	rams			
	Scholarly research		е	☐ Other	·					
C	☐ Preservation for future generations							_		
4	Provide a description of the organizat XIII.		·		·				ose in Pai	π
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							es 🗌 No	<u>></u>
Part	Complete if the organization 990, Part X, line 21.		' on For	m 990, F	Part IV, line	e 9, or	reported an ar	nount or	า Form	
1a	Is the organization an agent, trustee, included on Form 990, Part X?								es 🗌 No	_ >
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able:		A	mount		_
C	Beginning balance					1c				_
d	Additions during the year					1d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
2a	Did the organization include an amour)
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII .	• • •	<u> </u>	_
Par	V Endowment Funds.		,	000 [David IV / 15m.	- 10				
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years bac	k (a) Four	r years back	_
4_	Daniel of war halance	(a) Current year	(0) F11	oi yeai	(c) Iwo year		(d) Three years bac	(e) 1 Out	years back	_
	Beginning of year balance							-		-
c	Contributions	.								_
	losses	-			<u>-</u>					_
	Grants or scholarships Other expenditures for facilities and									-
e	programs						 			_
f	Administrative expenses							-		_
g	End of year balance	<u> </u>			<u> </u>					_
2	Provide the estimated percentage of t			e (line 1g	j, column (a	a)) neid	as:			
а	Board designated or quasi-endowmer		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ►		0007							
20	The percentages on lines 2a, 2b, and Are there endowment funds not in the			zation th	at are held	and ad	ministered for th	10		
3a	organization by:	e possession or th	ie Organi	Zauon un	at are ricio	and ad	ministered for th	10	Yes No	_
	•							3a(i)	163 140	-
	(i) unrelated organizations (ii) related organizations							3a(ii)		_
L	If "Yes" on line 3a(ii), are the related o							3b	 	-
ь 4	Describe in Part XIII the intended uses							[35]	<u></u>	_
Part					unus.					_
rei i	Complete if the organization		" on For	m 99∩ I	Part IV lin	e 11a	See Form 990	Part X	line 10	
	Description of property	(a) Cost or ot		T	or other basis	1	Accumulated	_	ok value	-
	Description of property	(a) Cost of other			other)		epreciation	(4) 000		
1a	Land	. 153	13210			KARG.	CHILLEN THE CHILD	1	513210	_
b	Buildings		94958				1178495		716463	_
c	Leasehold improvements						-			_
d	Equipment	. 43	32442		·		358081		74361	_
e	Other							_		_
	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part	X. columi	n (B), line 10	Oc.) .		2	304034	_

Part VII ^s	Investments — Other Securities. Complete if the organization answers		m 990, Part IV, lir	ne 11b. See Form	990, Part X, line 12.
. •	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)				<u> </u>	
(C)		• •			
(D)					
(E) (F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)		· · · · · · · · · · · · · · · · · · ·		
Part VIII	Investments—Program Related		l	LINES ESTABLISHED CONTROL OF THE	AN ELFANNESISSISSISSISSISSISSISSISSISSISSISSISSIS
1 are viii	Complete if the organization answer		m 990. Part IV. lir	ne 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)		···			
(6)					
_(7)		· · · · · · · · · · · · · · · · · · ·			
(8)					-
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.			God at Milester	
T altin.	Complete if the organization ans	wered "Yes" on For	m 990. Part IV. lit	ne 11d. See Form	990. Part X. line 15.
) Description			(b) Book value
(1)	<u>, </u>	<u> </u>			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	<u>.</u>				
	ımn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	<u> </u>	<u> ▶</u>	<u> </u>
Part X	Other Liabilities. Complete if the organization ans line 25.	wered "Yes" on For	m 990, Part IV, lii	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
	ncome taxes				
(2)					
(3)					ALSO PURELLED
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶				
	or uncertain tax positions. In Part XIII, prov				
organization	's liability for uncertain tax positions unde	r FIN 48 (ASC 740). Che	eck here if the text of	the footnote has bee	en provided in Part XIII 🗌

Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, F		- 1 . 1 -	1.604505
1 `	Total revenue, gains, and other support per audited financial statements		. 1	1684505
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	, 1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. <u>2e</u>	7.604505
3	Subtract line 2e from line 1		. 3	1684505
4	Amounts included on Form 990, Part VIII, line 12, 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		
C	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1684505
Part			per Return.	•
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		. 1	1463676
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	1463676
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		
	A -I-1 (: A A II-		امدا	
С				
с _5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1463676
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	. 5	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	. 5 d 2b; Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	. 5 d 2b; Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	. 5 d 2b; Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	. 5 d 2b; Part V, lin	
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	. 5 d 2b; Part V, lin	
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	. 5 d 2b; Part V, lin	
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Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and to provide any addition	. 5 d 2b; Part V, lin al information.	e 4; Part X, line
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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.

2018
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OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
YOUNG WOMENS CHRISTIAN ORGANIZATION	58-0632083
FORM 990 - SUPPLEMENTAL INFORMATION:	
DART VI SECTION A LINE 8A.	
MINUTES TAKEN AND DISTRIBUTED AT EACH MEETING	
TIMOTES TAKEN AND DISTRIBUTED AT LACT MEETING	
PART VI, SECTION A, LINE 8B:	
MINUTES TAKEN AND DISTRIBUTED AT EACH MEETING	
PART VI, SECTION B, LINE 11:	
COPIES ARE PROVIDED TO THE GOVERNING AUTHORITY BEFORE FILING	
PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS DOCUMENTS AVALIABLE WITH A REASONABI	LE
REQUEST	
PART IX, LINE 24E:	
OTHER FUNCTIONAL EXPENSES	
PART IX, LINE 11G:	
OTHER CONTRACT SERVICES	
<u> </u>	<u> </u>