Form <b>990-T</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						-	OMB No 1545-0887	
<b>?</b>	For calenda	or calendar year 2018 or other tax year beginning, and ending  Go to www irs gov/Form990T for instructions and the latest information							
Department of the Treasury Internal Revenue Service	<b>▶</b> Do				ons and the latest inform de public if your organiz		O <sub>1</sub>	pen to Public Inspection 1(c)(3) Organizations On	
A Check box if address changed	Nar	me of organization (		er identification number yees' trust, see tions )					
B Exempt under section	Print TI	HE CENTER		-1451180					
X 501(c)03 )	l Tuna l	mber, street, and room		ed business activity code structions )					
408(e) 220(e)			L ROAD SUIT						
408A 530(a) 529(a)		or town, state or pro ARIETTA, G	vince, country, and ZIP of A 30008	r foreig	n postal code			·	
C Book value of all assets			ber (See instructions.)	<u> </u>					
2,8/6,2			e ► X 501(c) corp	oratio		401(a)		Other trust	
H Enter the number of the	•		businesses. 🕨			the only (or first) un			
trade or business here						complete Parts I-V.			
		t the end of the previo	us sentence, complete Pa	ırts I ar	nd II, complete a Schedule	e M for each addition	nal trade i	or	
business, then complete			-Milated accuse as a second		diamagnetic diamagnetic		7,,,-	[V]	
- · · · · · · · · · · · · · · · · · · ·	-		affiliated group or a parer	nt-subs	idiary controlled group?	▶ 1	Yes	X No	
If "Yes," enter the name a  J The books are in care of					Talanh	one number 🕨 7	70.3	122 1646	
		or Business Inc		-	(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sale				]	(,,,	(-)	+	(0)	
b Less returns and allo	-	<del> </del>	c Balance	1c			-		
2 Cost of goods sold (S		ne 7)	) • Dularioo	2				•	
3 Gross profit. Subtrac				3			<del> </del>		
4a Capital gain net incor				4a					
b Net gain (loss) (Form		•	n 4797)	4b					
c Capital loss deduction		i, illo 17 ) (accaoii i oill		4c			<del></del>		
5 Income (loss) from a		or an S cornoration (a	ttach statement)	5					
6 Rent income (Schedu		or arro corporation (c	itaon statement)	6			<del> </del> -		
7 Unrelated debt-finance	•	Schedule F)		7					
			organization (Schedule F)	8		······································			
			rganization (Schedule G)	<u> </u>					
10 Exploited exempt acti			,	10		-			
11 Advertising income (		,		11					
12 Other income (See in	-	tach schedule)		12					
13 Total. Combine lines	•	•		13	0.				
Part II Deduction	ns Not T	aken Elsewhe	•		ations on deductions)				
		ors, and trustees (Sch		with	the unrelated business	s income )	14	·	
15 Salaries and wages	iodia, directo	73, 2110 11 031003 (0011	,				15		
16 Repairs and mainter	ance						16		
17 Bad debts	iuiioo						17	<del></del>	
40	dule) (see in	structions)					18		
19 Taxes and licenses	44.0) (440	,	REC	FI	/ED		19	<del></del>	
20 Charitable contribut	ons (See ins	tructions for limitation	rules)	11	AEN"		20		
21 Depreciation (attach			101		'S 21				
22 Less depreciation of		hedule A and elsewhe	re on relute APR	15	2019   22a		22b		
23 Depletion					8		23		
18 Interest (attach schell 19 Taxes and licenses 20 Charitable contribut 21 Depreciation (attach 22 Less depreciation of 23 Depletion 24 Contributions to def	erred compe	nsation plans	I Agni	=NI		.*	24		
25 Employee benefit pr		·	The state of the s	- F 19	HA K		25		
26 Excess exempt expe	=	ule I)					26		
27 Excess readership c							27		
28 Other deductions (a							28		
29 Total deductions. A							29	0	
			g loss deduction. Subtrac	t line 2	9 from line 13		30	0	
			ginning on or after Janua				31		
	=	ne Subtract line 31 fr			·		32	0	
		Deduction Act Natio					1 04	Form 990-T (	

Form 990-	THE CENTER TOR CHIEDREN & TOOKS RECEIVED	58-145	1180	Page 2
Part I	II Total Unrelated Business Taxable Income			•
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
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	1,000.
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.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	<b></b>	39	0.
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		43	,
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
b	Other credits (see instructions) 45b			
c	General business credit. Attach Form 3800 45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d			
е	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	ttach 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	0.
50 a	Payments: A 2017 overpayment credited to 2018			
	2018 estimated tax payments 50b			
	Tax deposited with Form 8868 50c			
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions) 50e	_		
	Credit for small employer health insurance premiums (attach Form 8941)  50f			
a	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total > 50g			
51	Total payments. Add lines 50a through 50g	-	51	
	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	▶ 1	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
55	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	inded 🕨	55	
Part \				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	,		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here ▶			_ <u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		_ <u>x</u>
	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 I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		ledge and belief	it is true,
Sign	AMI I O O O O TO THE WAY OF THE W		y the IRS discus	this return with
Here	AMVU LV/ WY YV Y 10/19 EXECUTIVE DIRECT	TMAD I	preparer shown	
	Signature of Officer Date Title	ıns	tructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date C	heck if	PTIN	
Paid		elf- employed		
Prepa	rer LAURA H. HELLER		P007	44874
Use C	Inly Firm's name ► JONES AND KOLB	Firm's EIN 🕨	58-1	763570
	3475 PIEDMONT ROAD NE, SUITE 1500			
	Firm's address ► ATLANTA, GA 30305	Phone no. (	404)26	
823711 01	-09-19	_	Form	990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation ► N/A		<u> </u>			
1 Inventory at beginning of year 1				6 Inventory at end of year			6		
2 Purchases				Cost of goods sold Subtract line 6					
3 Cost of labor	3		j '	from line 5. Enter here				Ì	
4a Additional section 263A costs			line 2			<b>,</b>	7	1	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to				Yes	No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to			•			$\top$
5 Total Add lines 1 through 4b	5		1	the organization?		, , , , , , , , , , , , , , , , , , , ,		1	1 '
Schedule C - Rent Income ( (see instructions)		Property and	d Pe		Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)							-		
(2)				<u> </u>					
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%	than	of rent for p	personal	conal property (if the percenta property exceeds 50% or if ed on profit or income)	50% or if				
(1)									
(2)									
(3)									
(4)								<u> </u>	
Total	0.	Total			0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)				0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	·	0.
Schedule E - Unrelated Deb	t-Financec	I Income (see	ınstru	ctions)	_				
			2	Gross income from		3 Deductions directly co to debt-finar	nnected nced pro	d with or allocable operty	
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)				-					
(2)			1	·					
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property in schedule)	6	. Column 4 divided by column 5		7 Gross income reportable (column 2 x column θ)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	columns
(1)				%			7		
(2)				%					
(3)				%					
(4)				<u> </u>					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals				•		C			0.
Total dividends-received deductions inc	cluded in column	n 8			L		<b>-</b>		0.

Schedule F - Interest,	Ailluitte	s, noyait			Controlled O			atioi	is (see ins	truction	18)
1. Name of controlled organization		2 Emple identifica numbe	tion		elated income instructions)	4 Tota paym	al of specified nents made	Includ	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)											
(3)											·
(4)											
Nonexempt Controlled Organ	izations						<del>_</del>	-	· · · · · ·		
7 Taxable Income		nrelated income see instructions)	(loss)	9 Total	of specified payi made	ments	10. Part of colu in the controll gross		nization's		eductions directly connected in income in column 10
(1)									· · · · · ·		
(2)											
(3)				_,,							
(4)											
							Add colun Enter here and line 8, (		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme	ent Inco	me of a S	ection 5	501(c)(	7), (9), or	(17) Or	ganizatior	1			
1 Des	cription of inco	ome			2 Amount of	income	3 Deduction directly connected (attach scheduler)	ected 4. Set-asides		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals		• • • • •	•	<b>_</b> _		0.			<del></del>		0.
Schedule I - Exploited (see instr	•	Activity	income,	Otnei	r Inan Ad	ivertisi	ng Income	• 			,
1 Description of exploited activity	unrelated incom	Gross d business directly connected with production of unrelated business income		nected iction ted	from unrelated business (co minus colum gain, computi	Net income (loss) unrelated trade or siness (column 2 us column 3) if a , compute cols 5 through 7		that attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)					_						
(4)											
Enter here and on page 1, Part I, line 10, col (A)  Fotals  Enter here and on page 1, Part I, line 10, col (B)			art I,							Enter here and on page 1, Part II, line 26	
Schedule J - Advertis	ing Inco		structions)		·						
Part I Income From					solidated	Basis					
1 Name of periodical		2 Gross advertising income		Direct sing costs		ising gain of 2 minus ain, compute arough 7	5 Circulai income		6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)											
(2)											
(4)			-	-							
Totals (carry to Part II, line (5))	<b>&gt;</b>	0	•	0	•		<u> </u>				0 . Form <b>990-T</b> (2018

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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)						
(3)						
(4)						
Totals from Part I	▶ 0.	0.		10 T	4-4-	0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>▶</b> 0.	. 0.		, ·		0

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		•	0.

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