Department of the Treasury

2949332700512 **Return of Organization Exempt From Income Tax**

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.

Open to Public Inspection

Inter	rnal Rev	enue Service	► Go to www.irs.go	v/Form990 for instructions an	d the latest	t information.	Inspection
Α	For th	e 2018 calend	dar year, or tax year beginning	and	lending		
	Check if		of organization			D Employer identifie	cation number
_	applicab	املا	NG WOMEN'S CHRISTIA	N ACCOCTATION		D Employer identim	cation number
	Addre						
ΛH]chane	<u> </u>	HEAST TN AND SOUTH				100011
″) 🗠	Instial	Be Doing D	ousiness as YWCA NETN A			62-0	488044
`` <u>L</u>	returr	Numbe	r and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone number	
	Final return	v P. C). BOX 817		Ì	423-	968-9 444
	term:	n- City or	town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	2,131,791.
	Amen	Ided DDTC	STOL, TN 37621			H(a) Is this a group re	
┌	Apple		and address of principal officer KA	THY WATICH		1	
<u> </u>	—Jtión pendi		BOX 817, BRISTOL		_	for subordinates	
-						H(b) Are all subordinates in	
		empt status) ◀ (insert no.) 4947(a)(1)	or [627	7	list. (see instructions)
			TNVA.ORG			H(c) Group exemption	
				ssociation Other	L Year	of formation: 1943 N	State of legal domicile: TN
P	art I		!		<u> </u>		
a	1	Briefly describ	be the organization's mission or mos	t significant activities. DEDI	CATED	TO ELIMINAT	ING RACISM,
ĕ	1		RING WOMEN & PROMOT				IGNITY FOR
Governance	2		ox if the organization disco				
Ϋ́	3		iting members of the governing body		oca or more	3	29
ဗွ	3					 -	29
	4		dependent voting members of the go		•	4	
ies	5		of individuals employed in calendar			5	119
₹	6	Total number	of volunteers (estimate if necessary))		6	150
Activities &	7 a	Total unrelate	d business revenue from Part VIII, c	olumn (C), line 12		<u>7a</u>	<u> 17,690.</u>
_	b	Net unrelated	business taxable income from Form	990-T, line 38		7b	25,189.
				120010		Prior Year	Current Year
41	8	Contributions	and grants (Part VIII, line 1h)	1/3/5/5/1		701,114.	626,467.
Revenue			ice revenue (Part VIII, line 2g)	UUU	_	1,232,907.	1,227,757.
Ş.	10	-	come (Part VIII, column (A), lines 3, 4	1 and 7d)	-	56,896.	54,122.
æ	桶				<u> </u>	76,593.	97,919.
	L		e (Part VIII, column (A), lines 5, 6d, 8				
			- add lines 8 through 11 (must equa			2,067,510.	2,006,265.
	13		milar amounts paid (Part IX, column		 	0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, othe	r compensation, employee benefits	(Part IX, column (A), lines 5-10)	<u> </u>	1,765,869.	<u>1,841,942.</u>
us.	16a	Professional f	undraising fees (Part IX, column (A),	line 11e)	<u> </u>	0.	O.
Expenses	$ \vec{u}_{\mathbf{b}} $	Total fundrais	ing expenses (Part IX, column (D), lir	ne 25) > 39,2	98.		
ũ			es (Part IX, column (A), lines 11a-11d			503,686.	437,214.
	-		es. Add lines 13-17 (must equal Part		-	2,269,555.	2,279,156.
					·	-202,045.	
<u>_ 8</u>	9_	Hevenue less	expenses. Subtract line 18 from line	12			<u>-272,891.</u>
SO					Re	ginning of Current Year	End of Year
SSE	20	-	Part X, line 16)		 	3,622,790.	3,250,366.
Net Assets or Fund Balances	21	Total liabilities	s (Part X, line 26)			209,166.	<u> 173,620.</u>
<u> </u>	22		fund balances Subtract line 21 fron	n line 20		3,413,624.	<u>3,076,746.</u>
Pá	art II	Signatur	e Block				
Und	er pena	alties of perjury,	I declare that I have examined this return	, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
			. Declaration of preparer (other than office				-
		\	KALSIDA			4/20/1	9
C:-	_	Signatur	e of officer			Date	
Sig			· ,	CUMTUR OFFICER			
Her	e	Type of	IY WAUGH, CHIEF EXE	CUTIVE OFFICER			
		' 	· · · · · · · · · · · · · · · · · · ·		Tr.	Ooto Joseph Im	
		Print/Type pre	parer's name	Preparer's signature	1.	Date Check	PTIN
Paid	1	MIKE ED	DY	Mull Eddy, 9		8/08/19 self-employe	
Preg	parer	Firm's name	▶ BLACKBURN, CHILL	ERS & STEAGALL,	PLC	Firm's EIN ▶	<u>62-0647474</u>
Use	Only	Firm's address	801B SUNSET DRIV				
	•		JOHNSON CITY, TN			Phone no. (42	23)282-4511
Mar	the II	RS discuss the	s return with the preparer shown ab				X Yes No
					ons		Form 990 (2018)
8320	01 12-3	31-18 LHA I	or Paperwork Reduction Act Noti-	ce, see the separate instructi	VII3.		(2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ROOM. FREE PERSONAL TRAINING SO THAT MEMBERS FEEL CONFIDENT ABOUT THEIR WORKOUT REGIME AND GET SUPPORT IN STAYING MOTIVATED. A VARIETY OF FUN FITNESS CLASSES WHERE WOMEN CAN BE SOCIAL AS THEY TAKE GOOD CARE OF THEMSELVES. MEMBERS ARE EDUCATED TO CONFIDENTLY USE A VARIETY OF CARDIO AND STRENGTH TRAINING EQUIPMENT.

4d Other program services (Describe in Schedule	U	١.,
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including grants of \$

Total program service expenses

2,112,526.

Form **990** (2018)

832002 12-31-18

YOUNG WOMEN'S CHRISTIAN ASSOCIATION NORTHEAST TN AND SOUTHWEST VA

ABOD GMR

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_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	ļ
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		<u>X</u>
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	<u> </u>	X
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_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_
′	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	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	0		-
9	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, VII, VIII, IX, or X			
• •	as applicable.			
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	1
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		X
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		X
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		<u>X</u> _
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	X	
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	<u> </u>
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	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	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	446		v
. =	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	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	10		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		x
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	X	
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		<u>x</u> _
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		X

10180808 784050 60017

Form 990 (2018) NORTHEAST TN AND S
Part IV 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		X
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		<u> </u>
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	1		
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	040		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u> 25a</u>		
	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		X
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).			i
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	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		<u>X</u>
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			v
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
31	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	31		
J_	Schedule N. Part II	32		_x_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_ <u></u>		
•	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
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		<u>_X_</u>
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		<u>_X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		. ,	
Da-	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	_X_	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Contounit to Companied of flotte to diffy line in this react v	- 	Vac	Na
4	Enter the number reported in Box 3 of Form 1006. Enter 0, if not applicable	<u>-</u>	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		Ì	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ł	
U	(gambling) winnings to prize winners?	1c	x	
832004	12-31-18			2018)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

•					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	119			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	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 Schedule	0		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a_		_ X_
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>x</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	action?	'	<u>5b</u>		<u> X</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit	_		77
	any contributions that were not tax deductible as charitable contributions?		6 -	6 <u>a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	r: (1000	rouded to the neuer			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	i vices į	ordvided to the payor ?	7 <u>a</u> 7b		
b b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	ae rea	ured	76		
C	to file Form 8282?	as ieq	ulleu	7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		et?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7 1		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		199 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		1			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		,	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		•	9b		
10	Section 501(c)(7) organizations, Enter	,	,]]
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			.	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1
11	Section 501(c)(12) organizations. Enter	١			1	-
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	446				l
10-	amounts due or received from them) Section 4947(a)(4) page expense obstitute to the organization filing Form 990 in liquid Form	11b	-	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU_				1
	Is the organization licensed to issue qualified health plans in more than one state?			13a	1	'
<u>.</u>	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1	1	
_	organization is licensed to issue qualified health plans	13b			İ	j
С	Enter the amount of reserves on hand	13c]
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		_X_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	or	ļ	j	
	excess parachute payment(s) during the year?		ļ	15		<u>X</u> _
	If "Yes," see instructions and file Form 4720, Schedule N					لي
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		<u> X</u>
	If "Yes," complete Form 4720, Schedule O				990 ((0040)
				⊢∩rm	22U (ZU181

62-0488044 Page **6**

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response	se
•	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	

	Check if Schedule O contains a response or note to any line in this Part VI					<u>LX</u>
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29			1
	If there are material differences in voting rights among members of the governing body, or if the governing	1				ŀ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	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	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	is filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		<u> </u>
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 a	ppoint	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, s	stockh	olders, or		i	
	persons other than the governing body?			7b	X	
81	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	X	
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 real	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	<u>evenue</u>	Code)			
					Yes	No_
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u> _
þ	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					لــــ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe		٠,	
	In Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	<u>X</u>	
14	Did the organization have a written document retention and destruction policy?		ala da l	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approv		aepenaent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	-	
	The organization's CEO, Executive Director, or top management official		•	15a	X	
D	Other officers or key employees of the organization			15b	A	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	ment :	uth a			
ioa	taxable entity during the year?	illolle v	nu i a	16a	_	$\overline{\mathbf{x}}$
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ta ite r	artícination	ioa		
Ð	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of the organization of th				İ	
	and the state of the same of t	inzatio		16b		
Sec	exempt status with respect to such arrangements?		***************************************	100		
17	List the states with which a copy of this Form 990 is required to be filed ►TN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at	nd 990	T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	500	(3)(0)	//		
	Own website Another's website X Upon request Other (explain	ın Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			d financ	cial	
13	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 bo	oks an	d records ▶			
20	ROBERT HAVLIK - 423-968-9444					
	106 STATE STREET, BRISTOL, TN 37620					
	100 D1112 D111221, 2112101, 14 0,000				222	

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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule	O contains a re	sponse or note	to any l	line in this Part VII

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

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

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

Name and Title	Check this dox if heither the organization in		J	II IIZč			npe	ısal			(5)
Name and the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the	(A)	(B)	1				,		(D)	(E)	(F)
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DIRECTOR			stee 0	ruste			Bensa		(W-2/1099-MISC)		•
DIRECTOR		•	nal tru	onalt		ptoye	m03				
DIRECTOR		_	diwidu	慧	ficer	iy em	plest	Ē	1		organizations
Director X	<u> </u>		트	=_	ğ	32	로등	<u> </u>			
(2) PAT BALL	• •	2.00	v	Ì					0	n	0
Director X		2 00	A	-			-	-			<u> </u>
(3) SHANA JONES	• •	2.00	v	l					0.	n.	٥.
Director X		2.00	^					\vdash			
(4) MEGAN BROWNING	• •	2.00	v						0.	0.	0.
Director X		2.00		\vdash							
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DIRECTOR X		2.00	<u> </u>	_							
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Solution	• •		X				}	l	0.	0.	0.
DIRECTOR X		2.00									
(9) MARY LEE WILLIAMS	, .		X						0.		0.
Color	(9) MARY LEE WILLIAMS	2.00									
Director X	DIRECTOR		X						0.	0.	0.
Color	(10) NANCY ARNOLD	2.00									
DIRECTOR X	DIRECTOR		X	l					0.	<u> </u>	0.
Color	(11) TARA CHADWELL	2.00		ļ		١.,	ļ				
DIRECTOR X	DIRECTOR		X						0.	0.	0.
(13) VIRGINIA FRANK DIRECTOR (14) JULIE POWERS DIRECTOR (15) CARSHONDA HARRIS DIRECTOR (16) NANCY SALYER DIRECTOR (17) KATHRYN PERRIN DIRECTOR (17) KATHRYN PERRIN DIRECTOR (18) VIRGINIA FRANK 2.00 X 0. 0. 0. 0. 0. 0. 0. 0.	(12) CLAIRE DOHERTY	2.00									
DIRECTOR X	DIRECTOR		X				Ĺ.	$ldsymbol{oxed}$	0.	0.	0.
Column	(13) VIRGINIA FRANK	2.00									_
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(15) CARSHONDA HARRIS 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (16) NANCY SALYER 2.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0.	(14) JULIE POWERS	2.00									_
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(16) NANCY SALYER 2.00 DIRECTOR X (17) KATHRYN PERRIN 2.00 DIRECTOR X	(15) CARSHONDA HARRIS	2.00	[
DIRECTOR X 0. 0. 0. (17) KATHRYN PERRIN 2.00 X 0. 0. 0.	DIRECTOR		X		$\sqcup \downarrow$		_	<u> </u>		0.	<u> </u>
(17) KATHRYN PERRIN DIRECTOR X 0. 0.	(16) NANCY SALYER	2.00					ĺ			<u> </u>	^
DIRECTOR X 0. 0. 0.			X_				<u> </u>	-	0.	0•	
	(17) KATHRYN PERRIN	2.00							,	•	^
	DIRECTOR		X	L					10.	0.	Form 990 (2018)

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Form **990** (2018)

Part VII Section A. Officers, Directors, Trus	(B)	5.0 ,	<u> </u>		<u>u I II</u> C)	gne	31			(E)
Name and title	Average	Ì		Pos	-	1		(D) Reportable	(E) Reportable	(F)
ramo ana mo	hours per		not c					' I	compensation	Estimated amount of
	week		cer ar					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	8	8	ĺ	İ	ated		organization	(W-2/1099-MISC)	from the
	organizations	trustee or director	1 trust		8	in de		(W-2/1099-MISC)		organization and related
	below	individual t	institutional trustee	ĺ _	oldu	stcor	,	. [organizations
	line)	E E	Instit	Officer	Key employee	Highest compensated employee	Former			
(18) MEG RICE	2.00									
DIRECTOR		X	ļ			-	L	0.	0	. 0.
(19) PAT WOODRING	2.00									
DIRECTOR	2 00	X	_	_	_	-	├	0.	0	• 0.
(20) JENNIFER PADILLA	2.00						ļ	0.	0	
DIRECTOR	2.00	X	-	 			├	U .		. 0.
(21) ANNA DOWELL	2.00	x		x				0.	0	0.
JUNIOR BOARD PRESIDENT (22) HOLLY RUTHERFORD	2.00	^		<u> </u>		╁	╁		<u> </u>	•
ASST TREASURER	2.00	X		X				0.	0	. 0.
(23) KAREN VANN	2.00				l –	†				· · · · · · · · · · · · · · · · · · ·
2ND VICE PRESIDENT		x		x				0.	0	. 0.
(24) DIANE SMITH	2.00									
ASST RECORDING SECRETARY		X		X				0.	0	. 0.
(25) CAROL CROSS	2.00	Į								
PAST PRESIDENT	<u></u>	X		X		<u> </u>	ļ_	0.	0	. 0.
(26) ARLENE AMBROSE	2.00									
RECORDING SECRETARY	L	X		X	<u> </u>	İ	Ļ_	0.	0	
1b Sub-total								0.	0	
c Total from continuation sheets to Part V	II, Section A							95,002. 95,002.	O	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	at limited to th		lioto	- d ol		ابد اد	20.			· <u>4,750.</u>
2 Total number of individuals (including but r compensation from the organization	iot iimited to ti	1056	11516	u a	JUVE	e) wi	101	eceived more mail \$100	,000 of reportable	0
compensation from the organization			—							Yes No
3 Did the organization list any former officer,	director, or tru	iste	e. ke	v er	nolo	vee.	. or	highest compensated ei	mplovee on	
line 1a? If "Yes," complete Schedule J for s	•		o,	,		,,	,			3 X
4 For any individual listed on line 1a, is the su		le co	ompe	ensa	ition	and	d ot	ther compensation from t	the organization	
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual		4 X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	ela	ted organization or indivi	dual for services	
rendered to the organization? If "Yes," com	plete Schedul	e <i>J 1</i>	or su	ıch	pers	son				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	•	-								sation from
the organization. Report compensation for	the calendar y	ear	endı	ng w	<u>/ith</u>	or w	ithi		/ear.	
(A) Name and business	address	I /	ONE	,				(B) Description of s	ervices	(C) Compensation
		TAC)INT	<u>. </u>		_	_			
									İ	
								<u> </u>		
									j	
				_						
2 Total number of independent contractors (i	ncluding but n	ot le	mite.	d to	tho	se lis	ster	d above) who received m	ore than	72
\$100,000 of compensation from the organi		νι ΙΙΙ	.		u 103	_			J. J. S. Hall	anger I
SEE PART VII, SECTION		ודי	JIIZ	·Ψ1			SH	EETS		Form 990 (2018)

Form 990 NORTHEAST TN AND SOUTHWEST VA

62-0488044

Part VII Section A. Officers, Directors, Tru	I TIN AINI								02-048	
(A)	(B)	11016	Jyee		<u>na r</u> C)	ngn	col	(D)	(E)	(F)
Name and title	Average hours per	(c		Posi all t	ition		ıly)	Reportable	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below 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)	other compensation from the organization and related organizations
27) REBECCA DUNCAN BECK	2.00	x		х				0.	0.	0
(28) KRISTIE HELMS	2.00	^						0.		
ST VICE PRESIDENT	2:00	х		x			1	0.	0.	
29) KATHY FEAGINS	2.00	-								
PRESIDENT		x		х				0.	0.	0
(30) KATHY WAUGH	40.00									
CHIEF EXECUTIVE OFFICER				X				95,002.	0.	4,750
		_								
			<u> </u>		-					· -
		<u></u> .					<u> </u>		-	
	<u> </u>									
		_								
		_	-		\vdash		-			

Form 990 (2018) NORTHEAST TN AND SOUTHWEST VA 62-0488044 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a 92,169. 1b b Membership dues 8,882 c Fundraising events 1c d Related organizations 1d 87,319 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 438,097 similar amounts not included above 83,799 g Noncash contributions included in lines 1a-1f \$ 626,467 h Total. Add lines 1a-1f Business Code 2 a CHILD CARE PROGRAM FEE 624190 928,144. 928,144 Program Service **b** THIRD-PARTY REIMBURSEM 624190 178,576 178,576 60,540 60,540 c HOSPITAL SUBSIDY - WEL 624190 26,679. 26,679 d FITNESS FEES 624190 20,953 e WCDC CAMPS 624190 20,953 12,865 f All other program service revenue 624190 12,865 227,757 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 18,071 18,071. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 45,948 6 a Gross rents 3,485 b Less rental expenses 42,463 c Rental income or (loss) 24,773. 17,690 42,463. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 36,051 assets other than inventory b Less: cost or other basis 0 and sales expenses 36,051. c Gain or (loss) 36,051 36,051. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 8,882. of including \$ contributions reported on line 1c). See 98,374 Part IV. line 18 70,657 b Less direct expenses 27,717 27,717. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 45,874 51,384 b Less: cost of goods sold -5,510-5,510c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 33,000 624190 33,000 11 a MANAGEMENT FEES 249 624190 ь OTHER INCOME All other revenue

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17,690

33,249

269

280

Total, Add lines 11a-11d

Total revenue. See instructions

Form 990 (2018) NORTHEAST TN AND SOUTHWEST VA
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, 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				- <u>-</u>
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 750	F1 066	20 644	10 140
_	trustees, and key employees	99,752.	51,966.	28,644.	19,142
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 500 547	1,469,911.	10 201	12 255
7	Other salaries and wages	1,500,547.	1,409,911.	18,381.	12,255
8	Pension plan accruals and contributions (include	42,729.	39,854.	1,753.	1 1 2 2
^	section 401(k) and 403(b) employer contributions)	80,259.	78,472.	1,340.	1,122 447
9	Other employee benefits Payroll taxes	118,655.	112,847.	4,356.	1,452
10	- · · · · · · · · · · · · · · · · · · ·	110,033.	112,047.	4,330.	1,434
11	Fees for services (non-employees). Management				
a	·				
b	,	5,345.	4,276.	802.	267
c d	· ·	3,343.	<u> </u>		
e	Destaurant 6 and research commence Co. Dest NV lane 47				
f	Investment management fees	4,768.		4,768.	
g	""	1,7001			
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	85,011.	55,537.	29,474.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,242.	14,677.	424.	141
20	Interest	5,023.	5,023.		
21	Payments to affiliates	6,080.	6,080.		
22	Depreciation, depletion, and amortization	82,293.	53,588.	28,705.	
23	Insurance	44,486.	39,555.	3,698.	1,233
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 0.) SUPPLIES	108,394.	105,599.	2,096.	699
a	MISCELLANEOUS	34,572.	34,572.	2,0901	033
b	BANK CHARGES	27,520.	24,857.	1,997.	666
Ç	DUES AND MEMBERSHIPS	7,301.	7,301.	<u> </u>	
d	All other expenses	11,179.	8,411.	894.	1,874
	Total functional expenses. Add lines 1 through 24e	2,279,156.	2,112,526.	127,332.	39,298
<u>25 </u>	Joint costs. Complete this line only if the organization				
LU	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	Ì			
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Shee

Pa	rt X	Balance Sheet			<u> </u>
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	44,180.	1	40,475.
	2	Savings and temporary cash investments	77,974.	2	145,707.
	3	Pledges and grants receivable, net	183,578.	3_	218,091.
	4	Accounts receivable, net	63,422.	4	47,137.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
	İ	Part II of Schedule L		5	
its	6	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	,		
	l	employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	251,863.	8	<u>262,887.</u>
	9	Prepaid expenses and deferred charges	38,352.	9	<u>29,755.</u>
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 3,730,473.			
	b	Less. accumulated depreciation 10b 1,536,924.	2,245,751.	10c	2,193,549.
	11	Investments - publicly traded securities	717,670.	11	312,765.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,622,790.	16	<u>3,250,366.</u>
	17	Accounts payable and accrued expenses	41,584.	17	10,628.
	18	Grants payable .		18	
	19	Deferred revenue	9,201.	19_	9,482.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	87,359.	24	58,020.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	74 000		0.5 400
		Schedule D	71,022.	25	95,490.
	26	Total liabilities. Add lines 17 through 25	209,166.	26	173,620.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐X☐ and			
es		complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	3,202,825.	27	2,829,848.
Bal	28	Temporarily restricted net assets	181,354.	28	215,045.
Fund Balances	29	Permanently restricted net assets	29,445.	29	31,853.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
, or		and complete lines 30 through 34.		<u> </u>	
sets	30	Capital stock or trust principal, or current funds		30	
Ase	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	2 412 624	32	2 076 746
~	33	Total net assets or fund balances	3,413,624.	33	3,076,746.
	34	Total liabilities and net assets/fund balances	3,622,790.	34	3,250,366.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,00	06,2	65.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,2	79,1	56.		
3	Revenue less expenses Subtract line 2 from line 1	3		72,8	91.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,41	.3,6	24.		
5	Net unrealized gains (losses) on investments	5	-(3,9	87.		
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	3,0	76 <u>,7</u>	<u>46.</u>		
Pa	rt 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			<u>.</u>	.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	. '	,			
	separate basis, consolidated basis, or both.		\ <i>:</i>		(,)		
•	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		لـــــا		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	L		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs	, [
	consolidated basis, or both:				,		
	X Separate basis Consolidated basis Both consolidated and separate basis		ļ	·	اـــــا		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	•]				
	review, or compilation of its financial statements and selection of an independent accountant?		_2c	ļ	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C). <u></u>	-	لتبا		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dit				
	Act and OMB Circular A-133?		<u>3a</u>	 -	<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Forr	n 990	(2018)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018
Open to Public

Inspection

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION
NORTHEAST TN AND SOUTHWEST VA

Employer identification number

<u>62-0488044</u> Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1 10 support (see instructions) support (see instructions) organization Yes above (see instructions)) Total

	edule A (Form 990 or 990 EZ) 2018 N	ORTHEAST	TN AND SO	<u>OUTHWEST V</u>	Ά	62-048	38044 Page 2
P	art II Support Schedule for						
	. (Complete only if you checke				n failed to qualify	under Part III. If th	e organization
	fails to qualify under the tests	s listed below, plea	ise complete Parl	t III)			
Se	ction A. Public Support						
Cale	ndar 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	Tax revenues levied for the organ-					7	
	ization's benefit and either paid to					/	
	or expended on its behalf					/	
3	The value of services or facilities					/	
	furnished by a governmental unit to	,				ď	
	the organization without charge				/		
4	Total. Add lines 1 through 3				7		
5	The portion of total contributions				/		
	by each person (other than a				/		
	governmental unit or publicly			1			
	supported organization) included				/		
	on line 1 that exceeds 2% of the			1	/	1	•
	amount shown on line 11,				/		
·	column (f)				/		
6	Public support. Subtract line 5 from line 4				/		
	etion B. Total Support	·			'/		
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(a) 2014	(0) 2010	(6)2010	(4) 2017	(6) 2010	TOTAL
_	Gross income from interest,			 /			
•	dividends, payments received on						
	· · · · · · · · · · · · · · · · · · ·						
	securities loans, rents, royalties, and income from similar sources						
_	Net income from unrelated business		· ····	 			
9	activities, whether or not the			/			
	•						
40	business is regularly carried on			+-/	·	 	
10	Other income. Do not include gain						
	or loss from the sale of capital			/		ł	
	assets (Explain in Part VI)			<u> </u>			
	Total support. Add lines 7 through 10				L	40	
	Gross receipts from related activities,	•	. ,	ural faculate ar fifth ta		12	
13	First five years. If the Form 990 is for		s iirst, second, trii	ira, iourin, or illin ta	ix year as a secilo	in 501(c)(s)	▶ □
Sec	organization, check this box and storection C. Computation of Publ		rceptage				
	 			column (f)	·	144	
	Public support percentage for 2018 (/	Column (I))		15	% %
	Public support percentage from 2017	/		an lung 10 and lung :	14 10 22 1/20/ 05 1		
16a	33 1/3% support test - 2018. If the c	-			14 IS 33 1/3% OF F	nore, check this be	ox and
_	stop here. The organization qualifies	. /	-		lune 45 - 00 4 (00		PL
b	33 1/3% support test - 2017. If the c	/			ine 15 is 33 1/39	o or more, check t	nis dox
	and stop here. The organization qual	,			10 1010-		P
17a	10% -facts-and-circumstances tes	,					
	and if the organization meets the "fac					π vi now the orga	nization
	meets the "facts-and-circumstances"						▶∟
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						9
	organization meets the facts-and-circ						▶⊨
<u>18</u>	Private foundation of the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17b			
					Sch	edule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 NORTHEAST TN AND SOUTHWEST VA

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picase comp	Siete Lait II j				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	_(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not				,		
	include any "unusual grants.")	761,392.	610,010.	579,394.	701,114.	626,467.	3278377.
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	1235503.				1372005.	
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-			-			
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		_				
6	Total. Add lines 1 through 5	1996895.	1798351.	1723472.	1954398.	1998472.	9471588.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons					·	0.
t) 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	·		7,128.			7,128.
	Add lines 7a and 7b			7,128.			7,128.
	Public support. (Subtract line 7c from line 6) ction B. Total Support						9464460.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	1996895.	1798351.	1723472.	1954398.	1998472.	9471588.
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50,606.	42,027.	33,099.	24,408.		168,211.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	50,606.	42,027.	33,099.	24,408.	18,071.	168,211.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	14,361.	31,110.	28,432.	26,091.	26,189.	126,183.
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)	18,316.	2,549.	2,198.	1,413.	249.	24,725.
13	Total support. (Add lines 9, 10c, 11, and 12)	2080178.	1874037.	1787201.	2006310.	2042981.	9790707.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organız	ation,
	check this box and stop here			· <u> </u>			
<u>Sec</u>	ction C. Computation of Publi	c Support Per	rcentage	<u></u>		- 	
15	Public support percentage for 2018 (li	ne 8, column (f), d	ivided by line 13, o	olumn (f))		15	<u>96.67 %</u>
	Public support percentage from 2017					16	<u>96.21 %</u>
<u>Sec</u>	ction D. Computation of Inves	tment Income	e Percentage			 	
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		_17	1.72 %
	Investment income percentage from 2					18	<u>2.02 %</u>
19a	33 1/3% support tests - 2018. If the						
_	more than 33 1/3%, check this box ar						▶ [X]
þ	33 1/3% support tests - 2017. If the						and
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						

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	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
	and a cost on EOO/s/41 or (O)O K IIVon II and an a But 14 hourthy and a state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th

- 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
- 5a 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.
- 7 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.
- c 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, to determine whether the organization had excess business holdings)

	Yes	No
1		
		1
		لـــا
2		_
3a		
3b		
3c		
30		
40		
<u>4a</u>		
4b		
4c		
5a		
5b		
5c_		
 		
6		
7		
8		
9a		
9b		
] <u> </u>		
9c		
10a		
10b	<u> </u>	

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Schedule A (Form 990 or 990-EZ) 2018

b 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

a 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.

Schedule A (Form 990 or 990-EZ) 2018

3<u>a</u>

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	edule A (Form 990 or 990-EZ) 2018 NORTHEAST TN AND SOUTHW			62-0488044 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orga	anizations	
1	· Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain	in Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion 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		
Sect	ion B - Mınimum 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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,	1 1		
	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		
Sect	ion C - Distributable Amount			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			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

	dule A (Form 990 or 990-EZ) 2018 NORTHEAST TN	AND SOUTHWEST	VA (<u>2-0488044 P</u>	age 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)		
<u>Sect</u>	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes			
2	Amounts paid to perform activity that directly furthers exemple				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns		
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.			<u> </u>	
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which t	he organization is responsive	9		
	(provide details in Part VI). See instructions.				
_9	Distributable amount for 2018 from Section C, line 6				
<u>10</u>	Line 8 amount divided by line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 201	8
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				}
	able cause required- explain in Part VI). See instructions.			<u> </u>	
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		<u> </u>		
_ <u>h</u>	Applied to 2018 distributable amount				
<u>i_</u>	Carryover from 2013 not applied (see instructions)			ļ	!
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D,				
	line 7 \$!
a_	Applied to underdistributions of prior years	<u> </u>		<u> </u>	
_ <u>b</u>	Applied to 2018 distributable amount			<u> </u>	
	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				
6	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 3j				4
	and 4c			<u> </u>	
8	Breakdown of line 7.				
	Excess from 2014				!
	Excess from 2015				
	Excess from 2016				
	Excess from 2017			 	!
_	Evense from 2018	I	İ	1	

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 20	18 NORTHEAST	TN AND	SOUTHWEST	VA	62-0488044 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I	ormation. Provide th	ie explanation a, 6, 9a, 9b, 9c . Section E. lin	s required by Part II, , 11a, 11b, and 11c, les 1c. 2a, 2b, 3a, ar	, line 10; Part II, line 17a o . Part IV. Section B. lines	r 17b, Part III, line 12; I and 2; Part IV, Section C, /, Section B, line 1e: Part V
		<u> </u>			·	
						
						
					·	
						
						
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						41
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION NORTHEAST TN AND SOUTHWEST VA

Employer identification number 62-0488044

Pa		ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		complete ii alio
		(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 advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?	• .	L Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
D-	conservation easements	6 Art Historical Transuras or Othe	r Similar Assats
Pal	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" on Form		A
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		or public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		d balance about wants of ort bustowers
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in turtherance of public	service, provide the following amounts
	relating to these items:		~ ¢
	(i) Revenue included on Form 990, Part VIII, line 1		•
_	(ii) Assets included in Form 990, Part X		p provide
2	If the organization received or held works of art, historical tre		ιιι, ριονίαθ
	the following amounts required to be reported under SFAS 1	To (ASC 938) relating to these items.	• •
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X	- for Form 000	Schedule D (Form 990) 2018
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for horm 990.	Schedule D (Form 990) 2018

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		ST TN AND						62-04	88044	Page 2	
Pa	rt III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	r Othe	<u>r Simil</u>	ar Asse	ts(contin	ued)	
3	. Using the organization's acquisition, access	on, and other record	is, check	any of the	following that	are a sig	gnificant	use of its	collection	items	
	(check all that apply).										
а	Public exhibition	d	י ען י	oan or excl	hange progra	ms					
b	Scholarly research	е	. 🗀 c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how the	ey further tl	he organizatio	n's exen	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	torical treas	sures, or othe	r sımilar	assets		_		
	to be sold to raise funds rather than to be m								<u>Yes</u>	No	
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	s or other ass	sets not i	ncluded		٦	<u></u>	
	on Form 990, Part X?							L_	」Yes	∟ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amount		
C	Beginning balance						_1c				
ď	Additions during the year						1d				
e	Distributions during the year	•					_1e				
1	Ending balance		04.6				<u>_1f</u>		7.,		
2a	Did the organization include an amount on F						ty?	<u> </u>	」Yes	⊢ No	
Pa	if "Yes," explain the arrangement in Part XIII TV Endowment Funds. Complete										
	Endowner and Complete				(c) Two years			ears back	(a) Four	years back	
10	Reginning of year halance	(a) Current year	(6) FI	ior year			a) tillee y		(e) rour		
1a	Beginning of year balance Contributions	29,445.		27,083. 2,500.		000		19.804. 2.500.		17,402.	
0	Net investment earnings, gains, and losses	2,500. -92.		-138.		-123.		<u>2,500.</u> -98.		2,500. 98.	
d	Grants or scholarships			-130,		-123.		-30,	l		
u	Other expenditures for facilities										
-	and programs		 - 			1			Ì		
•	Administrative expenses								i ———		
g	End of year balance	31,853,		29,445,	27	083.		22,206,		19.804.	
2	Provide the estimated percentage of the cur		e (line 1a			,005,		22,200.	<u> </u>	15,004.	
- a	Board designated or quasi-endowment	Tone your one balanc	%	, 00:4::::: (4	,,, ., 40						
b	Permanent endowment ► 100.00	<u></u> %									
c	Temporarily restricted endowment	% %									
·	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	•	ation that	are held a	nd administer	ed for th	e organi	zation			
	by.						J.,		[·	Yes No	
	(i) unrelated organizations								3a(i)	X	
	(ii) related organizations								3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a S	ee Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	
		basis (investr	nent)	basis (depi	reciation			_ 	
1a	Land			1	2,500.				12	,500.	
b	Buildings			3,04	4,258.	9	83,2	88.	2,060	,970.	
С	Leasehold improvements										
d	Equipment				0,814.		12,2			,560.	
e	Other			9	2,901.		<u>41,3</u>			<u>,519.</u>	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, co <u>lum</u> i	n (B), line 1	0c)			_	<u>2,193</u>	<u>,549.</u>	

Part VII Investments - Other Securities.			_	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)				1.6
	(b) Book value	(c) Method of v	aluation. Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests (3) Other				
				-
(A)				
(B) (C)				
(D)		 	· 	
(E)				
(F)				
(G)		·		
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" (on Form 990 Part IV	/ line 11c See Form 990	Part Y line 13	
(a) Description of investment	(b) Book value			I-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV	/, line 11d. See Form 990,	Part X, line 15.	
(a) [Description	- <u>-</u>		(b) Book value
				· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		<u></u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" (on Form 990, Part IV		1 990, Part X, line 25	·
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) ACCRUED SALARIES AND PAYRO	ענונ	05 400		
(3) LIABILITIES		95,490.		
(4)				
(5)				
(6)				•
(7)				
(8)				
(9)	05.)	95,490.		
Total. (Column (b) must equal Form 990, Part X, col (B) line	20)	33,430•		

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^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 201\$

Schedule D (Form 990) 2018 NORTHEAST TN AND SOUTHWE)488044 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With Revenue per	Return	•
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1 Total revenue, gains, and other support per audited financial statements		1	2,015,152.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1 - 62 007		
a Net unrealized gains (losses) on investments	2a -63,987 2b 3,500		
b Donated services and use of facilities		4	
c Recoveries of prior year grants d Other (Describe in Part XIII.)	2c 74,142	-	
e Add lines 2a through 2d	2d 74,142	2e	13,655.
3 Subtract line 2e from line 1		3	2,001,497
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•	2/002/19/
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 4,768	. 1	
b Other (Describe in Part XIII)	4b_][
c Add lines 4a and 4b		4c	4,768.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5_	2,006,265.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses pe	r Retu	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1 Total expenses and losses per audited financial statements		1	<u>2,352,030.</u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		[[
a Donated services and use of facilities	2a 3,500	<u>-</u>	
b Prior year adjustments	26	-	
c Other losses	2c 74,142	-	
d Other (Describe in Part XIII.)	2d 74,142		77,642.
e Add lines 2a through 2d 3 Subtract line 2e from line 1	•	2e	2,274,388.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			2/2/1/3000
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 4,768		
b Other (Describe in Part XIII)	4b	Ť.	
c Add lines 4a and 4b		4c	4,768.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))	5	2,279,156.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V, line	4; Part)	K, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information		
PART V, LINE 4:			
PART V, LINE 4:			
DONOR RESTRICTED - SUPPORT OF OPERATIONS			
DONOR REDIRECTED DOLLORS OF OTHER PROPERTY.			
PART X, LINE 2:			
NOTE 13 - UNCERTAIN TAX POSITIONS			
		a= 01	<u>-</u>
THE ASSOCIATION FOLLOWS THE FASB ASC, WHIC	H PROVIDES GUIDANO	CE ON	<u> </u>
ACCOUNTING BOD INCORPORATION IN INCOME MAYER	PECOCNIZED IN AN	OPCZ	NIT 7 N TT ON 1 C
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES	RECOGNIZED IN AN	ORGA	MIZATION S
FINANCIAL STATEMENTS. AS OF DECEMBER 31,	2018 שאה מפפרכדמי	TTON	HAD NO
FINANCIAL STATEMENTS. AS OF DECEMBER 31,	ZUIO, INE ABBOCIA	TION	IIAD NO
UNCERTAIN TAX POSITIONS THAT QUALIFY FOR E	TTHER RECOGNITION	OR T	TSCLOSURE
ONCENTALLY THE LOSTITUDE THAT QUARTET FOR E		<u> </u>	
IN THE ASSOCIATION'S FINANCIAL STATEMENTS.	THE ASSOCIATION'S	S POI	ICY IS TO
			
RECOGNIZE INTEREST AND PENALTIES ON UNRECO	GNIZED TAX BENEFI	<u>rs in</u>	XAT
832054 10-29-18			ule D (Form 990) 2018

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I

YOUNG WOMEN'S CHRISTIAN ASSOCIATION NORTHEAST TN AND SOUTHWEST VA

Employer identification number 62-0488044

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

_	required to complete this pai	<u>rt.</u>					
1	Indicate whether the organization rai	sed funds through any of the follow	ving acti	vities	Check all that apply		
а		· · · · · ·	_		overnment grants		
b					nment grants		
c			al fundra	-	_		
		g L Speci	ai iuiiui a	nsing	evenus		
d				_			
2 a	Did the organization have a written					_	
	key employees listed in Form 990, F	Part VII) or entity in connection with	profess	ional 1	fundraising services?	Yes	└ No
þ	If "Yes," list the 10 highest paid indi	viduals or entities (fundraisers) pur	suant to	agree	ements under which	the fundraiser is to b	o o
	compensated at least \$5,000 by the	organization					
			$\overline{}$			Γ	Γ
(i) Name and address of individual		(iii) fund have c or cor	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
١.	or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	fundraiser	to (or retained by)
	· · · · · · · · · · · · · · · · · · ·		contrib	utions?		listed in col. (i)	organization
_			Yes	No			
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otal							
3	List all states in which the organization	on is registered or licensed to solic	t contrib	utions	s or has been notified	d it is exempt from re	gistration
	or licensing.						
							
					·		
							

Schedule G (Form 990 or 990-EZ) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990 EZ) 2018 NORTHEAST TN AND SOUTHWEST VA 62-0488044 Page 2 Part II | Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events OVER THE TRIBUTE TO (add col. (a) through EDGE WOMEN 2 col (c)) (event type) (event type) (total number) Revenue 69,809 27,949 9,498 1 Gross receipts 107,256. <u>2,2</u>50 2 Less' Contributions 6,632 8,882. 69,809 21,317. 7,248. 98,374. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment 30,252. 14. 477 25,928 70,657 9 Other direct expenses 70,657. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: Yes a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain. Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2018 832082 10-03-18

YOUNG WOMEN'S CHRISTIAN ASSOCIATION Schedule G (Form 990 or 990-EZ) 2018 NORTHEAST TN AND SOUTHWEST VA 62-0488044 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a **b** An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ___ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party. Gaming manager information. Gaming manager compensation ▶ \$ _____ Description of services provided ___ Director/officer ___ Independent contractor 17 , Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G (Form 990 or 990-EZ) 2018

hedule G (Form	1990 or 990 EZ)	YOUNG WOMEN NORTHEAST Ormation (continued)	<u>rn and s</u>	OUTHWEST		62-0488044 Pag
art IV Sup	plemental Info	ormation (continued)				
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				_ _		
						
	·					
	 –					
						
						
						
	·			<u>. – _</u>		
						-
						
						
				-		
						
				,		
		_ 				
						
						
						Schedule G (Form 990 or 990-

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Nam	e of the organization YOUNG WOMEN'	S CHRI	STIAN ASS	OCIATION	En	nployer identificati	on nu	mber
	NORTHEAST TN	I AND S	SOUTHWEST	VA		62-0488	044	:
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	non	(d) Method of determin		ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art · Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles		_					
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	, Securities - Partnership, LLC, or					_		
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures				<u> </u>			
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial		_					
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens					-		
24	Archeological artifacts						_	
25	Other ► (BRIDAL DRESSE)	X	150	83,799	.FMV			
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82							
	•						Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 thro	ugh 28, th	at it		
	must hold for at least three years from the date					<u> </u>		
	exempt purposes for the entire holding period			·		30a		X
b	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31		X
	Does the organization hire or use third parties							
	contributions?		•	- ·		32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y for which column (a) is ch	ecked,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

describe in Part II.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION Schedule M (Form 990) 2018 NORTHEAST TN AND SOUTHWEST VA 62-0488044 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Inspection

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION NORTHEAST TN AND SOUTHWEST VA

Employer identification number 62-0488044

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ALL.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RECEIVED THREE STARS IN THE STATE OF TENNESSEE STAR QUALITY PROGRAM,
THE HIGHEST LEVEL OF ACHIEVEMENT CONSECUTIVELY SINCE 2000.
FORM 990, PART VI, SECTION A, LINE 6:
AS A MEMBERSHIP MODEL, THE YWCA DOES HAVE INDIVIDUALS WHO PAY ANNUAL DUES
TO BE A MEMBER OF THE ASSOCIATION.
FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS VOTE TO ELECT THE OFFICERS OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B:
THE ORGANIZATION IS GOVERNED BY A BOD WHO IS ELECTED BY THE MEMBERS DURING
AN ANNUAL MEMBERSHIP MEETING .
FORM 990, PART VI, SECTION B, LINE 11B:
A COMPLETE COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING ALL
REQUIRED SCHEDULES), AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EACH
PERSON WHO WAS A VOTING MEMBER OF THE GOVERNING BODY AT THE TIME THE FORM
990 WAS PROVIDED, WHETHER IN PAPER OR ELECTRONIC FORM, BEFORE ITS FILING
WITH THE IRS

FORM 990, PART VI, SECTION B, LINE 12C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION NORTHEAST TN AND SOUTHWEST VA	Employer identification number 62-0488044
UPDATES THEM IF APPLICABLE.	
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS MADE AVAILABLE UPON REQUEST.	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2018

OMB No 1545-0047

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

Employer identification number Open to Public Inspection

62-0488044 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 YOUNG WOMEN'S CHRISTIAN ASSOCIATION NORTHEAST IN AND SOUTHWEST VA Name of the organization Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
							}
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990, I	Part IV, line 34, be	cause it had one o	more related tax-exe	mpt	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(bx13) ed 7 No
YWCA USA - 13-1624103 1015 BTH ST NW WASHINGTON, DC 20036	ELIMINATING RACISM, EMPOWERING WOMEN	DISTRICT OF COLUMBIA 501(C)(3)		LINE 7			×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2018	Form 990)	2018

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Schedule R (Form 990) 2018 NORTHEAST IN AND SOUTHWEST VA

[Part III] Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Page 2

62-0488044

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate		(j) General or managing	General or Percentage managing ownership
		foreign country)	•	excluded from tax under sections 512-514)		assets		20 of Schedule K-1 (Form 1065)	Yes No	•
										
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[Part IV] Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ganizations Taxable	s a Corpo	oration or Trust. Co	mplete if the organizati	on answered "Yes	" on Form 990, P	art IV, line 34	, because it had o	ne or m	ore related

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Ξ,	Section 12(b)(13, ontrolled entity?	ž				-			L			_			_	
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(h)	Percentaç ownershi															
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(ə)	Type of entity (C corp, S corp,	ח נומפו		•												
(p)	Direct controlling entity		i							•			•			
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. (q)	Primary activity															
(a)	Name, address, and EIN of related organization	1														
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Schedule R (Form 990) 2018

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62-0488044

Schedule R (Form 990) 2018 NORTHEAST IN AND SOUTHWEST VA

Party Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	.2
1 During the tax year, did the organization engage in any of the following transaction:	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	ın Parts II-IV?		1	
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)	:		:	4		×
(S)	:		,	10		X
d Loans or loan guarantees to or for related organization(s)				19		×
		· :		9		×
e Loans of loan guarantees by related organization(s)	:		:	ש	1	•
				1	1]:
f Dividends from related organization(s) ,			:	=		×
g Sale of assets to related organization(s)				1g		×
				£	_	×
				Ę		×
Exchange of assets with related organization (s)	:		. :	ï	ı	>
 j Lease of facilities, equipment, or other assets to related organization(s) 				F		<u>-</u>
				\$	1	
	(9)4040210			£ =		×
Performance of services of membership of formaling solicitations for	nization(s) pization(s)		: . : : :	: <u> </u>		×
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n snaring of facilities, equipment, mailing lists, of other assets with related ofganization(s)	. (s)uo	•		E .	T	4
 Sharing of paid employees with related organization(s) 	:			٩		×
		•		i	1	7
p Reimbursement paid to related organization(s) for expenses	•		:	1		×
q Reimbursement paid by related organization(s) for expenses		:	:	19		×
				1	j	
r Other transfer of cash or property to related organization(s)				+	×	
s Other transfer of cash or property from related organization(s)	•			15	_	×
	who must complete th	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	olved		
	() po (a o)					
(1) YWCA USA	æ	6,080.	6,080.ACTUAL COST	ļ		
(4)						
(5)						
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Schedule R (Form 990) 2018 NORTHEAST TN AND SOUTHWEST VA

Part VI. Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(q)	(0)	(p)	(e)	3	(6)	ε	8	9	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	t income related, tax unc	Parties sec 501(c)(3) ler ongs 7	Share of total	Share of end-of-year assets	Dispropor- tonate allocations?	Dispropor- Dunale amount in box 20 managing ownership allocations of Schedule K-1 Form 10RS)	General or managing partner?	Percentage ownership
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Schedule R (Form 990) 2018

Schedule R		YOUNG	WOMEN'S AST TN				ATION	62.04	88044 Page 5
Part VII	(Form 990) 2018 Supplemental Infor	mation	WDI IM	TIAD C	OUTIIWE	DI AV		02-04	OOU44 Page 5
	Provide additional informa	ation for reenc	ances to alles	tions on S	obodulo D. S	Soo inetriotic	ne		
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