AMEN DED

Form	990-T	l E	Exempt Organization E				x Returr	1 L	OMB No 1545-0047
, 5,,,,,			(and proxy tax	under	r se	ection 6033(e))	1017	, -	0040
		Forca	alendar year 2019 or other tax year beginning			, and ending	19112	<u>-</u>	2019 °
	nent of the Treasury Revenue Service	▶	► Go to www irs gov/Form990T ► Do not enter SSN numbers on this form as i					 5	pen to Public Inspection for 01(c)(3) Organizations Only
A 🗀	Check box if		Name of organization (Check box if na	ame cha	nged	and see instructions)		D Employ	yer identification number byees' trust, see
	address changed]	YOUNG WOMEN'S CHRIST					instruc	tions)
	mpt under section	Print	NORTHEAST TN AND SOU						2-0488044
	501(c)(3)	Type	Number, street, and room or suite no. If a P.	.O. box, s	see II	nstructions.			led business activity code structions)
	408(e) 220(e)	"	P. O. BOX 817					ł	
	408A L530(a)	ĺ	City or town, state or province, country, and	ZIP or fo	oreig	n postal code		E 2 1 1	
	529(a)	L	BRISTOL, TN 37621			-		5311	<u>L20</u>
at end	value of all assets d of year 3 , 254 , 6	27	G Check organization type ► X 501(a		ation	501(c) trust	401(a)	truct	Other trust
H Enter			ation's unrelated trades or businesses.	<u>1</u>	atioi		only (or first) un		Other trust
		_	EE STATEMENT 1			If only one, con	• •		han one
			ace at the end of the previous sentence, compl	lete Parts	s Lon				
	ness, then complete l		, , ,	.0.0		a n, complete a concession			.
			poration a subsidiary in an affiliated group or a	parent :	3ub3	idiary controlled group?	▶ [Yes	X No
			tifying number of the parent corporation						
J The b			ROBERT HAVLIK			Telephone	number ► 4	23-9	68-9444
Part	I Unrelated	d Trac	de or Business Income			(A) Income	(B) Expenses		(C) Net
1a Gi	ross receipts or sale:	S	33,000.						
b Le	ess returns and allov	vances	c Balance	▶ <u></u>	1c	33,000.			
2 Co	ost of goods sold (S	chedule	e A, line 7)	<u></u>	2	24,095.			· · · · · · · · · · · · · · · · · · ·
	ross profit. Subtract		\ / 1	<u> </u>	3	8,905.			8,905.
	apital gain net incom	•	· · · · · · · · · · · · · · · · · · ·	_	4a				
			Part II, line 17) (attach Form 4797)	—	46				
	apital loss deduction			-	4c				
			ship or an S corporation (attach statement)	1-	<u>5</u>	11,550.	6,3	<u> </u>	5,200.
	ent income (Schedul nrelated debt-finance	· ·	ma (Sahadula E)	_	7	11,550.	0,3	50.	5,200.
			ine (achequie c) and rents from a controlled organization (Sched	<u> </u>	8				
	-		on 501(c)(7), (9), or (17) organization (Schedi	- ' ⊢-	9				
	xploited exempt activ			- (10				
	dvertising income (S	•	,		11	-			
$\boldsymbol{\alpha}$	ther income (See ins		•	-	12				
13 To	otal. Combine lines	3 th <u>ro</u> u	gh 12		13	20,455.	6,3	50.	14,105.
Part			ot Taken Elsewhere (See instruction						
>	(Deductions	must b	be directly connected with the unrelated	busines	ss in	come)		 -	
15 S	Compensation of offi	icers, di	rectors, and trustees (Schedule K)					14	
	Salaries and wages		I _RE	CEI	V	ED		_15	
	Repairs and maintena	ance						16	
	Bad debts		ee instructions)	N 11	20	121 9		17	
	nterest (attach sched	dule) (se	ee instructions)			S S		18	
	Taxes and licenses	Form 45	OG	DEN	1	17		19	
	Depreciation (attach l		,	<u>~ _ </u>		20 21a		216	
	Less depreciation cia Depletion	៩០ ០៤	n Schedule A and elsewhere on return			[214]		22	
	Contributions to defe	rred co	mpensation plans					23	
	Employee benefit pro		p.soution piano					24	
	Excess exempt exper	•	chedule 1)					25	
	Excess readership co		•					26	
	Other deductions (att		•					27	
	Total deductions Ac		•					28	0.
			ncome before net operating loss deduction St	ubtract li	ne 2	8 from line 13		29	14,105.
30 [Deduction for net ope	eratıng l	loss arising in tax years beginning on or after .	January	1, 20)18		[
((see instructions)							30	0.
<u>31</u>	Unrelated business to	axable ır	ncome Subtract line 30 from line 29					31	14,105.

Par		Total Unrelated Business Taxable Income	AND	<u>S</u> 6	52-048	8044 Page 2					
32		of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		3	2	14,105.					
33		nts paid for disallowed fringes		3		14,100.					
34		able contributions (see instructions for limitation rules)		3		0.					
35		inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines	32 and 33	_		$\frac{5.}{14,105.}$					
36											
37											
38		ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)		3		1,000.					
39		ited business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,									
		he smaller of zero or line 37		39	9	13,105.					
Part	t IV	Tax Computation									
40	Organ	izations Taxable as Corporations. Multiply line 39 by 21% (0 21)	•	- 41	0	2,752.					
41		Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from.									
		ax rate schedule or Schedule D (Form 1041)	>	<u> 4</u>	1						
42		tax See instructions	>	- 4	2						
43		ative minimum tax (trusts only)		4;	3						
44		Noncompliant Facility Income. See Instructions		44							
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		4:	5	2,752.					
Part		Tax and Payments		T-	_т						
		n tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		\dashv							
b		credits (see instructions) Il business credit. Attach Form 3800 46c		\dashv							
C		il business credit. Attach Form 3800 46c for prior year minimum tax (attach Form 8801 or 8827) 46d		\dashv							
		eredits. Add lines 46a through 46d		46	ام						
47		ct line 46e from line 45		47		2,752.					
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	schedule'	-		2,752.					
49		ax Add lines 47 and 48 (see instructions)	scrieduic)	49		2,752.					
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50		0.					
		nts: A 2018 overpayment credited to 2019			-						
			,850	_	Ì						
		posited with Form 8868 51c		7							
		n organizations. Tax paid or withheld at source (see instructions) 51d		7							
е	Backuj	o withholding (see instructions)									
f	Credit	for small employer health insurance premiums (attach Form 8941) 51f									
g	Other (credits, adjustments, and payments: Form 2439									
	F	orm 4136 Other Total ▶ 51g									
52	Total p	ayments. Add lines 51a through 51g		52	2	<u>3,850.</u>					
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached		_53	3	 					
54		e If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54							
55	•	syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55		1,098.					
56		the amount of line 55 you want: Credited to 2020 estimated tax		56	<u>6_[</u>	0.					
Part		Statements Regarding Certain Activities and Other Information (see instructions	*)			Voc. No.					
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				Yes No					
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country				1 1					
	here	To the first, neport of to origin bank and timancial Accounts in 103, effect the manie of the following country				X					
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	st?			X					
30		see instructions for other forms the organization may have to file.	•								
59		he amount of tax-exempt interest received or accrued during the tax year > \$									
	T	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes	t of my kr	nowledg	ge and belief, it	ıs true,					
Sign		orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF EXECUTIVE	Г	May the	e IRS discuss t	his return with					
Here		Kay S Ubush 12-31-2020 OFFICER		•	parer shown be						
		Signature of officer Date Title		Instruct	ions)? X	Yes No					
		Print/Type preparer's name Preparer's signature Date Check	· 🔲	if F	PTIN						
Paid	1		employe	d							
	barer	MIKE EDDY MIKE EDDY 12/11/20			P0049						
	Only		's EIN	<u> </u>	62-06	47474					
	,	801B SUNSET DRIVE		/ 4 ^		4511					
		1 Common Caray Tax Construction	ne no.	(42	23)282						
923711	01-27-20				Form	990-T (2019)					

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	valuation N/A			_			
1. Inventory at beginning of year	1	0.	6	Inventory at end of year	ar	 	6			0.
2 Purchases		1 1	Cost of goods sold S		ine 6		 			
3 Cost of labor	3	24,095.	1	from line 5. Enter here						
4 a Additional section 263A costs			1	line 2		•	7	24	1.0	95.
(attach schedule)									Yes	No
b Other costs (attach schedule)	4b		Ī	property produced or a	acquired	for resale) apply to		ſ		
5 Total Add lines 1 through 4b	5	24,095.	l	the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pe	rsonal Property	Lease	ed With Real Pro	pert	(y)		
1. Description of property				•						
(1) SUNSHINE CLEANER	S									
(2)										
(3)										
(4)										
	2 Rent receive	ed or accrued				2(a) Dadustiana directi		atodthe the		_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` of rent for pe	ersonal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a SEE STAT	nd 2(b)	(attach schedule	come II 3)	7
(1)		-		11,5	50.				5,3	50.
(2)										
(3)										
(4)										
Total	0.	Total		11,5	50.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		11,5		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	f	5.3	50.
Schedule E - Unrelated Del		Income (see	nstru			1 1 1 1			,,,,,	
						3 Deductions directly cor			е	
			2	Gross income from or allocable to debt-	(2)	to debt-finan	ced pro			
1 Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other dec (attach sche		5
•										
(1)										
(2)		· · · · · · · · · · · · · · · · · · ·					7			
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable of (column 6 x total 3(a) and	l of col	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and o		
Totals				•		0				0.
Total dividends-received deductions in	cluded in column	8					$\overline{}$			0.
Total distance is a second of the second of								Form 9	9n-T	

Form 990-T (2019) NORTHI Schedule F - Interest,	EAST TN A	ND SOU	<u>rhwest</u>	UA 1				62-04	8804	4 Page
Schedule F - Interest,	Annuities, R	oyalties, a		Controlled O			atio	ns (see ins	struction	ns)
Name of controlled organization	2 Employer identification number		3 Net unrelated income 4 To		otal of specified 5		5 Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)			 				 			
(2)	-		+				_			
(3)			+							
(4)				 .	 		<u> </u>			
Nonexempt Controlled Organ	nizations									
7. Taxable Income	8 Net unrelated (see instr		9 Total	of specified pay made	ments	10 Part of colur in the controlli gross		nization's		eductions directly connected in income in column 10
(1)	ļ		 							
(2)			\top							
(3)										
(4)										
						Add colum Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					▶			0.	_	0
Schedule G - Investme	ent Income o	f a Section	n 501(c)((7), (9), or	(17) Or	ganization)			
(see inst	tructions)		_	17.					·	
1. Desc	cription of income			2 Amount of	income	3 Deduction directly conne (attach sched	cted	4 Set- (attach s	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				<u> </u>					_	
(2)				ļ						<u> </u>
(3)				ļ						
(4)				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Schedule I - Exploited	•	ivity Incon	<u>►</u> ne, Othe	r Than Ad	0. Ivertisi	ng Income				0
(see instr	uctions)									
1 Description of exploited activity	2 Gross unrelated busines income from trade or busines	ss directly with p	xpenses connected roduction nrelated ss income	4 Net incom from unrelated business (co minus colum gain, compute through	i trade or blumn 2 n 3) if a e cols 5	5 Gross inco from activity to is not unrelate business inco	hal ed	6 Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					_					
(2)					_				_	
(3)										
(4)										
	Enter here and o page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 0, col (B)					•		Enter here and on page 1, Part II, line 25
Totals -	.	0.	0.	<u></u>		<u></u>				0
Schedule J - Advertis										
Part I Income From	Periodicals F	Reported o	on a Con	solidated	Basis					
1 Name of periodical	2 Gr adverti incor	ising adv	3 Direct vertising costs	or (loss) (co		5 Circulati		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
									7	
Totals (carry to Part II, line (5))	>	0.	0).				<u> </u>	- <u></u>	0 5 990-T (2014

Form 990-T (2019) NORTHEAST TN AND SOUTHWEST VA

62-0488044

Page 5

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

1 Name of periodical	!	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)	-						
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

	_======================================						
FORM 990-T	DESCRIPTION	OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	1
		I	BUSINESS ACTIVIT	ΓY			

RENTAL REAL ESTATE AND MANAGEMENT FEES

TO FORM 990-T, PAGE 1

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT	2
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL	
REPAIRS AND MA	INTENANCE	- SUBTOTAI	<u> </u>	6,350.	6,3	50.
TOTAL TO FORM	990-т, SCHEDUI	LE C, COLUI	AN 3		6,3	50.