Extended to November 16, 2020

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

OMB No. 1545-0047

(Rev. January 2020) Department of the Treasury

		Revenue Service	Go to www.irs.gov/Formoon for instruction	e latest information	Open to Public
-	1 10	the 2019 calen	and end	ling	Inspection
	Che app	eck if C Name of	of organization		
V		Your	ng Women's Christian Association of	D Employer identifica	ition number
		lame III GI	roine, Ne inc.	1	
I		change Doing b	pusiness as	56-057960	0
I	r	eturn Numbe	r and street (or P.O. box if mail is not delivered to street address)	m/suite E Telephone number	U
L	—— re	eturn/ 133	w. Westwood Avenue	1	100
Г	а	ted City or t	town, state or province, country, and ZIP or foreign postal code	336-882-4 G Gross receipts \$	
L	lre	eturn <u> </u>	1 Point, NC 27262		1,586,391
L	ti	on i ir Name a	nd address of principal officer:Heidi Majors	H(a) Is this a group retu	
-	- 2	2918	HITO LITTO Tame DI	for subordinates?	Yes X N
		exempt status. L	$\Delta = 501(c)(3) = 501(c)(1) < (insert no.) = 4047(a)(4) or = 1000(a)(1) = 1000(a)(1$	7313 H(b) Are all subordinates included by 1527 If "No." attach a list	ded? Yes N
		osite: ▶ ywca	np.com		. (see instructions)
K	Forn	n of organization:	X Corporation	H(c) Group exemption n	umber >
r	art			Year of formation: 1920 M St	tate of legal domicile: N
ď	1	Briefly describ	e the organization's mission or most significant activities: YWCA is empowering women by promoting posses	dedicated to al	2-2-1
Activities & Governance		racism,	empowering women by promoting peace	instice dieni	iminating
/eri	2	Check this box	if the organization discontinued its operations or disposed or	f more than 25% of its not	ty and
g	3				
∞	4				2
ties	5				2
ţΣ	6	lotal number o	of volunteers (estimate if necessary) business revenue from Part VIII, column (C), line 12	5	8.
Ac	7	a Total unrelated	business revenue from Part VIII, column (C), line 12	6	7
-	+-	b Net unrelated b	business taxable income from Form 990-T, line 39	7a	0
	1				0.
Revenue	8	Contributions a	nd grants (Part VIII, line 1h)		Current Year
Ver	9	9.411.001.100	o revenue (Fait VIII. III e 20)		1,189,731.
Re	10		ino (i ait viii, coluitiit (A) lines 3 /l and 7d)		276,206.
	11	out for to voride (ar viii, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	66,094.	4,701.
_	12	- Otal Tovellac	add lines o through 11 (Must equal Part VIII column (A) it and a	1,116,657.	54,280.
	13	Grants and Silli	ial amounts paid (Part IX column (A) lines 1.2)	0.	1,524,918.
	14	Dononio paid to	Of 10r Herribers (Part IX, column (Δ), line 4)	0.	0.
Expenses	15	Calarioo, Otrici C	VITIDE ISAUCH EMPLOYEE PROStite (Dort IV I	621,998.	640 460
en	168	i i rorcosional full	dialsing rees (Part IX, column (A), line 11e)	0.	640,468.
Ě					0.
	17	Other expenses	(Part IX, Column (A), lines 11a-11d, 11f-24a)	529,716.	6E1 1C0
		read experience.	Add lines 13-17 (Inust equal Part IX column (Δ) line 25)	4 4 -	651,162.
es	19	nevenue less ex	penses. Subtract line 18 from line 12	-35,057.	1,291,630.
anc				Beginning of Current Year	233,288.
Bai		Total assets (Par		4,543,481.	End of Year
	21 22	Total liabilities (Pa	art A, line 26)	1 00	4,638,256.
Pai	22	Signature B	d balances. Subtract line 21 from line 20		1,830,825. 2,807,431.
		lties of parium Lda	alore the LLL		<u> 2,007,431.</u>
riie d	nrrec	et and complete De	clare that I have examined this return, including accompanying schedules and sta claration of preparer (other than officer) is based on all information of which accompany	tements, and to the best of my know	rledge and bolish it is
100, 0	01100	, and complete. De	claration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge.	reage and belief, it is
Sign		Signature of			
lere		20		Date	
1010		ypc or print	Majors, Executive Director name and title		
		Print/Type preparer		Date Check	DTIN
aid	-	A. Thomas	Evans III	if United	PTIN
repai	er	Firm's name	BreslowStarlingFrostWarnerBogerHiatt	self-employed P(00231429
se Or	ily	Firm's address	3825 W Market St Ste 200	Firm's EIN ▶ 56 – 0	1593053

Greensboro, NC 27407

Phone no. 336 292-6872

Form **990** (2019)

Young Women's Christian Association of

Page 3

	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	[Y	'es	N
	If "Yes," complete Schedule A		<u>. </u> :	x	
		2		x	_
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities.	3	3	_	X
	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effectiving the tax year? If "Yes," complete Schedule C. Port II.	ct	-	T	
	during the tax year? If "Yes," complete Schedule C, Part II	4			X
				T	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	. 5			X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part Did the organization receive or hold a conservation accounts?				
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	/ 6			X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		-		
1	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	. 7			X
	Schedule D, Part III				
٤	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide gradit source line.	. 8	\perp _		X
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	Т	_
	If "Yes," complete Schedule D. Part IV	1			
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		:	X
				Т	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		_ [:	X
	as applicable.				
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1401110			45
	Part VI				
	b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	X	\perp	
	assets reported in Part X, line 16? If "Yes " complete Schoolule D. David III.				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 VII	11b	⊥_	2	X_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1	1		
(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	11c	<u> </u>	_ 2	ζ_
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 050 (# live of the liabilities in Part X).	1			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	<u> </u>	<u> </u>	<u></u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1			
12a		11f	X		
	Somedate D, Falts XI alla XII				
b	3 Marie III Consolidated, illustrational atotagonesis atotagonesis a	12a	X		
	in 100, and it the organization answered "No" to line 12a, then completing 0-1.		ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office employees or accepts outside of the did in the section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X	·
14a		13		X	·
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from average.	14a		X	
	Too, complete deficable r. Faits I and IV				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X	_
	is sign signification; If Tes, complete scriedule F. Parts II and IV	j		ĺ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X	_
	Tes, Complete Schedule F Parts III and IV				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X	_
	The state of the s	}			
18		17		X	_
	1 and sat if 100, complete ochequie G. Part II		1		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	_X_		_
	complete Schedule G. Part III		İ		
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its quality of the control of th	19		X	_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements by the second of the organization attach a copy of its audited financial statements by the second of the organization attach as copy of its audited financial statements by the second of the organization attach as copy of its audited financial statements by the second of the organization attach as copy of its audited financial statements by the second of the organization attach as copy of its audited financial statements.	20a	ļ	_X_	
A	Figure organization report more than \$5,000 of grants or other assistance to any demonstration	20b			_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		- 1		
000000	ostripioto ostribude I, Parts I and II	21	[Y	

Part IX, column (N.) rine 27 if "Year" complete Schedule (Parts I and iff) 22 Dit the organization rever "Col" to Part VII, Section A, tine 3, 4, or 5 about compensation of the organization scurrent and former officios, directions, brustees, key employees, and highest compensation employees? If "Yea," complete Schedule (Parts I And I	2	2 Did the organization report more than \$5,000 of growth countries.		Ye	s No
and former officions, directions, fustoos, key employees, and highest componated employees? If Yes, 'complete Schedule's Composite and employees? If Yes, 'complete Schedule's Composite and the organization have a tax exempt bond seuw 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, 'avawer fixes 246 through 244 and complete Schedule's If I'No,' you fee in 249. 19 But the organization invest any proceeded of tax exempt bonds beyond a temporary period exception? 24b Did the organization retains an escrive accordant other than a returning excrive at any time during the year of these any tax exempt bonds? 25c Did the organization acts as on 'on behalf of 'issuer for bonds outstanding at any time during the year of the year any tax exempt bonds? 25d Did the organization served that a proceeding of the year? I'Yes, 'complete Schedule's Period I'Yes, 'complete Schedule's I'Yes, 'co		Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes." complete School to 1. Ports I are 1.00.			
and former officers, directors, fusitoes, key employees, and highest componated employees? If Yes, complete Schedule I, Part II bit the organization lave 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, awarer fines 240 through 244 and complete Schedule I, If Yes, to the 29s. 1 bit the organization invest any processes of tax-exempt bonds beyond a temporary period exception? 2 bit the organization invest any processes of tax-exempt bonds beyond a temporary period exception? 2 bit the organization invest any processes of tax-exempt bonds beyond a temporary period exception? 2 bit the organization invest any processes of tax-exempt bonds beyond a temporary period exception? 2 bit the organization set as an "on behalf of" issuer for bonds outstanding at any time during the year 2 2 bit of the comparization at as an 'on behalf of' issuer for bonds outstanding at any time during the year 2 2 bit is the organization when depending person during the year? If Yes, 'complete Schedule I, Part I 2 bit the organization severs that it engaged in an excess benefit transaction with a dequalited person during the year? If Yes, 'complete Schedule I, Part I 2 bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current of former official organization provide any of these possons? If Yes, 'complete Schedule I, Part II 2 bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current of former official organization reported against order assistance to any current or former official, discretization and provides and provides organization or the analysis of the organization reported and yor through the part of the appropriate Schedule I, Part II 2 bit the organization aparty to a business transaction with one of the following parties (see Schedule I, Part III II I	2	3 Did the organization answer "Yes" to Part VII. Spotian A. I'm C. 4	2	2	X
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,0000 as of the leat day of the year, that was issued after December 31, 2002? If Yes, "answer lines 246 through 244 and complete Schedule I. I'No," or on the 259. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization related has necrow account other than a refunding secrew at any time during the year to defease any tax-exempt bonds? 42b Did the organization rate as an 'on bohalf of' issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? 42c Did the organization set as an 'on bohalf of' issuer for bonds outstanding at any time during the year? 42d Did the organization with a disqualided person during the year? If 'Yes,' complete Schedule I. Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualided person during the year? If 'Yes,' complete Schedule I. Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, matches, levy employee, creator or former, substantial contributor, or 35% controlled antity or family member of any of these persons? If 'Yes,' complete Schedule I. Part II Did the organization report any of these persons? If 'Yes,' complete Schedule I. Part II Did the organization provide a part or other assistance to any current or former officer, director, trustee, key employee, creator of former, director, so applicable from a part of the sessible and the part of the organization as part yo to business transaction with one of the following parties gene Schedule I. Part II Did the organization receive thereof of tarrity with one of the following parties gene Schedule II. Part III A safe for th					
24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last of yor they war, that was issued after December \$1,2002? If Yes, "answer lines 24b through 24d and complete Schedule K, If Yes," yor to line 25e. 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 5 Did the organization laws any investment of tax-exempt bonds beyond a temporary period exception? 5 Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization acts as in "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization with a dissualized person during the year? 24d Section 501(x)(8), 501(x)(4), and 501(x)(29) organizations. On the organization engage in an excess benotit transaction with a firm that the transaction acts of them that the transaction severe that it engaged in an excess benefit transaction with a dissualized person in a prior year, and that the transaction severe that it is engaged in an excess benefit transaction with a firm that the transaction is of the organization provide of the organization provide of the organization provide of any of the organizations provide schedule is organized organization. Firm that the provide acts of the organization organization organization provide a grant or other assistance to any other provide schedule is organization as party to a business transaction with one of the following parties (see Schedule I, Part II instructions, for spokes thereofo or farmy immediated any organization organization provides schedule I, Part II instructio		Schedule J		- 1	
Schedule K. If "No." go to line 259 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 249 Did the organization and the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 240 Did the organization and the process of tax-exempt bonds beyond a temporary period exception? 241 Did the organization and the process of the p	24		27	з	x
Schedule K. If 'No,' go to line 25g bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? city of the organization maintain an escrewa execution that an archinding escrewa any tax-exempt bonds by the complete of the complete		and a same and a law exempt boild issue with an outstanding principal amount of when the		\neg \mid \neg	1
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c. Did the organization maintain an escrow account other than a refunding activatory at any time during the year to defease any taxeowampt bonds? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? "24d 25a Section 501(c/s), 501(c/s), and 501(c/s29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?" "1" "7" ex" complete Schedule L, Part I" 25a 15 the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 950 or 950-E2? It "7" es." "complete Schedule L, Part I" 25b 16 the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 359% controlled ontity or family member of any of these persons? If "Yes," complete Schedule L, Part II 16 16 16 16 16 16 16 16 16 16 16 16 16		Tomodalo ra n' rio, go to mie zoa	24	a	_ x
any tax exampt bonds? ### Did the organization set as an "on behalf of "issuer for bonds outstanding at any time during the year? ### Did the organization set as an "on behalf of "issuer for bonds outstanding at any time during the year? ### Did the organization set as an "on behalf of "issuer for bonds outstanding at any time during the year? ### Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I ### Did the organization has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with the organization person of the proposed of the prior of former individual described in line 28a? If "Yes," complete Schedule I, Part IV. **Did the organization of any individual described in line 28a? If "Yes," complete Schedule I, Part IV. **Did the organization of the proper of the former of			241		 -^ `
d Did the organization act as an "on bohalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angap in an excess benefit transaction with a disqualified person uniting the year? If "yes," complete Schedule L, Part I 25a 15 the organization eaver that it engaged in an excess benefit transaction with a disqualified person in a prior yeer, and that the transaction has not been reported on any of the organization's prior Forms 990 or 900-E2? If "yes," complete Schedule L, Part I 25b 15 the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any ourrent or former officer, director, trustee, key employee, creator or founder, substantial contributor or trustee, substantial contributor or organization provide a grant or other assistance to any current or former officer, trustee, key employee, creator or founder, substantial contributor or grankzetion provide a grant or other assistance to any current or former officer, trustee, key employee, creator or founder, substantial contributor or grankzetion provide a grant or other assistance to any current or former officer, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee mether, or to a 55% controlled entity of the substantial contributor or substantial contributor or the substantial contributor or the substantial contributor or the substantial contributor or organizations, and exceptions; a A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "yes," complete Schedule L, Part IV 15s, "complete Schedule L, Part IV 25s, "complete Schedule L, Part IV 25s, "complete Schedule L, Part IV 25s," organization found or substantial contributor or former officer, director, trustee, substantial contributor or one or more individuals and/or organizations for substantial contributor or substantial contributor or substantial		and the state of t		9	
25a Section 60 (c(x)), 60 (c)(4), and 50 (c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I bs the organization average that it repaged an an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or S90-E2? If "Yes," complete Schedule L, Part I bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trastee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II bit the organization provide a grant for other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II and the part II are a substantial contributor? If "Yes," complete Schedule L, Part II and the substantial contributor? If "Yes," complete Schedule L, Part II and the substantial contributor? If "Yes," complete Schedule L, Part II and the substantial contributor? If "Yes," complete Schedule L, Part II and the substantial contributor? If "Yes," complete Schedule L, Part II and the substantial contributor? If "Yes," complete Schedule L, Part II and S25,000 in non-eash contributions? If "Yes," complete Schedule M. 28		my man enough botton			1
transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II 25b 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution, or 35% 25b			240		
b is the organization avastication that it engaged in an axxees benefit transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part I 250 bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fursitee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, fursitee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons If Yes, "complete Schedule I, Part II/ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part II/ 27 instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, fursitee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule II, Part IV. 28a	25			<u> </u>	
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZY if "Yes," complete Schedule I, Part I		and doubtion with a disqualmed person during the year? If "Yes " complete Schooling to Doubt	1	ł	
Schedule I, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former efficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant a selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part III 27 Was the organization party to a business transaction with one of the following parties (see Schedule I., Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A Current or former officor, director, furstee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part IV 28 A Assilia formulate Schedule I., Part IV 28 A Assilia formulate Schedule I., Part IV 28 A Assilia formulate Schedule I., Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV 28 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II 31 Did the organization injudicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Part II 31 Did the organization injudicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule IV, Part II 31 Did the organization injudicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule IV, Part II 31 Did the organization injudicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule IV, Part II 31 Did the organization related to any tax exempt or taxable ent		and that it originates that it originates the second of the second or with a discussified and the second of the se	25a	3	<u> </u>
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If "Yes," complete Schedule R, Part V, line 2 38 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 V I 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	h		35a		X
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If "Yes," complete Schedule R, Part V, line 2 36 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		The state of a section of z(b)(15) (11 Tes, "Complete Schedule R. Port V. line a	35h		
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			000		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		·· · · · · · · · · · · · · · · · · · ·	20		v
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			30		
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		and that is treated as a partite ship for federal income fax numbered # "Voc." complete 0-4-77 by no.		- 1	37
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		The state of the s	3/		_X_
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Note: 7 th Form 556 hiers are required to complete Schedule O			
Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ran	Statements Regarding Other IRS Filings and Tax Compliance	<u> 38 </u>	X	
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Check if Schedule O contains a response or note to any line in this Burns.			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				···· <u> </u>	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	\	Yes	No
(gambling) winnings to prize winners?	ь	Enter the number of Forms W-2G included in line 1a. Enter O. if not applicable			100
gambing, winnings to prize withers?	c l	Did the organization comply with backup withholding rules for reportable			
40 V	(gambling) winnings to prize winners?			
932004 01-20-20	932004	01-20-20	1c_	х	

Part V

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1000000		E-15-101				
	filed for the calendar year ending with or within the year covered by this return				200				
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 instructions	s)	A BAYAA						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	********************************	За		X				
b	If "Yes," has it filed a Form 990.T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X				
b	If "Yes," enter the name of the foreign country		2002 P/200						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR),		ARTO GER					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
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 the	ne organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or gifts							
	were not tax deductible?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6b						
7	Organizations that may receive deductible contributions under section 170(c).		5,75,07000						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a		X				
b			7b						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w								
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Bill I I I I I I I I I I I I I I I I I I								
f	The state of the s								
g									
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8 Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the									
	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	15 (15 (5) 5 (5						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	2000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
11	Section 501(c)(12) organizations. Enter:				200000000000000000000000000000000000000				
а	Gross income from members or shareholders	11a			200012				
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-//					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			200.000					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	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			//					
	organization is licensed to issue qualified health plans	13b	(100000						
C	Enter the amount of reserves on hand	13c		77					
	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 on Schedul	le O	14b						
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X				
If "Yes," complete Form 4720, Schedule O.									

Form 990 (2019) High Point, NC Inc. 56-0579600 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 56-0579600 Page **6** to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

ction A. Governing Body and Management			[
			,
Enter the number of voting members of the governing body at the end of the tax year	o 4 🕮	Ye	s i
and the following the first among members of the governing body, or if the governing	21		
body delegated broad authority to an executive committee or similar committee, explain an Cabadula O	HITE		
Enter the humber of voting members included on line 1a, above, who are independent.			
Did any officer, director, trustee, or key employee have a family relationship are businessed.	21		
officer, director, trustee, or key employee?			
Did the organization delegate control over management duties and a second duties and a	2	_	
of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision			7
Did the organization make any significant changes to it.	3] :
Did the organization become swere during the area of the prior Form 990 was filed?	4		
Did the organization have members as startly the same distribution of the organization's assets?	5		
	6	 	<u> </u>
The same of the power to elect or appoint one or		-	+-
The morning body?			Ι,
	. <u>/a</u>	+	13
i and the governing body?	1	ľ	1_
		Files or	2
gerenmig would			
Each committee with authority to act on behalf of the governing body?	<u>8a</u>		4_
		X	
			1
ion B. Policies (This Section B requests information about policies on Schedule O	9	1	2
Did the organization have local chapters, branches, or offiliated		Yes	N
f "Yes," did the organization have written policies and	10a		X
and branches to ensure their operations are positively little and procedures governing the activities of such chapters, affiliates,			
	10b		
		x	
	112-11-		
Were officers, directors, as track	100	v	Mens
vere unicers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
and conditioning morning entities compliance with the matter of the state of the st	120		_
The Principle of the Pr	1 1		
id the organization have a written document retention and destruction policy?			
id the process for determining compensation of the following persons include a review and	14	X	
		Œ.	
10 organization a OLO, Executive Director, or for management effects			
ther officers or key employees of the organization	15a		X
	15b		X
d the organization invest in contribute assets to			2417.5
xable entity during the year?			
and your guid your ;	160	isaaniyi M	THOSE V
	10a		X
, and toke stage to the stage and toke stage to the stage			
Suprotated with respect to such attaintements.		::::::::::: [5	
	16b		
st the states with which a copy of this Form 990 is required to be filed ►NC			
ction 6 to 4 requires an organization to make its Forms 1023 (1024 or 1024 A Forms 102)			
public inspection. Indicate how you made these available. Check all that applicable), 990, and 990-T (Section 501(c)(3)	s only) a	availat	ole
Own website Another's website \\ \bar{\mathbf{Y}} \] I brief to the Another's website			
scribe on Schedule O whether (and if so, how) the organization			
scribe on Schedule O whether (and if so, how) the organization made its governing decomposition decomposition and the control of the control	financi	ial	
scribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and tements available to the public during the tax year. ate the name, address, and telephone number of the person who possesses the organization's books and records	financi	ial	
	body delegated broad authority to an executive committee so this governing body, or if the governing body delegated broad authority to an executive committee or similar committee. The province of the provin	body delegated brand authority to an executive committee or similar committees or similar committees. Science of similar committees or similar committees or similar committees or similar committees. Science or similar committees or similar committees or similar committees or similar committees. Scienc	body delegated braid authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of victing members included on line 1a, above, who are independent 10 bid any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization and the meetings held or written actions undertaken during the year by the following: 7 Did the organization become away to the members of the governing body? 8 Did the organization of the organization the meetings held or written actions undertaken during the year by the following: 8 Did the organization of the process in from the meetings held or written actions undertaken during the year by the following: 9 Did the organization of the process of the process of the process on Schedule O. 9 Did the organization have written policies and procedures governing the activities of such chaptors, affiliates, and branches to ensure their operations are consistent with the organization in the process of the governing body before filing the form? 10 Did the organization have written policies and procedures governing the activities of such

High Point, NC Inc. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 56-0579600 Page 7

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	1		((C)			(D)		
Name and title	Average hours per week	1 00	o not o X, unio icer a	Pos check	sitio. mon	e than	th on	Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
(1) Ch.11	(list any hours for related organization below line)	Individual	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization
(1) Shelley Delmestri Hutchins Director	2.00	_								
(2) Heidi Majors	40.00	X			<u> </u>	ļ		0.	0.	
Executive Director	40.00	-								
(3) Ann Lynch	1 2 00	X		X		 		<u>55,402.</u>	0.	2,96
Director	2.00	-1								
(4) Ann York	3 00	X	_		_		_	0.	0.	
Director	2.00	X		1						
5) Peggy Adams	5.00	Δ						0.	0.	
President	3.00	$ \mathbf{x} $		\mathbf{x}	ļ		j	_		
6) Melody Burnett	2.00			4		-	\dashv	0.	0.	
<u>irector</u>	2.00	$ \mathbf{x} $					1		_	
7) Eva Ogden	2.00	1	\dashv	\dashv	\dashv	\dashv	-+	0.	0.	
irector		X		İ		- 1				
8) Karen Barksdale	2.00	+	+	十	1	+	-	0.	0.	(
reasurer		x		x	ĺ					_
9) Alison Collins	2.00			_		-	-		0.	(
irector		X							0	
10) Natalie Smith	2.00		_	\top	7	_			0.	
irector		X					1	0.	0.	_
11) Jennifer LeBeau	5.00			7 "						
resident Elect		X	_ []	X		-		0.	0.	0
l2) Catherine Martin	2.00	"								0
rector		X								^
3) Heather Bowers Cross	2.00									0
rector		X				_ _	_ _	0.	0.	0
4) Susan Fagg	2.00			ł			1			
rector		<u> </u>	_	\perp				0.	0.	0
5) Laura Johnston rector	2.00					ı				
6) Pamela Palmer		X L	+	_	\perp	4		0.		0
rector	2.00	,_		1						
7) Mena Parrish		<u>x </u>	\perp		\perp		1_	0.		0
rector	2.00	,								
007 01-20-20		<u>X</u>				_ _		0.	0.	0

Page 8

Part VII Section A. Officers, Directors, Trus	stees, Key Em	plo	yees	, an	d H	ighe	st (Compensated Employe	es (continued)		
(A)	(B)			(1	C)			(D)	(E)		(F)
Name and title	Average	(de	not o		sitio: more	n e than	one	Reportable	Reportable compensation		Estimated
	hours per week	box	k, unle	ess pe	erson	is bo or/tru:	th an	compensation			amount of
	(list any			T	Τ	T	T	from the	from related organizations		other compensation
	hours for	director			İ	 		organization	(W-2/1099-MISC	n	from the
	related	tee or	ustee	1		ansate		(W-2/1099-MISC)	(**************************************	´	organization
	organizations	i ii	nal tr		aako	E .				İ	and related
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
	ļ <u>.</u>	표	SE	5	ş	· 분·등	호				
(18) Judy Sweger	2.00	-								۱ ۲	•
Director		X		i		-	┼	0.		0.	0.
(19) Viviana Dinan	2.00	٦,					i			_	0
Director	2 00	X			-	╁		0.	-···- <u>-</u> ·-	0.	0.
(20) Alyce Hill	2.00	٠,,				ĺ				,	0
Director	2.00	X			 	 -		0.		0.	0.
(21) Dorothy Johns	4.00	X								,	0
Director				_	ļ	+-		0.		0.	0.
	ļ <u>.</u> .	-								\dashv	
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	<u> </u>										
		\vdash				 				+	
			i								
1h Cubtatal	l	L	L					55,402.		0.	2,964.
1b Subtotal c Total from continuation sheets to Part VI	I Section A	•••••			•••••	••••		0.		0.	<u> </u>
d Total (add lines 1b and 1c)								55,402.		0.	2,964.
Total number of individuals (including but n							20 n	· · · · · · · · · · · · · · · · · · ·		<u> </u>	Z, 304.
compensation from the organization	or miniou to th	.000	11000	a u	0041	<i>5)</i> **1	10 1	COCIVCA TROTE INATI \$100	,000 or reportable		0
Somponocion non real organization											Yes No
3 Did the organization list any former officer,	director, truste	ee k	(AV 6	empl	love	e or	hio	thest compensated emp	lovee on	E	THE RESERVE THE PROPERTY OF TH
line 1a? If "Yes," complete Schedule J for s							-			[77]	3 X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										F	4 X
5 Did any person listed on line 1a receive or a										. F	
rendered to the organization? If "Yes," com	•				_					100.0	5 X
Section B. Independent Contractors										<u></u>	<u> </u>
Complete this table for your five highest col	mpensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensa	tion from
the organization. Report compensation for											
(A)								(B)			(C)
Name and business	address	NO	NE	3				Description of s	ervices	Co	mpensation
							T				
							ſ				
								N. 100			·
							Ī				
2 Total number of independent contractors (in	ncluding but ne	ot lir	nited	of to	thos	se lis	sted	l above) who received m	ore than		
\$100,000 of compensation from the organiz	ation 🕨)		• • • • • • • • • • • • • • • • • • • •	and a final state of the state	25-127-147-1	
										-	000 (0010)

Form **990** (2019)

Page 9

-			Check if Schedule	<u>O co</u>	ntains a	respon:	se or note to a	ny line in this Part V	Ш			
-	0 10	Γ"		_				(A) Total revenu	ie Related	(B) or exempt revenue	(C) Unrelated business revenue	
1	and Other Similar Amounts	1	a Federated campaigns		******	1a	252,08	4.				sections 512 - 514
Ò	ğ		b Membership dues			1b		The Control of the Party Control		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Table 1971 and 1971 a	
j.	Ψį		c Fundraising events		[1c						
Ġ	<u>.</u>		d Related organizations			1d		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
ú	<u>"</u> .层		e Government grants (cor	ntribu	utions)	1e	154,35	2.				
5			f All other contributions, gift	s, gra	ints, and							
Ę	Ě		similar amounts not include	ed ab	ove	1f	783,29	5				
t c	ğ		g Noncash contributions included			1g \$	65,70	6 - 14 27 24 2 2 2				CONTROL OF THE PROPERTY OF THE
<u>Ŭ</u>	ā		h Total, Add lines 1a-1f					1,189,73	1			
	ſ						Business Co	de				
9			a <u>Child Care</u>				62410		6 121	,716.		#
Ē	e l		b Aquatics				624100					
Š	를		c Women's Serv	ice	-s		624100			,843. ,997.		
ľan	<u>Ş</u>		d Membership D	ues	3		624100	12,650		,650.		
Program Service	_		e					12,000	<u> </u>	,050.		
O.		1	f All other program service	reve	enue							
	4		g Total. Add lines 2a-2f	<u></u>	,			276,206				
		3	Investment income (inclu	ding	dividend	ls, inter	est, and) • Killed (************************************			174. A 47
			other similar amounts)	•••••	************			2,696	5 .			
		4	Income from investment	of tax	x-exempt	bond p	proceeds >					<u>2,696.</u>
		5	Royalties		<u></u>	··········						
				1	(i) F	eal	(ii) Personal					
	1	6 a		6a	12,	261.						
		b	Opposite on the participant	6b		0.						
	1	С	Rental income or (loss)	6c	12,	261.						
			Net rental income or (loss)	<u> </u>		···		12,261				
	1	7 a	Gross amount from sales of		(i) Secu		(ii) Other					12,261.
			assets other than inventory	7a	46,8	381.	5,000	A STATE OF THE PROPERTY OF THE				The state of the s
đì		þ	Less: cost or other basis								engang dengang dan Salaban Salaban Salaban Salaban Salaban Salaban Salaban Salaban Salaban Salaban Salaban Sal Salaban Salaban	
Š			and sales expenses	7b	49,8	376.	0	- Previous Control Con				The Court of the C
Other Revenue	ļ	C		7с	-2,9	95.	5,000	Part of the control o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Ä	1	ď	Net gain or (loss)	• • • • • • • • • • • • • • • • • • • •				2,005		William Viet		2 005
ŧ	*	3 a	Gross income from fundraisin	g eve	nts (not							2,005.
0			including \$		of							A production of the control of the c
	1		contributions reported on [ine 1	c). See			part of the second seco				
			Part IV, line 18		•••••	. <u>8</u> a	<u>53,009</u> .					ar The Control of the
	ĺ	b	Less: direct expenses		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8b	9,304.					William Control of the Control of th
	_	С	Net income or (loss) from fu	ındra	alsing ev	ents		43,705				12 70C
	9	а	Gross income from garning	activ	vities. Se	e				100	V-4[]	43,705.
	ľ		Part IV, line 19		***********	9a						
		b	Less: direct expenses	· · · · · · ·		9b						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	40	¢	Net income or (loss) from ga	amin	g activiti	98 <u></u>	<u></u>					
	10	а	Gross sales of inventory, les	ss re	turns							
			and allowances	• • • • • • • •		10a	<u>2,528.</u>					And the second s
ļ		D	Less: cost of goods sold			10b	<u>2,293.</u>					
\dashv		Ç	Net income or (loss) from sa	les c	of invento			<u>2</u> 35.				235.
	14	_	Miggollomana	т.			Business Code					
Revenue		a: b	Miscellaneous	TI	come	_ -	900099	-1,921.				-1,921.
ķ						_						T 1 J 21 T 0
œ.		C.	All other revenue			_ -						
		u /	All other revenue		• • • • • • • • • • • • • • • • • • • •	L						
	12	1	Fotal. Add lines 11a-11d							15 10 10 10 10 10 10 10 10 10 10 10 10 10		
			Total revenue. See instructions			<u></u>		1,524,918.	276,2	06.	n	58 001

Part IX Statement of Functional Expenses

Point, NC Inc. 56-0579600 Page 10

Sec	art IX Statement of Functional Experience 501(c)(3) and 501(c)(4) organizations must co	omnlete all columns **	(-41		<u>579600 _{Pa}</u>
	Check if Schedule O contains a resp	onipiete all columns. All	other organizations must	complete column (A).	
Do	- The state of the		e in this Part IX		
/b	, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organization	IS	expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreigr	1			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	572,088	F [4 4 C O		
8	Pension plan accruals and contributions (include	372,000	554,469.	11,746.	5,87
	section 401(k) and 403(b) employer contributions)	9,591	0 075		
9	Other employee benefits	17,498		344.	17
0	Payroll taxes	41,291		355.	50
1	Fees for services (nonemployees):	41,491	40,071.	813.	40
	Management		1		
b	Legal				
С	Accounting	15 751			
d	Lobbying	15,751.	14,513.	765.	47
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	024	A Committee of the Comm		
g	Other. (If line 11g amount exceeds 10% of line 25,	834.		834.	
	column (A) amount, list line 11g expenses on Sch O.)				
. /	Advertising and promotion	070	 		
. (Office expenses	979.		930.	4
. 1	Information technology	123,606.		13,371.	6,71
F	Information technology	6,429.	5,839.	393.	19
(Royalties				
7	Decupancy	148,991.	131,932.	13,061.	3,99
		13,060.	12,697.	363.	
£,	Payments of travel or entertainment expenses				
K	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	21,744.	19,872.	1,872.	
	nterest	87,163.	2,863.	70,21	84,300
۲	Payments to affiliates	5,791.		5,791.	04,300
	Depreciation, depletion, and amortization	168,948.	163,407.	270.	F 071
	Surance	- Indiana Suries		2,01	5,271
Ot ah	ther expenses. Itemize expenses not covered pove (List miscellaneous expenses on line 24e. If				ing the market by the co
JJI I	IC 24C amount exceeds 10% of line 25, column (A)				
all	riount, list line 24e expenses on Schedule ().)				
ᄩ	quipment Repair & Rent	31,500.	29,585.	1,293.	
	ad Debts	22,073.		1,493.	622
	iscellaneous	4,293.	3,248.	622	22,073
				632.	413
	other expenses	-			
_To	tal functional expenses. Add lines 1 through 24e	1,291,630.	1,107,728.	E2 022	
Joi	int costs. Complete this line only if the organization	7-2-7-0-0-0	-, 101, 140.	52,833.	131,069
rep	ported in column (B) joint costs from a combined	1			
adı	ucational campaign and fundraising solicitation.				
GUI	The same factoring policitation.	,		<u>. </u>	

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 1 71,886. 1 52,875. Savings and temporary cash investments 2 636,121. 554,244. Pledges and grants receivable, net 3 <u>413,090.</u> 3 768,886. 4 Accounts receivable, net 478. 5,364. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8,400. 8 0. Prepaid expenses and deferred charges 65. 9 65. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,651,689. 3,326,887. 3,15<u>7,938</u>. 10c Investments - publicly traded securities 76,312. 11 92,112. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 10,242. 15 6,772. Total assets, Add lines 1 through 15 (must equal line 33) 16 4,543,481. 16 4,638,256. Accounts payable and accrued expenses 17 80,787. 17 45,132. Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 1,905,972. 1,785,693. 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 1,986,759. 1,830,825. Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 1,468,914. 1,493,439. Net assets with donor restrictions <u>1,087,808.</u> 1,313,992. Organizations that do not follow FASB ASC 958, check here 🕨 🔲 and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 32 2,556,722. 32 2,807,431. Total liabilities and net assets/fund balances 4,543,481. 4,638,256.

Young Women's Christian Association of High Point, NC Inc. Part XI Reconciliation of Net Assets <u>56-0</u>579600 Page 12 Check if Schedule O contains a response or note to any line in this Part XI X Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) <u>1,</u>524,918. 2 Revenue less expenses. Subtract line 2 from line 1 2 3 <u>1,29</u>1,630. Net assets or fund balances at beginning of year (must equal Part X, fine 32, column (A)) 3 233,288. 4 Net unrealized gains (losses) on investments 4 2,556,722. 5 Donated services and use of facilities 5 17,431. 6 Investment expenses _____ 6 7 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 9 -10. column (B)) Part XII Financial Statements and Reporting 2,807,431. Check if Schedule O contains a response or note to any line in this Part XII X Accounting method used to prepare the Form 990: Cash Yes No X Accrual __ Other 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a 2a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, X 2b consolidated basis, or both: LX Separate basis Consolidated basis ____ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Х

3a

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.

OMB No. 1545-0047

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Young Women's Christian Association of

Open to Public Inspection

•	High Point,	s Christian	Assoc	iatio	n of	Emplo	yer identification number
Part I Reason f	or Public Charity Stat	INC Inc.					<u>56-05796</u> 00
The organization is not a	private foundation because	it io (F-:: I'm and it	st complet	te this part	.) See instructions	3.	
1 A church, con	vention of churches, or asso	n is: (For lines 1 through 1	2, check	only one b	ox.)		
2 A school desc	vention of churches, or asso	With Attack Colors descri	ibed in se	ction 170	(b)(1)(A)(i).		
3 A hospital or a	ribed in section 170(b)(1)(A)	(Fig. (Attach Schedule E	orm 990 o	or 990-EZ).)		
4 A medical rese	cooperative hospital service	organization described i	n section	170(b)(1)(A)(iii).		
city, and state	arch organization operated i	in conjunction with a hosp	oital descr	ibed in se d	ction 170(b)(1)(A)	(iii). Eni	ter the hospital's name.
5 An organization	Operated for the banefit of				······		
section 170/h	n operated for the benefit of)(1)(A)(iv). (Complete Part II.	a college or university ow	ned or op	erated by	a governmental u	nit desc	cribed in
	, , , , , , , , , , , , , , , , , , ,	4					
7 X An organization	, or local government or gov	ernmental unit described	in section	1 170(b)(1)	(A)(v).		
section 170/h)	that normally receives a su.	bstantial part of its suppo	rt from a (governmer	ntal unit or from th	e gener	ral public described in
						-	1
9 An agricultural	ust described in section 170	0(b)(1)(A)(vi). (Complete F	art II.)				
Of university or	research organization descri	bed in section 170(b)(1)(,	A)(ix) ope	rated in co	njunction with a la	and-ara	nt college
•	a non-land-grant college of a	igriculture (see instruction	is). Enter t	he name,	city, and state of t	the colle	ede or
All organization	that normally receives: (1) n	nore than 33 1/3% of its s	upport fro	m contrib	itions, membersh	in fees	and gross receipts from
	11100	ome (less section 511 tax)	from busi	nesses ac	quired by the org	anizatio	n after June 30, 1075
							a.tor ourie 30, 1975,
12 An organization	organized and operated exc	clusively to test for public	safety. Se	e section	509(a)(4).		
Julionganization	organized and operated exc	iusively for the benefit of	to norfor	n tha forma	U	v out th	18 Durnoses of one or
							Check the boy in
	THE WOOD INC TAD	re ou aurum minin minanizat	100 and ∞	amalata ii			
13be 11.1 cabb	or any organization operated	مارSubervised, or controlla	d by ite or	innorted a			v aivina
, ,	- Samueland (a) the bosiel fo	r equiativ abboint or elect	a majorit	y of the dir	ectors or trustees	of the	y giring Supporting
	or combiete Falt IV.	OECTIONS A ANA R					
i i j i ype ii. A supp	porting organization supervise	sed or controlled in conne	ction with	its suppo	ted organization(s) by h	avina
	-gamain or the supporting o	i yalı izalıdı vested in the	same per	sons that d	control or manage	the su	nnorted
	a a moor combiere Lat ()	v. Decilons A and C					
C	onally integrated. A support	ting organization operated	in conne	ction with,	and functionally	integrat	ed with
	- San Hadron day look mandident	110). I DII MIIST COMPLETA	Darf IV C	`~: *	D 4		
i jpc in non-ru	nononany integrated, A suj	DDOrting organization one	rated in a			d organ	ization/o)
	and the organical the organ	nization denergily moet ea	rtiefy o die	حصنت طابخ		n attant	izanon(s)
	a monoconope i ou must co	Ulliblete Part IV. Saction	C V 2m45				iveriess
o lock this box	ii trie organization received (a Written determination fo	am tha IDI	O Albana (a. t.)	a Type I Type II:	Two III	
	gration, or Type III Horright	ionally integrated support	ing organ	ization.	a . , po i, 1 , pc ii,	. Abe iii	
i Ture the namber of 80	pported organizations						
 g Provide the following in (i) Name of supported 	formation about the suppor	ted organization(s).	**************		***************************************		L
organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the org	anization listed ling document?	(v) Amount of mo	netarv	(vi) Amount of other
O I gai nzation		above (see instructions))	Yes	No	support (see instru		support (see instructions)
							
				1			
			 -	 			
				l		- 1	
	-		 -				
							
			İ				
otal			falls was agreed				

Schedule A (Form 990 or 990-EZ) 2019 High Point, NC Inc. 56-0579600 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

C	ection A. Public Support alendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(-) 0047			
	1 Gifts, grants, contributions, and	127,2070	(10) 2010	(c) 2017	(d) 2018	(e) 2019	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	1039655.	1059708	750 404	700 0==		
;	2 Tax revenues levied for the organ-		1033708	758,494.	790,855	. 1202381.	4851093
	ization's benefit and either paid to	1	1				
	or expended on its behalf			1	1		
3	The value of services or facilities			 			
	furnished by a governmental unit to	1			1		
	the organization without charge						li
	Total. Add lines 1 through 3	1039655.	1059708.	758,494.	700 055	100000	
5	The portion of total contributions				790,855.	1202381.	4851093
	by each person (other than a		TOTAL CONTROL OF THE PARTY OF T				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4.	20 17 17 17 17 17 17 17 17 17 17 17 17 17					1051000
	ction B. Total Support						4851093.
Jait 7	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	/f) Total
ı Q	Amounts from line 4	1039655.	1059708.	758,494.	790,855.	1202381.	(f) Total 4851093.
Ģ		1					#001033.
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	10 252					
9	Net income from unrelated business	10,353.	13,910.	8,162.	10,545.	14,957.	<u>57,92</u> 7.
Ū	activities, whether or not the	1	1				_ 31,,221.
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				ľ		
	Total support. Add lines 7 through 10			2000 Open (100 open 1			
2	Gross receipts from related activities, e	to lead instruction					4909020.
3	First five years. If the Form 990 is for the	ic. (see instruction:	s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12 1,	106,789.
	First five years. If the Form 990 is for the organization, check this box and stop h	e organization s 11.	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
ec	tion C. Computation of Public	Support Perc				****************	
4	Public support percentage for 2019 (line	6 column /ft divid	lad by the de	ump (fi)	 		
	- Piran Pondontago nom 2010 3	CHEQUIE A PAIT II	ling 1/		1		98.82 %
						15	98.79 %
b î	33 1/3% support test - 2018. If the organization qualifie	anization did not cl	heck a box on line	13 or 16a, and lin	Δ 15 is 22 1/20/. s		> [X]
a i	10% -facts-and-circumstances test - ; and if the organization meets the "facts-s	2019. If the organi	zation did not che	ck a box on line 13			▶∟
b 1	0% -facts-and-circumstances test - 2 nore, and if the organization meets the "	2018. If the organiz	zation did not che	ck a box on line 13	3.16a.16b.or17a	and line 15 is 100	
							▶
	rivate foundation. If the organization d	d not check a box	on line 13, 16a, 1	6b, 17a, or 17b. cl	neck this box and	See instructions	······· P
					A IIO DOX AIIU	SOB INSTRUCTIONS	P

Schedule A (Form 990 or 990-FZ) 2019 High Point, NC Inc.

56-0579600 Page 3

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 9 Amounts from line 6 (e) 2019 (f) Total 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage from 2018 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 16 % 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2018 Schedule A, Part III, line 17 17 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not % more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ______ b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2019 High Point, NC Inc.

Part IV Supporting Organizations

56-0579600 Page 4

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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.
- 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.)

	Y	 es	No
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must consection A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or	g Org	I O D I T O PI O D O	6-0579600 Page 6
Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3, 5 Depreciation and depletion			
Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3, 5 Depreciation and depletion	trust o	on Nov. 20, 1970 (explain in F	art VI). See instructions A
 Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 	nplete	Sections A through E.	_
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion		(A) Prior Year	(B) Current Year (optional)
 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 	1		(optional)
4 Add lines 1 through 3.5 Depreciation and depletion	2		
5 Depreciation and depletion	3		
	4		
6 Portion of operating expanses hold or incurred for	5		
t stability of operating expenses paid of incurred for production or	-		
collection of gross income or for management, conservation, or	l		
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		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
Aggregate fair market value of all non-exempt-use assets (see			(optional)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances			
c Fair market value of other non-exempt-use assets	1b		
d Total (add lines 1a, 1b, and 1c)	1c		
e Discount claimed for blockage or other	1d		THE LINE STREET, STREET
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets			
Subtract line 2 from line 1d.	2		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	3		
see instructions).			
Net value of non-exempt-use assets (subtract line 4 from line 3)	4		
Multiply line 5 by .035.	_5		
Recoveries of prior-year distributions	6		
Minimum Asset Amount (add line 7 to line 6)	7		<u>-</u>
ction C - Distributable Amount	8		Comment
Adjusted net income for prior year (from Section A, line 8, Column A)	277		Current Year
Enter 85% of line 1.	1		
Minimum asset amount for prior year (from Section B, line 8, Column A)	2		
Enter greater of line 2 or line 3.	3		
Income tax imposed in prior year	4	AND THE WORLD WITH THE PROPERTY OF THE PROPERT	
Distributable Amount. Subtract line 5 from line 4, unless subject to	5	7 (20 (1) (1) (2) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
emergency temporary reduction (see instructions).			
Check here if the current year is the association.	6	Plant and Plant Control of the Contr	
Check here if the current year is the organization's first as a non-functionally int instructions).	tegrate	ed Type III supporting organiz	ation (see

Schedule A (Form 990 or 990-EZ) 2019

Young Women's Christian Association of Schedule A (Form 990 or 990-EZ) 2019 High Point. NC Inc.

P	Type III Non-Functionally Integrated 5	NC Inc.	<u> </u>	<u>56-0579600 Page 7</u>
	Type III Non-Functionally Integrated 5	va(a)(a) Supporting Or	ganizations (continued	<u> </u>
1	Amounts paid to supported organizations to accomplish			Current Year
2	Amounts paid to perform activity that directly furthers exe	exempt purposes		
	organizations, in excess of income from activity	inpi purposes of supported		
3	Administrative expenses paid to accomplish exempt purp	2222 of 2122 - 1 - 1 - 1 - 1		-
4	Amounts paid to acquire exempt-use assets	oses or supported organization	ons	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	+		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsi		
	(provide details in Part VI). See instructions.	i the organization is responsi	ve	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	72	
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	(ii) Underdistributions	(iii) Distributable
		Excess Distributions	Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	The state of the s		
2	Underdistributions, if any, for years prior to 2019 (reason-	A CONTROL OF THE PROPERTY OF T	V	
	able cause required- explain in Part VI). See instructions.	A CONTROL OF THE CONT		
3	Excess distributions carryover, if any, to 2019	E CONTROL OF THE CONT		The second of th
а	From 2014	Section 1 to Appendix 1 to the Control of the Contr		
b	From 2015	South From the Second Property of the Second		
c	From 2016	The state of the s		
d	From 2017	Face of Section 12 Acres 12 Ac		
е	From 2018			
f	Total of lines 3a through e		The second of th	
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		20.23 10.30 Marin 1. (20.23 10.23 10.23 17.14 17.14 17.14 17.14 17.14 17.14 17.14 17.14 17.14 17.14 17.14 17.14	
4	Distributions for 2019 from Section D,	Construction of the second sec		
	line 7: \$			
	Applied to underdistributions of prior years	And the second s		
	Applied to 2019 distributable amount			Particular and the second of t
	Remainder. Subtract lines 4a and 4b from 4.			A Company of the Comp
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	The second secon		A Committee of the Comm
	than zero, explain in Part VI. See instructions.			A Company of the Comp
	Remaining underdistributions for 2019. Subtract lines 3h	774 1 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	and 4b from line 1. For result greater than zero, explain in	The state of the s		
	Part VI. See instructions.	(in a control of the		
	Excess distributions carryover to 2020. Add lines 3j			. 12.00
	and 4c.	X		
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			The state of the s
	Excess from 2017			The part of the pa
	Excess from 2018			
e E	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Young Women's Christian Association of Schedule A (Form 990 or 990-EZ) 2019 High Point, NC Inc. Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. 56-0579600 Page 8

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

Young Women's Christian Association of High Point, NC Inc. 56-0579600 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Young Women's Christian Association of High Point, NC Inc.

Employer identification number

56-0579600

Part	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	tional space is peopled	<u> </u>
(a)	(b)	nonai space is fleeded,	
No.	Name, address, and ZIP + 4	(c)	(d)
-		Total contributions	Type of contribution
1	Katherine Brown Foundation		Person X
	P.O. Box 1550		Payroll
	2.0. DOX 1550	<u>\$</u> \$	Noncash
	High Point, NC 26261		(Complete Part II for
		_	noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	United Way of Greater High Point		
		-	Person X
	201 Church Avenue	_ \$253,706.	Payroll Noncash
	High Daint are once	<u>233,700.</u>	(Complete Part II for
	High Point, NC 27262	_	noncash contributions.)
(a)	(b)		
No.	Name, address, and ZIP + 4	(c)	(d)
_		Total contributions	Type of contribution
3	NC Dept of Health & Human Services		Person X
	1931 Mail Service Center		Payroll
	1991 Mail Service Center	113,102.	Noncash
	Raleigh, NC 27699		(Complete Part II for
<u> </u>		-	noncash contributions.)
(a) No.	(b)	(c)	(4))
NO,	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
4	High Point Community Foundation		, and the second
	- January Foundation	.	Person X
	P.O. Box 1371	\$18,500.	Payroll
	Title Date to the second	10,500.	Noncash (Complete Part II for
	High Point, NC 27261		noncash contributions.)
(a)	71-3		
No.	(b) Name, address, and ZIP + 4	(c)	(d)
_		Total contributions	Type of contribution
5	Ralph Lauren Corp		Person X
	P.O. Por 25000		Payroll
	P.O. Box 35868	\$ <u>10,000.</u>	Noncash
	Greensboro, NC 27425		(Complete Part II for
	, -10 11 120		noncash contributions.)
(a)	(b)	(c)	
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
6	Foundation for a Healthy High Point		110 TO SOUR INDUITION
	High Point		Person X
	501 N Main Street #2	\$ 10,000	Payroll
		\$10,000.	Noncash (Carreled B) 19
	High Point, NC 27260		(Complete Part II for noncash contributions.)
152 11-06-	19		

Name of organization

Young Women's Christian Association of High Point, NC Inc.

Employer identification number

<u>56-0579600</u>

Part	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	· · · · · · · · · · · · · · · · · · ·
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	City of High Point 211 S Hamilton Street High Point, NC 27261	\$\$ <u>44,023.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Forest Hills Presbyterian Church 836 W Lexington Ave High Point, NC 27262	- \$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Dollar General Literacy Foundation 100 Mission Ridge Goodlettsville, TN 37072	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Marsh Furniture 1001 S Centennial Street High Point, NC 27260	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	St. Mary's Episcopal Church 108 W Farris Ave High Point, NC 27262	\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4 Earl & Kathryn Congdon Family	(c) Total contributions	(d) Type of contribution
12	Foundation 501 Silverside Rd Wilmington, DE 19809	\$120,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)

Name of organization

Young Women's Christian Association of High Point, NC Inc.

Employer identification number

56-0579600

Part	Contributors (see instructions). Use duplicate copies of Part I if ac	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Volvo Group Truck Sales 7900 National Service Road Greensboro, NC 27409	\$17,500.	Person X
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	United Way of Greater High Point 201 Church Avenue High Point, NC 27262	\$60,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6F2 11 pg 10		- - - - - - - - - - - - -	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Young Women's Christian Association of High Point, NC Inc.

Employer identification number

<u>56-0579600</u>

Noncash Property (see instructions). Use duplicate copies of Par		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Cloth for Womens' Resource Center		
	\$ 60,000.	06/28/19
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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Schedule B	(Form 990	990.E7	Ar GGA.DE	(2010
Contouring D	(OHIII 000.	330°LZ.	UI 33U PE	1/1/15

Name of organization Employer identification number Young Women's Christian Association of High Point, NC Inc. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year 56-0579600 from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$\infty\$ \$\\\\$\$ use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

Open to Public

OMB No. 1545-0047

Inspection

Young Women's Christian Association of Name of the organization High Point, NC Inc.

Employer identification number 56-0579600

Schedule D (Form 990) 2019

	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iin	e o	
1	Total number at end of your	(a) Donor advised funds	(b) Funds and other accounts
2	and at one of year		
3	as same range of countributions to (country of the country of the		
4	558-46 of Brants House familia A68U		
5	99. 99ato raido de cita of year		
٠	Did the organization inform all donors and donor advisors in ware the organization's proporty, publication to	vriting that the assets held in donor a	advised funds
_	- " " " " " " " " " " " " " " " " " " "	Noting to the second of	
6			
	Parison of the Delient Of the donor or	donor odnice	
P۵			
			90, Part IV. (ine 7
1	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	n (check all that apply	
	reservation of land for public use (for example, recreation		n of a historically important land area
	Frotection of natural habitat		n of a restorically important land area
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie day of the tax year.	d conservation contribution in the fa	
	day of the tax year.	a consent article contribution in the lo	orm of a conservation easement on the last
а	Total number of conservation easements Total acreage restricted by conservation easements		Held at the End of the Tax Yea
b			
C	Number of conservation easements on a certified historic etrue	tura included in the	
d	Number of conservation easements included in (c) acquired aftilisted in the National Register	or 7/05/06	2c
	listed in the National Register	er 7/25/06, and not on a historic stru	ucture
3	listed in the National Register Number of conservation easements modified, transferred, relea year		2d
	year >	ised, extilliguished, or terminated by	the organization during the tax
4			
5	Number of states where property subject to conservation easer	ment is located >	
	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling o	of
	The conservation expendents if he	2140	
	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing co	Onservation easements during the year
	Amount of comment	5	during the year
	Amount of expenses incurred in monitoring, inspecting, handling ▶ \$	g of violations, and enforcing conser	Vation easements during the
	> \$		vacion easements during the year
	Does each conservation easement reported on line 2(d) above sand section 170(b)(4)(B)(ii)2	atisfy the requirements of section 1	70/h\/4\/m\/a
	· · · · · · · · · · · · · · · · · · ·		
	In Part XIII, describe how the organization reports conservation of balance sheet, and include, if applicable, the text of the fortest	Pasements in its royonus and are	Yes No
	, me are destinated the text of the toothote	to the organization's financial	se statement and
ırt	Organizations Maintaining Collections of Air	rt Historical Transumes	Oth Other
1	f the organization elected, as permitted under FASB ASC 958, not art, historical treasures, or other similar assets held for public a	o, raitiv, inte 8.	
C	of art, historical treasures, or other similar assets hald for a life	of to report in its revenue statement	and balance sheet works
-	. The organization discled, as permitted under FASR ASC 050 to	ropod in the	
- 2	, and any all dopote light for Diffill; fixing	ibition, education, or research in furl	therance of public service
p	1 Meyonus included as E. Oc		▶ ♦
p (i	i) Revenue included on Form 990, Part VIII, line 1		
p (i (i	ii) Assets included in Form 990, Part X		
19 (i) (i)	the organization received or held works of art, historical treasure	S Or other similar genetations	\$
p (i (i (f	the organization received or held works of art, historical treasure to be reported under FASR ASC of	es, or other similar assets for financia	
p (i (i tr R	the organization received or held works of art, historical treasure ne following amounts required to be reported under FASB ASC 9 levenue included on Form 990, Part VIII. line 1	es, or other similar assets for financia 158 relating to these items:	al gain, provide
(i (i (i (i (i (i (i (i (i (i (i (i (i (the organization received or held works of art, historical treasure	es, or other similar assets for financia 158 relating to these items:	al gain, provide

Edit 1	Point, NC 1	ັກຕ					
Part III Organizations Maintaining	Collections of	Art Historical	Trocaura	011	5	<u>6-05796</u>	00 Page 2
Using the organization's acquisition, accellection items (check all that apply).	ssion, and other rec	orde obsok spy of	rreasure	s, or Othe	r Similar	Assets(cor	itinued)
(The art an article apply).	, 0210, 100	ords, check arry or	irie tollowing	that make si	gnificant us	se of its	
a Public exhibition		d loan or	exchange pr				
b Scholarly research		e Other		ogram			
c Preservation for future generations							
 4 Provide a description of the organization's 5 During the year, did the organization solici 	collections and exp	lain how they furth	er the organic	zationla overe			
						Γ-1	
	uimentella, Lomi	olete if the organiza	tion answere	ed "Yes" on F	orm DOO D	Yes	No
reported an amount on Form 990, F	Part X, line 21.			od 169 Offi	omi 990, P	art IV, line 9, o	or
1a Is the organization an agent, trustee, custo on Form 990, Part X?	odian or other interme	ediary for contribut	ions or other	assets not in	ecluded		
				accord Hot II	cidaea		
b If "Yes," explain the arrangement in Part XI	II and complete the t	following table:		• • • • • • • • • • • • • • • • • • • •	***********	L Yes	No
						Ann a	
Beginning balance Additions during the year		*********************			1c	Amour	п
in graduation your							
and Joan					1e		
					?	Yes	
						165	∐ No
Part V Endowment Funds. Complete	irrie organization a	nswered "Yes" on I	orm 990, Pa	art IV, line 10.			
	I (a) Current vear	(b) Prior year	(c) Two ye	ars back (d)	Three years	back (e) Four	r veare book
Beginning of year balance Contributions						- C) 1 Out	years back
***************************************	<u> </u>						
c Net investment earnings, gains, and losses							
d Grants or scholarships e Other expenditures for facilities	ļ						
			1				
						i	
f Administrative expenses g End of year balance		·					
2 Provide the estimated percentage of the our	<u> </u>						
 Provide the estimated percentage of the curi Board designated or quasi-endowment 	rent year end balanc	e (line 1g, column (a)) held as:			·· ·- · · · · · · · · · · · · · · · · ·	
b Permanent endowment		_%					
a Tayon and	%						
The percentages on lines 2a, 2b, and 2c short	%						
a Are there endowment funds not in the page	uid equal 100%,						
a Are there endowment funds not in the posses by:	ssion of the organiza	tion that are held a	nd administe	ered for the o	rganization		
(i) Unrelated organizations						_ [Yes No
(i) Unrelated organizations(ii) Related organizations						3a(i)	
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations	ione listed as require					3a(ii)	
b If "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the					************	3b	
art VI Land, Buildings, and Equipme	ent.	vment funds.					
Complete if the organization answered	"Yes" on Form 900	Doet IV II 44	_				
Description of property	(a) Cost or oth	rantiv, line i ia. S	ee Form 990				
	basis (investme	()		(c) Accum		(d) Book	value
a Land	privosting			deprecia	ation		
) Buildings	·	3 00	1,334.		***************************************	$_{}$ 121	,334.
Leasehold improvements		3,96	9,104.	1,149	,613.	2,819	,491.
I Equipment		EC	1 254				
Other		ı	1,251.	344	,138.	217	,113.
ıl. Add lines 1a through 1e. (Column (d) must equ	ual Form 990 Part V	column (C) His di					
	sini 000, i ait A,	COlumni (B), line 10	<i>(C.)</i>			3,157	,938.

Young Women's Christian Association of High Point, NC Inc.

Outpiete ii the organization answered "Vee" a	n Form DOA Deather	5	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	n Form 990, Part IV, lir (b) Book value	ne 11b. See Form 990, Part X, line 12.	
1) Financial derivatives	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
ntal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		mate of the second	
Part VIII Investments - Program Related.			
Complete # the arriver with the same of th			
Complete if the organization answered "Yes" on (a) Description of investment	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(1)	(b) Book value	(c) Method of valuation: Cost or end	f-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	Form 990, Part IV, line cription	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			(b) book value
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) 9)			
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. (art X Other Liabilities.			
(6) (7) (8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. int X Other Liabilities. Complete if the organization answered "Yes" on F			
(6) (7) (8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability			(b) Book value
(6) (7) (8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability 1) Federal income taxes			(b) Book value
(6) (7) (8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. int X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability 1) Federal income taxes 2)			(b) Book value
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. (a) Description of liability (b) Federal income taxes (c) (d)			(b) Book value
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability 1) Federal income taxes (2) (3)			(b) Book value
(6) (7) (8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. Int X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability 1) Federal income taxes (2) (3) (4)			(b) Book value
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. (a) Description of liability (b) Federal income taxes (c) (d) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f			(b) Book value
(6) (7) (8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. (a) Description of liability (b) Federal income taxes (c) (d) (e) (e) (e) (f) (f) (f) (f) (f) (g) (f) (g) (f) (g) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			(b) Book value
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. (a) Description of liability (b) Federal income taxes (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f			(b) Book value
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. (a) Description of liability (b) Federal income taxes (c) (d) (e) (e) (f) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	(b) Book value
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15. (a) Description of liability (b) Federal income taxes (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	

Schedule D (Form 990) 2019

Young Women's Christian Association of High Point. NC Inc.

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. 56-0579600 Page 4 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1,541,458. Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 17,431. Amounts included on Form 990, Part VIII, line 12, but not on line 1: 1,524,<u>027</u>. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 891. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 524,918. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1,290,741. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 2e 1,290,741. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 4c 889. Part XIII Supplemental Information. 1.291.630.5 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 X, 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 X, Line 2: As of December 31, 2019, the Organization had no uncertain tax positions that qualify for either recognition or disclosure in the financial statements and has incurred no interest or penalties related to unrecognized tax liabilities. The Organization is no longer subject to income tax examinations by tax authorities for years before 2016. Part XI, Line 4b - Other Adjustments: Miscellaneous 57. Part XII, Line 4b - Other Adjustments: <u>Miscellaneous</u> 932054 10-02-19 Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	Young Women	's Christian Association of NC Inc.	F.C. 0550.500
Schedule D (Form 990) 2019 Part XIII Supplemental Inform	mation (continued)	NC IIIC.	56-0579600 Page 5
	· · · · · · · · · · · · · · · · · · ·		
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		· ·	
	-		

SCHEDULE G

(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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Young Women's Christian Association of Employer identification number High Point, NC Inc. 56-0579600 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e h Internet and email solicitations Solicitation of government grants c Phone solicitations d J In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (iii) Did fundralser have custody (v) Amount paid (vi) Amount paid (iv) Gross receipts (or retained by) (ii) Activity or entity (fundraiser) to (or retained by) from activity fundraiser or control of contributions? listed in col. (i) organization Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

S	chec Part	<u>lule G (Form 990</u> or 990-EZ) 2019 Hiah I	Point. NC Inc	scian Associa		-0579600 Page
8.57		Fundraising Events. Complete if of fundraising event contributions and	the organization answer gross income on Form 9	red "Yes" on Form 990, Pa 190-EZ lines 1 and 6b. List	rt IV, line 18, or reporte	d more than \$15,000
			(a) Event #1	(b) Event #2	(c) Other events	
			Heart of th	ıe	(4, = = 10, = 10, 11, 11, 11, 11, 11, 11, 11, 11, 11,	(d) Total events
			Community	Cork and Ale	5	(add col. (a) through
9	3		(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	38,428	10,660.	3,921	53,009
	2	Less: Contributions				33,009
_	3	Gross income (line 1 minus line 2)	38,428	10,660.	3,921.	53,009
	4	Cash prizes				
εΛ)	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
莅	8	Entertainment				
	9	Other direct expenses	5,380	1,614.	2 210	
	10	Direct expense summary. Add lines 4 through	th 9 in column (d)		2,310.	3/304
-	11	Net income summary. Subtract line 10 from	line 3. column (d)		_	9,304. 43,705.
Pě	ırt I	Tarining Complete it the organization	answered "Yes" on Forr	m 990, Part IV, line 19, or re	ported more than	=3,703.
	l –	\$15,000 on Form 990-EZ, line 6a.	T	T		<u>. </u>
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
eve.				zingo/progressive pingo		col. (a) through col. (c))
ш.	1	Gross revenue				
Ø	2	Cash prizes				
nse						
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
			No	No L	No	
ŀ	7	Direct expense summary. Add lines 2 through	5 in column (d)	••••••	······ >	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		_	
а	Ente Is th	or the state(s) in which the organization conduct e organization licensed to conduct gaming ac o," explain:	cts gaming activities: tivities in each of these s	states?		Yes No
0a \	Vere	e any of the organization's gaming licenses reves," explain:	oked, suspended, or ter	rminated during the tax yea	ar?	Yes No
-						

56-0579600 Page 2

Young Women's Christian Association of
<u>estimate & (roint 990 or 990-EZ) 2019 HIGH POINT NG Tha</u>
1 organization bonduct gaming activities with nonmembere?
to administer charitable gaming?
and the second of the second o
a The organization's facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶
Address
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes N
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
- 5
c If "Yes," enter name and address of the third party:
Name
Address >
16 Gaming manager information:
Name
Gaming manager compensation > \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming incense?
and an early of distributions required under state law to be distributed to other exempt exempt exempts.
organization of own exempt activities guilling the ray year - C
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.
The approach was provide any additional information. See instructions.

Schedule G (Form 990 or 990 EZ) Part IV Supplemental Info	Young Women's High Point, N	Christian	Association of	56-0579600 Page 4
- PPIONE INTO	mation (continued)			Tage 4
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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.

Open to Public Inspection

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Young Women's Christian Association of High Point, NC Inc.

Employer identification number 56-0579600

Æ	art I Types of Property	NC Inc	·			<u>56-057</u>	960	00
		(a) Check if applicable	(b) Number of contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho	(d) od of detern contribution	nining	 Inte
1	Art - Works of art		items contributed	Form 990, Part VIII, line 1g				
2								
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	$-{x}$						
10	Securities - Closely held stock	<u> </u>		525.	air Mar	ket Va	\overline{alu}	e _
11	Securities - Partnership, LLC, or	<u> </u>						
•		1						
12	trust interests Securities - Miscellaneous	ļ						
13	Qualified conservation contribution -							
10		l l						
44	Historic structures							
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 ► (Supplies)	X	14					
26	Other ()			65,181.F	aır Mark	<u>cet Va</u>	<u>lue</u>	<u> </u>
27	Other (-
28	Other (
29	Number of Forms 8283 received by the organize							
	Number of Forms 8283 received by the organization completed Form 8283	uion during ti 3, Part IV, Doi	ne tax year for con nee Acknowledger	ntributions ment 29				
~~							V	r
30a	During the year, did the organization receive by o	contribution a	any property repor	ted in Part I. lines 1 through	28 that it		Yes	No
	mast role for at least times years from the date (of the initial c	ontribution, and w	hich isn't required to be used	to, that it			
	everupt barboses for the entire holding belied.				1 101			
b	,					[30a	J VVI - m. Elvi	X
31	Does the organization have a gift acceptance po	licy that reau	ires the review of	any nonetandord contribute	0	77		
<i>72</i> ,CI	boes the organization file or use third parties or	related organ	nizations to solicit,	process, or sell noncash		31		X
	contributions?			• • • • • • • • • • • • • • • • • • • •		32a		_X
		Imm (a) for the						
	If the organization didn't report an amount in colu describe in Part II.	ann (c) for a t	type of property fo	r which column (a) is checke	d,			
HA	For Paperwork Reduction Act Notice, see the							

Young Women's Christian Association of High Point, NC Inc. Schedule M (Form 990) 2019 Part II Supplementa **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. <u>56-05</u>79600 Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2019
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Young Women's Christian Association of High Point, NC Inc.

Employer identification number 56-0579600

Form 990, Part I, Line 1, Description of Organization Mission: freedom for all. Form 990, Part III, Line 4d, Other Program Services: FAMILY LIFE - STRENGTHEN INDIVIDUALS & FAMILIES THROUGH PARENT EDUCATION FOR TEEN MOTHERS, PROVIDING BASIC NECESSITIES FOR INFANTS & TODDLERS FROM LOW INCOME FAMILIES & OFFERING SUPPORTIVE EDUCATIONAL GROUPS FOR FEMALE TEENS TO DELAY SEXUAL ACTIVITY & ADOLESCENT POTTERY - PROVIDE WORKSHOPS AND CLASSES FOR ADULTS AND PREGNANCY. LATINO FAMILY CENTER - THE CENTER IS DEDICATED TO IMPROVING THE YOUTH. QUALITY OF LIFE AND TO PROMOTING COMMUNITY PARTICIPATION OF LATINOS LIVING IN THE COMMUNITY. Expenses \$ 435,087. including grants of \$ 0. Revenue \$ 12,650. Form 990, Part VI, Section B, line 11b: THE FORM 990 IS SUBMITTED TO THE FINANCE/AUDIT COMMITTEE IN DRAFT FORM FOR REVIEW AND APPROVAL ON BEHALF OF THE BOARD OF DIRECTORS. Form 990, Part VI, Section B, Line 12c: Board members review and sign confidentiality and conflict of interest policies annually. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2019)	
Name of the organization Young Women's Christian Association of High Point, NC Inc.	Employer identification number 56-0579600
Form 990, Part XI, line 9, Changes in Net Assets:	
Miscellaneous	
	-10.
Form 990 Book With Till	
Form 990, Part XII, Line 2c	
The process has not changed since the prior year.	

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury internal Revenue Service (99) Name(s) shown on return

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

Business or activity to which this form relates

Attachment Sequence No. 179

TI i ~	ing Women's Chris								
Par	h Point, NC Inc.	D	F	orm 990	Page 10)		<u>56-05</u>	7060
	Election To Expense Certain	Property Under Sectio	n 179 Note: If you have ar	ny listed property	y, complete F	art V befo	re vou	complete F	<u>/ 300</u>
							1	1,02	
2 10	otal cost of section 179 property	v blacen in service is	PA instructional				2	4,04	<u>, u u</u>
							3 -	2,550) 00
	and the second of the second o	''''	RO OF Jess Antar O.			- 1	1	4,000	7,00
	The section of the se	on me i. ii zero or less, er	ter -0-, If married filing separately	/, see instructions			-		
6	(a) Descriptio	on of property	(b) Cost (b	ousiness use only)	(c) Electe			Harri Liverija	17 [50] 24-11
							1000 P		
							- 1000		
7 / is	ated property. Futurelly								
O To	sted property. Enter the amount	from line 29		7					
0 To	tal elected cost of section 179 p	property. Add amoun	its in column (c), lines 6 a	ınd 7		8			IST THE PERSON NAMED IN
	The state acadomom, A	uu iiiles 8 ano 10. m	II CON'T ONTOK MOKO those i	iim n 14		12			
	7 - 1 - 1 - C. C. C. C. C. C. C. C. C. C. C. C. C.	IO ZUZU, AUD IIDAS 9	and III loce line 10	13					
Part	Soft use Fait II of Part III below	tor listed property. I	nstead, use Part V.				Exercit (1.0)		***************************************
		owance and Other I	Depreciation (Don't inclu	ude listed proper	rty.}				
4 Spe	ecial depreciation allowance for	qualified property (of	ther than listed property)	placed in service	e during				
LIIG	tan year				_	14	1		
5 Pro	[] 000)001 to 00011011 100(1)(1)) election				15	+ -		
		//			• • • • • • • • • • • • • • • • • • • •	16		100	2.5
	III III III			***********					
cai ti	MACRS Depreciation (Do	on't include listed pro	operty. See instructions.)			10		<u> </u>	<u>,∠6≀</u>
Part		on timelade listed pro	Section A						<u>,∠68</u>
7 MA	CRS deductions for assets place	ed in service in tax v	Section A ears beginning before 20	10					, 268
7 MA	CRS deductions for assets place	ed in service in tax year	Section A ears beginning before 20	19		17			, <u>4</u> 68
7 MA	CRS deductions for assets place	ed in service in tax your service during the tax year ets Placed in Service	Section A ears beginning before 20	19		17			
7 MAC 8 If you	CRS deductions for assets placed in are electing to group any assets placed in Section B - Asset (a) Classification of property	ed in service in tax year	Section A ears beginning before 20	19		17	tem		680
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Part V Listed Proper	rty (Include autor	mobiles :	C,	other	de la constant						56	<u> </u>	9600	Page
entertainment	r ty (Include autor t, recreation, or a	musemer	eriain it.)	otner ve	enicies,	certain a	ircraft, a	nd prope	rty use	d for				
Note: For any 24b, columns	vehicle for which (a) through (c) of) you are	using	the stand	dard mi	eage rate	e or ded	lucting lea	ase exp	ense, co	omplete	only 24a	a.	
Section A	- Depreciation a	and Other	h all c	Section (B, and	Section	C if app	olicable.					*·	
24a Do you have evidence to	- Depreciation a	ee/invactor	ant un	nation (Caution	n: See th	e instruc	ctions for	limits f	or passe	nger aut	tomobile	s.)	
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(a) Type of property	Date	Business/		(d)		(6 Basis for de		[(f)		(g)	ł	(h)		(i)
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25 Special depreciation at					1	use o	only)	1 '		iliveriuon	Life	eduction		cost
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28 Add amounts in column	(h), lines 25 throu	ugh 27. Er	nter he	ere and c	n line 2	1, page	1			28				
29 Add amounts in column	(i), line 26. Enter	here and	<u>on line</u>	7, page	1			************			<u>'</u>			
		5	ectior	i B - Info	rmatio	n on Hea	a of Vah	ialaa						
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o your employees, first answ	ver the questions	in Sectio	n C to	see if vo	ou meei	an eyce	ntion to	completi	na thia	a perso	n. II you	provide	a vehicle	s
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than 5% owner or related	person?				i	1		1		i	i			
3 Is another vehicle available				 				4 /				ļ		
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