

Sullivan & Sullivan PLLC
41 Clayton St Ste 200
Asheville, NC 28801-2423
828-575-9009

November 12, 2018

YWCA OF ASHEVILLE AND WESTERN NORTH
CAROLINA, INC.
185 S French Broad Ave
Asheville, NC 28801

Dear Wayne:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Sullivan & Sullivan PLLC

Accepted By: _____

Date: _____

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning **07/01/17** , and ending **06/30/18**

YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.
56-0547476

Net Asset / Fund Balance at Beginning of Year		<u>4,616,037</u>
Revenue		
Contributions	<u>1,553,410</u>	
Program service revenue	<u>1,883,328</u>	
Investment income	<u>25,302</u>	
Capital gain / loss	<u>-2,633</u>	
Fundraising / Gaming:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>27,650</u>	
Total revenue		<u>3,487,057</u>
Expenses		
Program services	<u>2,877,333</u>	
Management and general	<u>221,291</u>	
Fundraising	<u>314,076</u>	
Total expenses		<u>3,412,700</u>
Excess / (deficit)		<u>74,357</u>
Changes		<u>49,822</u>
Net Asset / Fund Balance at End of Year		<u><u>4,740,216</u></u>

Client Copy

Reconciliation of Revenue

Total revenue per financial statements	<u>3,536,879</u>
Less:	
Unrealized gains	<u>49,822</u>
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>3,487,057</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>3,412,700</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>3,412,700</u></u>

	Beginning	Ending	Differences
Assets	<u>4,858,676</u>	<u>4,950,934</u>	
Liabilities	<u>242,639</u>	<u>210,718</u>	
Net assets	<u><u>4,616,037</u></u>	<u><u>4,740,216</u></u>	<u>124,179</u>

Miscellaneous Information

Amended return _____
 Return / extended due date **11/15/18**
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 20 18.

u Do not send to the IRS. Keep for your records.

u Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.

Employer identification number

56-0547476

Name and title of officer

**Beth Maczka
CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	3,487,057
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Sullivan & Sullivan PLLC to enter my PIN 47476 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 11/12/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

69028473533

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Sullivan & Sullivan PLLC

Date } 11/12/18

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
185 S French Broad Ave
 City or town, state or province, country, and ZIP or foreign postal code
Asheville NC 28801

D Employer identification number
56-0547476

E Telephone number
828-254-7206

G Gross receipts \$ **3,489,690**

F Name and address of principal officer:
Beth Maczka
185 South French Broad
Asheville NC 28801

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u www.ywcaofasheville.org**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1907** **M** State of legal domicile: **NC**

H(c) Group exemption number **u**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	143
	6 Total number of volunteers (estimate if necessary)	6	98
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,386,122	Current Year 1,553,410
	9 Program service revenue (Part VIII, line 2g)	1,989,317	1,883,328
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,612	22,669
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,279	27,650
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,400,330	3,487,057
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,208,637	2,249,309
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 314,076			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,034,180	1,163,391
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,242,817	3,412,700	
19 Revenue less expenses. Subtract line 18 from line 12	157,513	74,357	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,858,676	End of Year 4,950,934
	21 Total liabilities (Part X, line 26)	242,639	210,718
	22 Net assets or fund balances. Subtract line 21 from line 20	4,616,037	4,740,216

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **Beth Maczka** Date: _____
 Type or print name and title: **CEO**

Paid Preparer Use Only

Print/Type preparer's name: **Amy B Sullivan** Preparer's signature: **Amy B Sullivan** Date: **11/12/18** Check if PTIN self-employed **P00732660**

Firm's name: **Sullivan & Sullivan PLLC** Firm's EIN: **20-4142945**
 41 Clayton St Ste 200
 Asheville, NC 28801-2423 Phone no. **828-575-9009**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,561,084** including grants of \$) (Revenue \$ **1,211,488**)

Nurturing Children - The YWCA Primary Enrichment Program emphasized respect for diversity, community involvement, and academics. This 5-star licensed program was open to children in grades K-6 and offered homework help, tutoring, swim lessons, gardening, arts and crafts, field trips and nutritious snacks. The program closed this year. The closure was due to the increase of after school programs being offered through Asheville City Schools.

The YWCA Early Learning Program brings the mission of the YWCA - eliminating racism and empowering women - to our youngest members. Children learn to appreciate other cultures, learn basic academics in the everyday world and enjoy non-violent play. Individual assessments for each

4b (Code:) (Expenses \$ **451,965** including grants of \$) (Revenue \$ **60,597**)

Empowering Women - The YWCA's MotherLove program provides mentoring and support for pregnant and parenting teens. The program matches adult mentors with the teens, providing needed support and guidance to these young parents. Group meetings offer opportunities for education and sharing. The MotherLove program serves students in the Asheville City and Buncombe County Schools. In 2018, 100% of non-senior pregnant and parenting teenagers in our MotherLove program moved on to the next grade level because of the support, advocacy, resources, and mentoring they received. For the past 11 years, 95% of the Mother Love participants have graduated from high school.

4c (Code:) (Expenses \$ **864,284** including grants of \$) (Revenue \$ **611,243**)

Promoting Health - 2,343 Club members (includes family members), 118 Aquatics members, and 92 Preventive Health participants worked toward their health and fitness goals while supporting programs that change the larger community. The Diabetes Wellness and Prevention program helps participants lower their blood sugar levels, lose weight, improve flexibility, increase energy and boost self-confidence. By working out together and supporting each other, participants create an environment of acceptance, friendship, and empowerment, which makes big changes in their lives. The goals of the program are to: Empower individuals with diabetes to develop the habit of exercise and reduce the incidence of diabetes through weight control and exercise.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 2,877,333**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	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?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

WAYNE HAWKINS 185 SOUTH FRENCH BROAD AVENUE NC 28801 828-254-7206
Asheville

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Leslie Fay	2.00									
1st Vice President	0.00	X		X			0	0	0	
(2) Veronika Gunter	1.00									
Director	0.00	X					0	0	0	
(3) Lyndia Chiles	2.00									
President	0.00	X		X			0	0	0	
(4) Cameron Raley	2.00									
2nd Vice President	0.00	X		X			0	0	0	
(5) Marian Arledge	2.00									
Secretary	0.00	X		X			0	0	0	
(6) Lauren Pittman	1.00									
Director	0.00	X					0	0	0	
(7) Heidi Reiber	1.00									
Director	0.00	X					0	0	0	
(8) Jesica Gaskin	1.00									
Director	0.00	X					0	0	0	
(9) Coryn Harris	1.00									
Director	0.00	X					0	0	0	
(10) Becky Stone	1.00									
Director	0.00	X					0	0	0	
(11) Betsey Russell	1.00									
Director	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Bobbie Short	1.00									
Director	0.00	X					0	0	0	
(13) Cathleen Adams	1.00									
Director	0.00	X					0	0	0	
(14) Kendall Oliver	2.00									
Sustainability Chair	0.00	X		X			0	0	0	
(15) Nona Workman	2.00									
Treasurer	0.00	X		X			0	0	0	
(16) Wendy Haner	1.00									
Director	0.00	X					0	0	0	
(17) Joyce Harrison	1.00									
Director	0.00	X					0	0	0	
(18) Marcie Ball	1.00									
Director	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	383,585				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,169,825				
	g Noncash contributions included in lines 1a-1f: \$		36,489				
	h Total. Add lines 1a-1f	u	1,553,410				
Program Service Revenue	2a Program Service Revenue	Busn. Code	1,878,051	1,878,051			
	b Rentals		5,277			5,277	
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	1,883,328				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	25,302			25,302
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis & sales exps.			2,633				
c Gain or (loss)			-2,633				
d Net gain or (loss)	u	-2,633	-2,633				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a Insurance Proceeds			17,073			17,073	
b Merchandise & Vending Machine			10,269			10,269	
c Miscellaneous			308			308	
d All other revenue							
e Total. Add lines 11a-11d	u		27,650				
12 Total revenue. See instructions.	u		3,487,057	1,875,418	0	58,229	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, 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	1,823,652	1,616,833	35,191	171,628
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	269,440	228,718	18,528	22,194
10 Payroll taxes	156,217	138,589	1,496	16,132
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,824	10,579	1,245	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	255,343	159,757	83,081	12,505
12 Advertising and promotion	43,684	29,776		13,908
13 Office expenses	130,122	94,733	22,514	12,875
14 Information technology				
15 Royalties				
16 Occupancy	168,308	140,976	20,073	7,259
17 Travel	13,908	12,184	1,497	227
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	134,961	129,217	4,414	1,330
23 Insurance	47,060	39,624	5,190	2,246
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Food & Beverage	103,899	98,949		4,950
b Program Activities	68,194	68,194		
c Training	61,496	50,085	5,203	6,208
d Equipment Repairs & Maint	42,667	39,584	2,466	617
e All other expenses	81,925	19,535	20,393	41,997
25 Total functional expenses. Add lines 1 through 24e	3,412,700	2,877,333	221,291	314,076
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	292,817	234,334
	2 Savings and temporary cash investments		
	3 Pledges and grants receivable, net	284,945	363,622
	4 Accounts receivable, net	74,321	60,981
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		
	9 Prepaid expenses and deferred charges	29,150	35,605
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,839,757	
	b Less: accumulated depreciation	10b 2,806,839	10c 3,032,918
	11 Investments—publicly traded securities	1,166,717	1,223,474
	12 Investments—other securities. See Part IV, line 11		
	13 Investments—program-related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,858,676	4,950,934	
Liabilities	17 Accounts payable and accrued expenses	158,798	142,442
	18 Grants payable		
	19 Deferred revenue	7,559	9,590
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	76,282	58,686
	26 Total liabilities. Add lines 17 through 25	242,639	210,718
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	4,168,825	4,249,726
	28 Temporarily restricted net assets	105,849	149,127
	29 Permanently restricted net assets	341,363	341,363
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances	4,616,037	4,740,216	
34 Total liabilities and net assets/fund balances	4,858,676	4,950,934	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,487,057
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,412,700
3	Revenue less expenses. Subtract line 2 from line 1	3	74,357
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,616,037
5	Net unrealized gains (losses) on investments	5	49,822
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,740,216

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 in Schedule O.	X	
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 Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.	Employer identification number 56-0547476
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	821,369	1,140,944	1,155,283	1,386,122	1,553,410	6,057,128
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	1,856,296	1,743,015	1,737,813	1,986,639	1,878,051	9,201,814
3 Gross receipts from activities that are not an unrelated trade or business under section 513	52,844	22,526			10,269	85,639
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	2,730,509	2,906,485	2,893,096	3,372,761	3,441,730	15,344,581
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	111,898	151,791		134,728		398,417
c Add lines 7a and 7b	111,898	151,791		134,728		398,417
8 Public support. (Subtract line 7c from line 6.)						14,946,164

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	2,730,509	2,906,485	2,893,096	3,372,761	3,441,730	15,344,581
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,927	28,384	19,965	19,290	25,302	120,868
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	27,927	28,384	19,965	19,290	25,302	120,868
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,284	5,237	1,825	7,279	16,381	35,006
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.)	2,762,720	2,940,106	2,914,886	3,399,330	3,483,413	15,500,455

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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	96.42 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	95.12 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2017. 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—2016. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a			
b	A family member of a person described in (a) above?		
11b			
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c			

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2			

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1			

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3			

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E - Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2017:		
a			
b	From 2013		
c	From 2014		
d	From 2015		
e	From 2016		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i	Carryover from 2012 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2017 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2013		
b	Excess from 2014		
c	Excess from 2015		
d	Excess from 2016		
e	Excess from 2017		

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

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Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.	Employer identification number 56-0547476
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Organization type (check one):

- | | |
|--|---|
| Filers of:

Form 990 or 990-EZ

Form 990-PF | Section:
<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation

<input type="checkbox"/> 527 political organization

<input type="checkbox"/> 501(c)(3) exempt private foundation

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation

<input type="checkbox"/> 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

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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) filing 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 YWCA OF ASHEVILLE AND WESTERN NORTH	Employer identification number 56-0547476
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization YWCA OF ASHEVILLE AND WESTERN NORTH	Employer identification number 56-0547476
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 9,101	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 22,985	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	\$ 35,401	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization YWCA OF ASHEVILLE AND WESTERN NORTH	Employer identification number 56-0547476
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	\$ 37,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization YWCA OF ASHEVILLE AND WESTERN NORTH	Employer identification number 56-0547476
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	\$ 23,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Client Copy

Name of organization YWCA OF ASHEVILLE AND WESTERN NORTH	Employer identification number 56-0547476
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	\$ 17,108	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization YWCA OF ASHEVILLE AND WESTERN NORTH	Employer identification number 56-0547476
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**SCHEDULE C
(Form 990 or 990-EZ)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

Department of the Treasury
Internal Revenue Service

u Complete if the organization is described below. **u** Attach to Form 990 or Form 990-EZ.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.** Employer identification number **56-0547476**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) **u** \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 **u** \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 **u** \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities **u** \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities **u** \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b **u** \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
c Total lobbying expenditures (add lines 1a and 1b)	0													
d Other exempt purpose expenditures	0													
e Total exempt purpose expenditures (add lines 1c and 1d)	0													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000				1,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					1,500,000
c Total lobbying expenditures				0	
d Grassroots nontaxable amount	250,000				250,000
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000
f Grassroots lobbying expenditures				0	

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part I-A, Line 1

Meeting for childcare expansion request, meeting regarding state childcare reimbursement rate, meeting regarding draft report on reimbursement rate disparities, forwarded advocacy alerts from YWCA USA and Children First regarding childcare and issues impacting low income families served at the YWCA.

Part IV Supplemental Information *(continued)*

Schedule C, Part II-A, Explanation of Four Year Averaging

No lobbying expenses in 2015, 2016 or 2017

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.

56-0547476

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	708,403	627,058	735,470	723,965	629,790
b Contributions			750	10,250	2,365
c Net investment earnings, gains, and losses	55,426	87,373	-24,582	9,218	97,688
d Grants or scholarships	2,500		78,860	2,500	
e Other expenditures for facilities and programs					
f Administrative expenses	6,575	6,028	5,720	5,464	5,878
g End of year balance	754,754	708,403	627,058	735,470	723,965

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 37.00 %
 - b** Permanent endowment **u** 45.23 %
 - c** Temporarily restricted endowment **u** 17.77 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		83,000		83,000
b Buildings		4,881,000	2,049,456	2,831,544
c Leasehold improvements				
d Equipment		808,263	729,600	78,663
e Other		67,494	27,783	39,711
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	3,032,918

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Accrued Compensation Absences	37,877	
(3) Obligations Under Capital Lease	20,809	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	58,686	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information *(continued)*

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

**u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

**YWCA OF ASHEVILLE AND WESTERN NORTH
CAROLINA, INC.**

Employer identification number

56-0547476

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
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 u(Supplies)	X	257	13,071	FMV
26 Other u(Capital Assets)	X	1	23,418	FMV
27 Other u()				
28 Other u()				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.	Employer identification number 56-0547476
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Form 990, Part III, Line 4a - First Accomplishment

child show that the youngest are reaching the early developmental benchmarks, and the oldest are ready for kindergarten. With the closure of the Primary Enrichment Program we were able to begin the process of expanding our Early Learning Program. This expansion has allowed us to provide 42 additional spaces for this program and to assist in addressing the child care crisis in Buncombe County.

The YWCA Empowerment Childcare provides free childcare for members while attending work-outs in the gym, community members who need childcare assistance while seeking employment or training, AB Technical Community College students, and Family Justice Center participants. Empowerment childcare also provides short term care for shopping, dinner, etc. at a reduced price.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

A committee of 4 Board members and 4 community members nominate individuals for the Board of Directors. The Board elects new members from nominations.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is reviewed by the Finance Committee and the Board of Directors before it is filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Organization reviews any contract, purchase or agreement before it is finalized to determine if any conflict of interest exists.

Name of the organization YWCA OF ASHEVILLE AND WESTERN NORTH	Employer identification number 56-0547476
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Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Organization's Board of Directors determines compensation for top CEO.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents and conflict of interest policy are made available to the public upon request.

Financial statements are available on the Organization's website.

Client Copy

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.
u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return **YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.**

Identifying number
56-0547476

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	134,968

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	134,968
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Building	1/01/75	225,000			225,000	40 MO S/L	225,000	0
2	Architect	6/01/86	3,510			3,510	40 MO S/L	2,766	87
4	Building	1/01/75	512,024			512,024	50 MO S/L	439,821	10,241
5	Building	1/01/75	1,760			1,760	50 MO S/L	1,459	35
6	Building	1/01/83	5,115			5,115	30 MO S/L	5,115	0
7	Building	1/01/84	9,081			9,081	50 MO S/L	6,087	182
8	Building	1/01/85	1,466			1,466	30 MO S/L	1,466	0
11	Front Desk	10/16/85	3,122			3,122	10 MO S/L	3,122	0
13	Boiler	10/22/95	10,330			10,330	10 MO S/L	10,330	0
14	Piano	9/21/95	300			300	7 MO S/L	300	0
16	Chain-Link Fence	6/25/97	2,887			2,887	15 MO S/L	2,887	0
17	New Lights	10/07/97	3,484			3,484	15 MO S/L	3,484	0
21	HVAC AFTE	6/30/98	10,200			10,200	15 MO S/L	10,200	0
22	New Lights	6/30/98	1,760			1,760	15 MO S/L	1,760	0
24	Storage	10/27/98	1,192			1,192	15 MO S/L	1,192	0
25	Lights-Lo	12/11/98	3,044			3,044	15 MO S/L	3,044	0
42	Telephone System	4/12/02	24,529			24,529	7 MO S/L	24,529	0
43	Office Furniture	5/09/02	20,476			20,476	7 MO S/L	20,476	0
44	Office Furniture For Day	4/05/02	23,544			23,544	7 MO S/L	23,544	0
46	Sound System - Aerobic Roc	4/08/02	2,794			2,794	5 MO S/L	2,794	0
47	Cardiovascular Fitness	4/18/02	41,671			41,671	7 MO S/L	41,671	0
49	Mirrors For Weight Room	5/23/02	2,266			2,266	5 MO S/L	2,266	0
50	Fitness Equipment - Leg/Arm	5/20/02	37,327			37,327	7 MO S/L	37,327	0
52	Furniture - WRC	6/06/02	2,973			2,973	7 MO S/L	2,973	0
55	Day Care Equipment	3/15/02	720			720	7 MO S/L	720	0
56	After School Equipment	2/11/02	4,744			4,744	7 MO S/L	4,744	0
59	Child Care Equip	4/05/02	4,417			4,417	7 MO S/L	4,417	0
60	Day Care Library Books	3/06/02	605			605	7 MO S/L	605	0
63	Child Care Equipment	6/17/02	7,626			7,626	7 MO S/L	7,626	0
64	Equipment (Asheville Show)	6/30/02	2,281			2,281	7 MO S/L	2,281	0
65	Building	10/01/02	3,375,144			3,375,144	50 MO S/L	995,668	67,503
66	Food Prep Hutch	7/29/02	2,394			2,394	7 MO S/L	2,394	0
67	Parking Sign	10/30/02	630			630	10 MO S/L	630	0
68	Hutch Install	9/03/02	750			750	10 MO S/L	750	0
70	Shelving	8/21/02	765			765	10 MO S/L	765	0
74	Pool Stairs/Floor Skid PRC	1/01/03	1,003			1,003	10 MO S/L	1,003	0
75	Jacuzzi Pump	2/03/03	920			920	10 MO S/L	920	0
76	30 Acrylic Sign Holders	2/20/03	600			600	10 MO S/L	600	0
77	Trees	3/17/03	882			882	30 MO S/L	419	29
79	Fitness Center Wiring	6/11/03	795			795	15 MO S/L	746	49
81	2 Incline Weight Benches	7/01/02	1,359			1,359	10 MO S/L	1,359	0
82	Music/Speaker System	7/17/02	2,425			2,425	10 MO S/L	2,425	0
83	Office Furniture For Wom	8/21/02	6,332			6,332	15 MO S/L	6,261	71
90	TV & Stand (In Kind)	9/06/02	1,000			1,000	5 MO S/L	1,000	0
95	Signage	12/16/03	623			623	10 MO S/L	623	0
96	Architectural Services	1/16/04	1,425			1,425	50 MO S/L	382	29
97	Parking Lot	7/01/03	698			698	30 MO S/L	326	23
98	Donar Tiles	8/01/03	4,296			4,296	5 MO S/L	4,296	0
99	MiniBus	6/02/05	39,331			39,331	5 MO S/L	39,331	0
100	MiniBus	6/02/05	39,331			39,331	5 MO S/L	39,331	0
102	Gathering RM Furniture	4/26/05	3,903			3,903	5 MO S/L	3,903	0
103	Full Sized Bus	11/09/05	56,547			56,547	7 MO S/L	56,547	0
104	Full Sized Bus	11/09/05	56,547			56,547	7 MO S/L	56,547	0
106	Superior Fitness Systems	3/27/06	9,998			9,998	7 MO S/L	9,998	0
107	Building	7/01/05	2,363			2,363	10 MO S/L	2,363	0
108	Furniture & Fixtures	7/01/05	-326			-326	1 MO S/L	-326	0
109	Land	1/01/75	83,000			83,000	0 -- Land	0	0
110	Fence	1/16/07	4,330			4,330	15 MO S/L	3,007	289
111	Security Camera	4/30/07	1,357			1,357	7 MO S/L	1,357	0
113	Lap Top Computer	4/17/07	801			801	5 MO S/L	801	0
114	Server	4/17/07	2,233			2,233	5 MO S/L	2,233	0
115	Computers	5/22/07	3,316			3,316	5 MO S/L	3,316	0
116	Heartstart & Cabinet	2/06/07	2,478			2,478	7 MO S/L	2,478	0
117	Fitness Equipment	6/14/07	4,487			4,487	7 MO S/L	4,487	0
118	Refrigerator	6/02/07	669			669	7 MO S/L	669	0
119	Ergometer/Mat Table	3/20/07	4,246			4,246	7 MO S/L	4,246	0
120	Circulatory Pump - Boiler	10/23/06	1,610			1,610	15 MO S/L	1,145	108
122	Daycare - 8 Burner Range	1/23/07	3,550			3,550	10 MO S/L	3,550	0

YWCA YWCA OF ASHEVILLE AND WESTERN NORTH

56-0547476

Federal Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current	
123	Education Room Costs	1/31/08	8,928			8,928	15 MO S/L	5,605	595	
124	Tile Floor Women's Locker	12/31/07	58,102			58,102	15 MO S/L	36,798	3,874	
125	Computers	12/31/07	4,121			4,121	5 MO S/L	4,121	0	
126	Computer Equipment	6/30/08	1,042			1,042	5 MO S/L	1,042	0	
127	2008 Mini Bus	6/30/08	50,424			50,424	5 MO S/L	50,424	0	
128	Benches - Lobby	12/31/07	420			420	15 MO S/L	266	28	
129	Moving Donated Lobby Furn	3/31/08	750			750	15 MO S/L	463	50	
130	Swimsuit Wringers	3/31/08	2,919			2,919	7 MO S/L	2,919	0	
131	Fitness Equipment	6/30/08	14,648			14,648	7 MO S/L	14,648	0	
132	Office Equipment - Prev Health	6/30/08	4,274			4,274	7 MO S/L	4,274	0	
133	2008 Mini-Bus (Grant)	6/30/08	49,000			49,000	5 MO S/L	49,000	0	
135	Tile Floor Men's Locker Room	8/30/08	42,699			42,699	15 MO S/L	25,145	2,847	
136	Cycling Studio Renovations	11/30/08	3,225			3,225	15 MO S/L	1,845	215	
137	Solar Panels	1/30/09	30,111			30,111	7 MO S/L	30,111	0	
138	Office-Diabetes Wellness	3/31/09	1,096			1,096	7 MO S/L	1,096	0	
139	Ceiling Fans-Fitness Center	5/31/09	5,229			5,229	7 MO S/L	5,229	0	
140	Gym Equipment	8/05/08	15,126			15,126	7 MO S/L	15,126	0	
141	Playground	3/31/09	35,847			35,847	7 MO S/L	35,847	0	
142	3 Schwinn Pro Spin Bikes	5/31/09	1,950			1,950	7 MO S/L	1,950	0	
		Sold/Scrapped: 8/01/17								
143	Computers for FV	8/12/08	5,666			5,666	5 MO S/L	5,666	0	
144	Computer Software-Microsoft	11/11/08	1,182			1,182	3 MO S/L	1,182	0	
145	Computer	10/04/08	851			851	5 MO S/L	851	0	
146	Solar Panels	1/30/09	35,111			35,111	7 MO S/L	35,111	0	
147	Dishwasher (upstairs) - in-kind	8/29/09	870			870	7 MO S/L	870	0	
148	Commercial Dishwasher	8/31/09	6,328			6,328	7 MO S/L	6,328	0	
149	Spray Hose-Prerinse	11/30/09	503			503	7 MO S/L	503	0	
150	Bookcases (2)	3/31/10	536			536	7 MO S/L	536	0	
151	Recumbent Stepper	3/31/10	4,952			4,952	7 MO S/L	4,952	0	
152	Desk, Shelving, Rack	3/31/10	780			780	7 MO S/L	780	0	
153	Projector Case	3/31/10	559			559	7 MO S/L	559	0	
154	Vac-Alert Drain Plug-01	6/30/10	1,340			1,340	7 MO S/L	1,340	0	
155	Hand Dryers (13)	5/31/10	7,705			7,705	7 MO S/L	7,705	0	
157	2 Angeles 6 Seat Buggy	6/30/10	1,909			1,909	7 MO S/L	1,909	0	
158	Bar Storage Rack	6/30/10	563			563	7 MO S/L	563	0	
159	Treadmill (Capital Lease)	3/01/10	6,645			6,645	7 MO S/L	6,645	0	
160	Computer-Preventative Health	10/31/09	739			739	5 MO S/L	739	0	
161	Computer-Preventative Health	10/31/09	575			575	5 MO S/L	575	0	
163	Water Cooler	10/31/10	1,067			1,067	7 MO S/L	1,016	51	
164	Camera-Lobby	10/31/10	634			634	7 MO S/L	603	31	
165	Lobby Bench	12/31/10	735			735	7 MO S/L	683	52	
166	Water Bottle Refill Unit	2/28/11	1,875			1,875	7 MO S/L	1,697	178	
168	AED Package	2/22/11	2,433			2,433	7 MO S/L	2,201	232	
169	Water Cooler	9/28/10	707			707	7 MO S/L	682	25	
170	Computer (Aquatics)	10/31/10	527			527	5 MO S/L	527	0	
171	Computer (MotherLove)	10/31/10	527			527	5 MO S/L	527	0	
172	2 Computers - PH	10/31/10	1,054			1,054	5 MO S/L	1,054	0	
173	Computer - HW	10/31/10	527			527	5 MO S/L	527	0	
174	Computer - Admin (Dev)	12/31/10	559			559	5 MO S/L	559	0	
175	Peachtree 2012	2/28/11	676			676	5 MO S/L	676	0	
176	6 Toughbooks (FV)	3/31/11	5,394			5,394	5 MO S/L	5,394	0	
177	7 Computers (FV)	4/30/11	3,835			3,835	5 MO S/L	3,835	0	
178	Sphere Connector Software	6/30/11	2,700			2,700	5 MO S/L	2,700	0	
179	Dell Server	6/30/11	1,901			1,901	5 MO S/L	1,901	0	
180	Playground	8/31/10	7,397			7,397	7 MO S/L	7,221	176	
181	Seal/strip Parking Lots	5/31/11	8,532			8,532	15 MO S/L	3,460	569	
182	Stair Retread	12/31/10	3,300			3,300	15 MO S/L	1,430	220	
183	Air Handling Unit - Gym	2/28/11	4,610			4,610	15 MO S/L	1,946	308	
184	HVAC System - Studio/Gym	6/30/11	24,317			24,317	30 MO S/L	4,863	811	
185	Treadmill Landice L9	6/06/12	4,545			4,545	7 MO S/L	3,301	649	
186	3-Big 8 Cubbies Storage	6/26/12	897			897	7 MO S/L	641	128	
187	3-Ash Mini See Thru Storage	6/25/12	552			552	7 MO S/L	394	79	
188	3-See Thru Storage 24" High	6/25/12	528			528	7 MO S/L	377	75	
189	iCare Software	10/28/11	870			870	5 MO S/L	870	0	
190	Pool Deck	9/06/11	1,200			1,200	3 MO S/L	1,200	0	
191	Building Paint/Seal	12/16/11	4,550			4,550	15 MO S/L	1,668	304	
192	Office-Aquatics	2/22/12	3,946			3,946	7 MO S/L	3,006	564	
193	Roof Membrane	1/31/12	2,421			2,421	15 MO S/L	874	162	
194	Carpet - Youth Services	6/06/12	12,790			12,790	15 MO S/L	4,334	853	
195	ED Room-DI Child Care	6/18/12	7,602			7,602	15 MO S/L	2,534	507	
196	Street Sign	2/27/12	5,466			5,466	10 MO S/L	2,915	547	

YWCA YWCA OF ASHEVILLE AND WESTERN NORTH

56-0547476

Federal Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
197	POD (Playground)	4/30/12	6,248				6,248	7	MO S/L	4,611	893
199	Work Chair-Maczka	9/30/12	580				580	5	MO S/L	551	29
200	Work Chair-Herman	9/30/12	580				580	5	MO S/L	551	29
201	Work Chair-Hawkins	9/30/12	580				580	5	MO S/L	551	29
202	Lorell Lateral File-5 Drawer-Finance	9/30/12	536				536	5	MO S/L	509	27
203	Diaper Changing Table Combo	8/31/12	1,165				1,165	5	MO S/L	1,126	39
204	Sproutz 4 Piece Kitchen Set	8/31/12	615				615	5	MO S/L	595	20
205	Couch, Chairs, End Table	9/30/12	592				592	5	MO S/L	563	29
206	Utility Sink	10/31/12	1,200				1,200	5	MO S/L	1,120	80
207	Vacuum Cleaner	1/31/13	545				545	5	MO S/L	481	64
208	Freezer	2/28/13	1,680				1,680	15	MO S/L	485	112
209	Crib	3/31/13	1,150				1,150	5	MO S/L	978	172
210	Crib	3/31/13	1,080				1,080	5	MO S/L	918	162
211	Swim Suit Extractor	4/30/13	2,031				2,031	5	MO S/L	1,692	339
212	SciFit Recumbent Stepper	4/30/13	4,795				4,795	5	MO S/L	3,996	799
213	Mirrors-Multi Purpose Room	6/01/13	2,902				2,902	5	MO S/L	2,370	532
214	Legacy Tiles	9/30/12	3,200				3,200	15	MO S/L	1,013	214
215	Vents, Boards, Pool Area	10/31/12	6,749				6,749	15	MO S/L	2,100	450
216	Acoustical Tiles	1/31/13	6,936				6,936	15	MO S/L	2,042	463
217	Air Handler, Controller, Sensor	2/28/13	5,254				5,254	15	MO S/L	1,518	350
218	Steps to Roof	4/30/13	1,000				1,000	15	MO S/L	278	66
219	Handicapped Door Access	5/01/13	6,995				6,995	15	MO S/L	1,943	466
220	Roof Renovations	6/26/13	10,800				10,800	15	MO S/L	2,880	720
221	Cordless Microphone	7/31/12	515				515	5	MO S/L	506	9
222	Ceiling Fans	8/26/13	6,685				6,685	15	MO S/L	1,708	446
223	Compressor, Lobby	8/01/13	855				855	15	MO S/L	223	57
224	Pool Renovations	9/01/13	59,843				59,843	15	MO S/L	15,293	3,990
225	HVAC Controller	1/01/14	2,800				2,800	15	MO S/L	653	187
226	Heat Exchanger	1/01/14	2,400				2,400	15	MO S/L	560	160
227	Window Tinting	5/01/14	1,010				1,010	7	MO S/L	457	144
228	Computer-Communications	10/01/13	579				579	7	MO S/L	310	83
229	Pool Lift Chair	11/01/13	5,577				5,577	7	MO S/L	2,921	797
230	2 Cribs	11/01/13	1,080				1,080	5	MO S/L	792	216
231	Milk Cooler	5/01/14	2,569				2,569	7	MO S/L	1,162	367
232	Pool Pump	5/01/14	4,593				4,593	15	MO S/L	970	306
233	Schwinn Sports Bike	6/01/14	1,199				1,199	7	MO S/L	528	14
	Sold/Scrapped:	8/01/17									
234	Cubbies-Youth Services	6/30/14	9,807				9,807	7	MO S/L	4,203	1,401
236	Washer/Dryer	7/31/14	3,498				3,498	7	MO S/L	1,457	500
237	Computer	9/01/14	523				523	7	MO S/L	212	74
238	Computer-Motherlove	10/31/14	523				523	7	MO S/L	199	75
239	Computer-Operations	8/01/14	523				523	7	MO S/L	218	75
240	Computer-Finance2	8/01/14	523				523	7	MO S/L	218	75
241	Computer-Admin	8/01/14	523				523	7	MO S/L	218	75
242	IPAD-Membership	8/12/14	537				537	7	MO S/L	224	76
243	IPAD-Guest Services	8/12/14	537				537	7	MO S/L	224	76
244	IPAD-Advancement	8/12/14	537				537	7	MO S/L	224	76
245	IPAD-Operations	8/12/14	537				537	7	MO S/L	224	76
246	IPAD-Communications	8/12/14	537				537	7	MO S/L	224	76
247	IPAD Mini-Motherlove	8/12/14	567				567	7	MO S/L	236	81
248	Covered Walkway	9/01/14	14,520				14,520	30	MO S/L	1,371	484
249	Daxko	10/01/14	13,091				13,091	7	MO S/L	5,143	1,870
250	Renovations-Lobby	12/01/14	76,378				76,378	30	MO S/L	6,577	2,546
251	Weights-Club W	1/06/15	2,288				2,288	7	MO S/L	817	327
252	Computer-Technology	1/29/15	514				514	7	MO S/L	177	74
253	Computer-CACFP	1/29/15	514				514	7	MO S/L	177	74
254	Stepup Changing Table	12/12/14	751				751	7	MO S/L	277	108
255	Ice Machine	3/18/15	2,256				2,256	7	MO S/L	725	323
256	Flowmeter	3/26/15	1,219				1,219	7	MO S/L	392	174
257	Circulating Pump-Boiler	6/12/15	1,677				1,677	7	MO S/L	499	239
258	Laptop	8/01/15	524				524	7	MO S/L	143	75
259	Laptop	8/01/15	524				524	7	MO S/L	143	75
260	Laptop	8/01/15	524				524	7	MO S/L	143	75
261	Laptop	8/01/15	524				524	7	MO S/L	143	75
262	Telephone System	8/01/15	5,577				5,577	7	MO S/L	1,527	797
263	Internet Access Bandwidth	9/01/15	1,250				1,250	7	MO S/L	327	179
264	Fire Alarm Motherboard	11/01/15	4,786				4,786	7	MO S/L	1,140	683
265	Computer-Adm	12/01/15	959				959	7	MO S/L	217	137
266	Computer-MotherLove	12/01/15	959				959	7	MO S/L	217	137
267	Hot Water Heater	2/01/16	5,486				5,486	15	MO S/L	518	366
268	Precor AMT 100i Crosstrainer	2/01/16	2,680				2,680	7	MO S/L	542	383

YWCA YWCA OF ASHEVILLE AND WESTERN NORTH
 56-0547476
 FYE: 6/30/2018

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
269	Precor 846i Upright Bike	2/01/16	1,945				1,945	7 MO S/L	394	277
270	Precor 846i Upright Bike	2/01/16	1,245				1,245	7 MO S/L	252	178
271	Concept2 Indoor Rower	2/01/16	795				795	7 MO S/L	161	113
272	Precor/Icarian Flat Bench	2/01/16	595				595	7 MO S/L	120	85
273	Vinyl Letters-Wall	4/01/16	595				595	15 MO S/L	50	39
274	Desk-Finance/HR Coordinator	4/01/16	1,199				1,199	7 MO S/L	214	171
275	Refridgerator	5/01/16	1,700				1,700	7 MO S/L	283	243
276	Advancement Chair	8/29/16	627				627	7 MO S/L	75	89
277	Cabinet Finance	11/18/16	694				694	7 MO S/L	58	99
278	Fitness Equipment-Cap Lease	1/01/17	32,983				32,983	7 MO S/L	2,356	4,712
279	Eliptical Machine	6/28/17	2,000				2,000	7 MO S/L	0	24
Sold/Scrapped: 8/01/17										
280	Server	3/03/17	2,939				2,939	7 MO S/L	140	420
281	Portable Coding Unit Server	4/19/17	580				580	7 MO S/L	14	83
282	2 Computers Finance	5/19/17	1,021				1,021	7 MO S/L	12	146
283	Renovations ECC Gathering Room	11/02/16	13,280				13,280	15 MO S/L	590	886
284	Hot Water Heaters ELP	7/07/16	1,900				1,900	15 MO S/L	127	126
285	Boiler	10/31/16	31,344				31,344	15 MO S/L	1,393	2,090
286	PreK Room Renovations	7/07/16	10,587				10,587	15 MO S/L	706	706
287	Heat Exchanger for new boiler	1/18/17	2,118				2,118	7 MO S/L	126	303
288	Boiler Parts for new boiler	3/28/17	1,355				1,355	7 MO S/L	48	194
289	EHS Classroom	1/17/17	37,376				37,376	15 MO S/L	1,038	2,492
290	Blinds PEP	5/09/17	2,797				2,797	15 MO S/L	31	187
291	ELP Playground Updates	5/02/17	4,888				4,888	15 MO S/L	54	326
292	Vending Machine	7/19/17	2,750				2,750	7 MO S/L	0	360
293	Vending Machine	7/19/17	2,750				2,750	7 MO S/L	0	360
294	Life Fitness Integrity Treadmill	8/31/17	1,842				1,842	7 MO S/L	0	219
295	IC5 Spin Bike	8/31/17	514				514	7 MO S/L	0	61
296	IC5 Spin Bike	8/31/17	514				514	7 MO S/L	0	61
297	IC5 Spin Bike	8/31/17	514				514	7 MO S/L	0	61
298	IC5 Spin Bike	8/31/17	514				514	7 MO S/L	0	61
299	IC5 Spin Bike	8/31/17	514				514	7 MO S/L	0	61
300	IC5 Spin Bike	8/31/17	514				514	7 MO S/L	0	61
301	IC5 Spin Bike	8/31/17	514				514	7 MO S/L	0	61
302	IC5 Spin Bike	8/31/17	514				514	7 MO S/L	0	61
303	IC5 Spin Bike	8/31/17	514				514	7 MO S/L	0	61
304	IC5 Spin Bike	8/31/17	514				514	7 MO S/L	0	61
305	IC5 Spin Bike	8/31/17	514				514	7 MO S/L	0	61
306	Conference Table	10/04/17	828				828	7 MO S/L	0	89
307	Paramount Seated Chest	10/04/17	900				900	7 MO S/L	0	96
308	Changing Table EEC	11/01/17	568				568	7 MO S/L	0	54
309	Drinking Fountain Gym	6/30/18	1,264				1,264	7 MO S/L	0	0
310	Flooring ELP Expansion	6/30/18	34,650				34,650	15 MO S/L	0	0
311	Two Door Reach in Refridgerator	6/30/18	1,922				1,922	7 MO S/L	0	0
312	Ice Maker	6/30/18	2,622				2,622	7 MO S/L	0	0
313	Corner Model Dish Machine	6/30/18	8,622				8,622	7 MO S/L	0	0
314	Type II Dish Machine Head	6/30/18	2,772				2,772	7 MO S/L	0	0
315	Dish Machine Hood Fans	6/30/18	1,922				1,922	7 MO S/L	0	0
316	Heated Cabinet	6/30/18	1,622				1,622	7 MO S/L	0	0
317	Computer Finance	7/17/17	569				569	7 MO S/L	0	75
318	Projector-Admin	2/25/18	704				704	7 MO S/L	0	34
319	Laptop MotherLove	5/25/18	888				888	7 MO S/L	0	11
320	Laptop MotherLove	5/30/18	888				888	7 MO S/L	0	11
321	Laptop MotherLove	5/30/18	888				888	7 MO S/L	0	11
322	Mirror Spin Room	10/02/17	737				737	7 MO S/L	0	79
323	Stair Retread	11/22/17	7,190				7,190	15 MO S/L	0	280
324	Locks-Mortis Locker Room	2/07/18	790				790	15 MO S/L	0	22
325	HVAC unit Gym	3/28/18	10,989				10,989	15 MO S/L	0	183
326	Plumbing Upgrade ELP	6/19/18	14,400				14,400	15 MO S/L	0	0
327	Lights Retrofit LED	3/28/18	51,062				51,062	15 MO S/L	0	851
Total Other Depreciation			<u>5,844,906</u>				<u>5,844,906</u>		<u>2,674,387</u>	<u>134,968</u>
Total ACRS and Other Depreciation			<u>5,844,906</u>				<u>5,844,906</u>		<u>2,674,387</u>	<u>134,968</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		5,844,906		5,844,906		2,674,387	134,968
	Less: Dispositions and Transfers		5,149		5,149		2,478	38
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals		<u>5,839,757</u>		<u>5,839,757</u>		<u>2,671,909</u>	<u>134,930</u>

Client Copy

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Building	1/01/75	0				0	0	HY	0	0
2	Architect	6/01/86	0				0	0	HY	0	0
4	Building	1/01/75	0				0	0	HY	0	0
5	Building	1/01/75	0				0	0	HY	0	0
6	Building	1/01/83	0				0	0	HY	0	0
7	Building	1/01/84	0				0	0	HY	0	0
8	Building	1/01/85	0				0	0	HY	0	0
11	Front Desk	10/16/85	0				0	0	HY	0	0
13	Boiler	10/22/95	0				0	0	HY	0	0
14	Piano	9/21/95	0				0	0	HY	0	0
16	Chain-Link Fence	6/25/97	0				0	0	HY	0	0
17	New Lights	10/07/97	0				0	0	HY	0	0
21	HVAC AFTE	6/30/98	0				0	0	HY	0	0
22	New Lights	6/30/98	0				0	0	HY	0	0
24	Storage	10/27/98	0				0	0	HY	0	0
25	Lights-Lo	12/11/98	0				0	0	HY	0	0
42	Telephone System	4/12/02	0				0	0	HY	0	0
43	Office Furniture	5/09/02	0				0	0	HY	0	0
44	Office Furniture For Day	4/05/02	0				0	0	HY	0	0
46	Sound System - Aerobic Roc	4/08/02	0				0	0	HY	0	0
47	Cardiovascular Fitness	4/18/02	0				0	0	HY	0	0
49	Mirrors For Weight Room	5/23/02	0				0	0	HY	0	0
50	Fitness Equipment - Leg/Arm	5/20/02	0				0	0	HY	0	0
52	Furniture - WRC	6/06/02	0				0	0	HY	0	0
55	Day Care Equipment	3/15/02	0				0	0	HY	0	0
56	After School Equipment	2/11/02	0				0	0	HY	0	0
59	Child Care Equip	4/05/02	0				0	0	HY	0	0
60	Day Care Library Books	3/06/02	0				0	0	HY	0	0
63	Child Care Equipment	6/17/02	0				0	0	HY	0	0
64	Equipment (Asheville Show)	6/30/02	0				0	0	HY	0	0
65	Building	10/01/02	0				0	0	HY	0	0
66	Food Prep Hutch	7/29/02	0				0	0	HY	0	0
67	Parking Sign	10/30/02	0				0	0	HY	0	0
68	Hutch Install	9/03/02	0				0	0	HY	0	0
70	Shelving	8/21/02	0				0	0	HY	0	0
74	Pool Stairs/Floor Skid PRC	1/01/03	0				0	0	HY	0	0
75	Jacuzzi Pump	2/03/03	0				0	0	HY	0	0
76	30 Acrylic Sign Holders	2/20/03	0				0	0	HY	0	0
77	Trees	3/17/03	0				0	0	HY	0	0
79	Fitness Center Wiring	6/11/03	0				0	0	HY	0	0
81	2 Incline Weight Benches	7/01/02	0				0	0	HY	0	0
82	Music/Speaker System	7/17/02	0				0	0	HY	0	0
83	Office Furniture For Wom	8/21/02	0				0	0	HY	0	0
90	TV & Stand (In Kind)	9/06/02	0				0	0	HY	0	0
95	Signage	12/16/03	0				0	0	HY	0	0
96	Architectural Services	1/16/04	0				0	0	HY	0	0
97	Parking Lot	7/01/03	0				0	0	HY	0	0
98	Donar Tiles	8/01/03	0				0	0	HY	0	0
99	MiniBus	6/02/05	0				0	0	HY	0	0
100	MiniBus	6/02/05	0				0	0	HY	0	0
102	Gathering RM Furniture	4/26/05	0				0	0	HY	0	0
103	Full Sized Bus	11/09/05	0				0	0	HY	0	0
104	Full Sized Bus	11/09/05	0				0	0	HY	0	0
106	Superior Fitness Systems	3/27/06	0				0	0	HY	0	0
107	Building	7/01/05	0				0	0	HY	0	0
108	Furniture & Fixtures	7/01/05	0				0	0	HY	0	0
109	Land	1/01/75	0				0	0	HY	0	0
110	Fence	1/16/07	0				0	0	HY	0	0
111	Security Camera	4/30/07	0				0	0	HY	0	0
113	Lap Top Computer	4/17/07	0				0	0	HY	0	0
114	Server	4/17/07	0				0	0	HY	0	0
115	Computers	5/22/07	0				0	0	HY	0	0
116	Heartstart & Cabinet	2/06/07	0				0	0	HY	0	0
117	Fitness Equipment	6/14/07	0				0	0	HY	0	0
118	Refrigerator	6/02/07	0				0	0	HY	0	0
119	Ergometer/Mat Table	3/20/07	0				0	0	HY	0	0
120	Circulatory Pump - Boiler	10/23/06	0				0	0	HY	0	0
122	Daycare - 8 Burner Range	1/23/07	0				0	0	HY	0	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
123	Education Room Costs	1/31/08	0				0	0	HY	0	0
124	Tile Floor Women's Locker	12/31/07	0				0	0	HY	0	0
125	Computers	12/31/07	0				0	0	HY	0	0
126	Computer Equipment	6/30/08	0				0	0	HY	0	0
127	2008 Mini Bus	6/30/08	0				0	0	HY	0	0
128	Benches - Lobby	12/31/07	0				0	0	HY	0	0
129	Moving Donated Lobby Furn	3/31/08	0				0	0	HY	0	0
130	Swimsuit Wringers	3/31/08	0				0	0	HY	0	0
131	Fitness Equipment	6/30/08	0				0	0	HY	0	0
132	Office Equipment - Prev Health	6/30/08	0				0	0	HY	0	0
133	2008 Mini-Bus (Grant)	6/30/08	0				0	0	HY	0	0
135	Tile Floor Men's Locker Room	8/30/08	0				0	0	HY	0	0
136	Cycling Studio Renovations	11/30/08	0				0	0	HY	0	0
137	Solar Panels	1/30/09	0				0	0	HY	0	0
138	Office-Diabetes Wellness	3/31/09	0				0	0	HY	0	0
139	Ceiling Fans-Fitness Center	5/31/09	0				0	0	HY	0	0
140	Gym Equipment	8/05/08	0				0	0	HY	0	0
141	Playground	3/31/09	0				0	0	HY	0	0
142	3 Schwinn Pro Spin Bikes	5/31/09	0				0	0	HY	0	0
	Sold/Scrapped: 8/01/17										
143	Computers for FV	8/12/08	0				0	0	HY	0	0
144	Computer Software-Microsoft	11/11/08	0				0	0	HY	0	0
145	Computer	10/04/08	0				0	0	HY	0	0
146	Solar Panels	1/30/09	0				0	0	HY	0	0
147	Dishwasher (upstairs) - in-kind	8/29/09	0				0	0	HY	0	0
148	Commercial Dishwasher	8/31/09	0				0	0	HY	0	0
149	Spray Hose-Prerinse	11/30/09	0				0	0	HY	0	0
150	Bookcases (2)	3/31/10	0				0	0	HY	0	0
151	Recumbent Stepper	3/31/10	0				0	0	HY	0	0
152	Desk, Shelving, Rack	3/31/10	0				0	0	HY	0	0
153	Projector Case	3/31/10	0				0	0	HY	0	0
154	Vac-Alert Drain Plug-01	6/30/10	0				0	0	HY	0	0
155	Hand Dryers (13)	5/31/10	0				0	0	HY	0	0
157	2 Angeles 6 Seat Buggy	6/30/10	0				0	0	HY	0	0
158	Bar Storage Rack	6/30/10	0				0	0	HY	0	0
159	Treadmill (Capital Lease)	3/01/10	0				0	0	HY	0	0
160	Computer-Preventative Health	10/31/09	0				0	0	HY	0	0
161	Computer-Preventative Health	10/31/09	0				0	0	HY	0	0
163	Water Cooler	10/31/10	0				0	0	HY	0	0
164	Camera-Lobby	10/31/10	0				0	0	HY	0	0
165	Lobby Bench	12/31/10	0				0	0	HY	0	0
166	Water Bottle Refill Unit	2/28/11	0				0	0	HY	0	0
168	AED Package	2/22/11	0				0	0	HY	0	0
169	Water Cooler	9/28/10	0				0	0	HY	0	0
170	Computer (Aquatics)	10/31/10	0				0	0	HY	0	0
171	Computer (MotherLove)	10/31/10	0				0	0	HY	0	0
172	2 Computers - PH	10/31/10	0				0	0	HY	0	0
173	Computer - HW	10/31/10	0				0	0	HY	0	0
174	Computer - Admin (Dev)	12/31/10	0				0	0	HY	0	0
175	Peachtree 2012	2/28/11	0				0	0	HY	0	0
176	6 Toughbooks (FV)	3/31/11	0				0	0	HY	0	0
177	7 Computers (FV)	4/30/11	0				0	0	HY	0	0
178	Sphere Connector Software	6/30/11	0				0	0	HY	0	0
179	Dell Server	6/30/11	0				0	0	HY	0	0
180	Playground	8/31/10	0				0	0	HY	0	0
181	Seal/strip Parking Lots	5/31/11	0				0	0	HY	0	0
182	Stair Retread	12/31/10	0				0	0	HY	0	0
183	Air Handling Unit - Gym	2/28/11	0				0	0	HY	0	0
184	HVAC System - Studio/Gym	6/30/11	0				0	0	HY	0	0
185	Treadmill Landice L9	6/06/12	0				0	0	HY	0	0
186	3-Big 8 Cubbies Storage	6/26/12	0				0	0	HY	0	0
187	3-Ash Mini See Thru Storage	6/25/12	0				0	0	HY	0	0
188	3-See Thru Storage 24" High	6/25/12	0				0	0	HY	0	0
189	iCare Software	10/28/11	0				0	0	HY	0	0
190	Pool Deck	9/06/11	0				0	0	HY	0	0
191	Building Paint/Seal	12/16/11	0				0	0	HY	0	0
192	Office-Aquatics	2/22/12	0				0	0	HY	0	0
193	Roof Membrane	1/31/12	0				0	0	HY	0	0
194	Carpet - Youth Services	6/06/12	0				0	0	HY	0	0
195	ED Room-DI Child Care	6/18/12	0				0	0	HY	0	0
196	Street Sign	2/27/12	0				0	0	HY	0	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
197	POD (Playground)	4/30/12	0				0	0	HY		0	0
199	Work Chair-Maczka	9/30/12	0				0	0	HY		0	0
200	Work Chair-Herman	9/30/12	0				0	0	HY		0	0
201	Work Chair-Hawkins	9/30/12	0				0	0	HY		0	0
202	Lorell Lateral File-5 Drawer-Finance	9/30/12	0				0	0	HY		0	0
203	Diaper Changing Table Combo	8/31/12	0				0	0	HY		0	0
204	Sproutz 4 Piece Kitchen Set	8/31/12	0				0	0	HY		0	0
205	Couch, Chairs, End Table	9/30/12	0				0	0	HY		0	0
206	Utility Sink	10/31/12	0				0	0	HY		0	0
207	Vacuum Cleaner	1/31/13	0				0	0	HY		0	0
208	Freezer	2/28/13	0				0	0	HY		0	0
209	Crib	3/31/13	0				0	0	HY		0	0
210	Crib	3/31/13	0				0	0	HY		0	0
211	Swim Suit Extractor	4/30/13	0				0	0	HY		0	0
212	SciFit Recumbent Stepper	4/30/13	0				0	0	HY		0	0
213	Mirrors-Multi Purpose Room	6/01/13	0				0	0	HY		0	0
214	Legacy Tiles	9/30/12	0				0	0	HY		0	0
215	Vents, Boards, Pool Area	10/31/12	0				0	0	HY		0	0
216	Acoustical Tiles	1/31/13	0				0	0	HY		0	0
217	Air Handler, Controller, Sensor	2/28/13	0				0	0	HY		0	0
218	Steps to Roof	4/30/13	0				0	0	HY		0	0
219	Handicapped Door Access	5/01/13	0				0	0	HY		0	0
220	Roof Renovations	6/26/13	0				0	0	HY		0	0
221	Cordless Microphone	7/31/12	0				0	0	HY		0	0
222	Ceiling Fans	8/26/13	0				0	0	HY		0	0
223	Compressor, Lobby	8/01/13	0				0	0	HY		0	0
224	Pool Renovations	9/01/13	0				0	0	HY		0	0
225	HVAC Controller	1/01/14	0				0	0	HY		0	0
226	Heat Exchanger	1/01/14	0				0	0	HY		0	0
227	Window Tinting	5/01/14	0				0	0	HY		0	0
228	Computer-Communications	10/01/13	0				0	0	HY		0	0
229	Pool Lift Chair	11/01/13	0				0	0	HY		0	0
230	2 Cribs	11/01/13	0				0	0	HY		0	0
231	Milk Cooler	5/01/14	0				0	0	HY		0	0
232	Pool Pump	5/01/14	0				0	0	HY		0	0
233	Schwinn Sports Bike	6/01/14	0				0	0	HY		0	0
	Sold/Scrapped:	8/01/17										
234	Cubbies-Youth Services	6/30/14	0				0	0	HY		0	0
236	Washer/Dryer	7/31/14	0				0	0	HY		0	0
237	Computer	9/01/14	0				0	0	HY		0	0
238	Computer-Motherlove	10/31/14	0				0	0	HY		0	0
239	Computer-Operations	8/01/14	0				0	0	HY		0	0
240	Computer-Finance2	8/01/14	0				0	0	HY		0	0
241	Computer-Admin	8/01/14	0				0	0	HY		0	0
242	IPAD-Membership	8/12/14	0				0	0	HY		0	0
243	IPAD-Guest Services	8/12/14	0				0	0	HY		0	0
244	IPAD-Advancement	8/12/14	0				0	0	HY		0	0
245	IPAD-Operations	8/12/14	0				0	0	HY		0	0
246	IPAD-Communications	8/12/14	0				0	0	HY		0	0
247	IPAD Mini-Motherlove	8/12/14	0				0	0	HY		0	0
248	Covered Walkway	9/01/14	0				0	0	HY		0	0
249	Daxko	10/01/14	0				0	0	HY		0	0
250	Renovations-Lobby	12/01/14	0				0	0	HY		0	0
251	Weights-Club W	1/06/15	0				0	0	HY		0	0
252	Computer-Technology	1/29/15	0				0	0	HY		0	0
253	Computer-CACFP	1/29/15	0				0	0	HY		0	0
254	Stepup Changing Table	12/12/14	0				0	0	HY		0	0
255	Ice Machine	3/18/15	0				0	0	HY		0	0
256	Flowmeter	3/26/15	0				0	0	HY		0	0
257	Circulating Pump-Boiler	6/12/15	0				0	0	HY		0	0
258	Laptop	8/01/15	0				0	0	HY		0	0
259	Laptop	8/01/15	0				0	0	HY		0	0
260	Laptop	8/01/15	0				0	0	HY		0	0
261	Laptop	8/01/15	0				0	0	HY		0	0
262	Telephone System	8/01/15	0				0	0	HY		0	0
263	Internet Access Bandwidth	9/01/15	0				0	0	HY		0	0
264	Fire Alarm Motherboard	11/01/15	0				0	0	HY		0	0
265	Computer-Adm	12/01/15	0				0	0	HY		0	0
266	Computer-MotherLove	12/01/15	0				0	0	HY		0	0
267	Hot Water Heater	2/01/16	0				0	0	HY		0	0
268	Precor AMT 100i Crosstrainer	2/01/16	0				0	0	HY		0	0

Client Copy

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
269	Precor 846i Upright Bike	2/01/16	0				0	0	HY	0	0
270	Precor 846i Upright Bike	2/01/16	0				0	0	HY	0	0
271	Concept2 Indoor Rower	2/01/16	0				0	0	HY	0	0
272	Precor/Icarian Flat Bench	2/01/16	0				0	0	HY	0	0
273	Vinyl Letters-Wall	4/01/16	0				0	0	HY	0	0
274	Desk-Finance/HR Coordinator	4/01/16	0				0	0	HY	0	0
275	Refridgerator	5/01/16	0				0	0	HY	0	0
276	Advancement Chair	8/29/16	0				0	0	HY	0	0
277	Cabinet Finance	11/18/16	0				0	0	HY	0	0
278	Fitness Equipment-Cap Lease	1/01/17	0				0	0	HY	0	0
279	Eliptical Machine	6/28/17	0				0	0	HY	0	0
	Sold/Scrapped: 8/01/17										
280	Server	3/03/17	0				0	0	HY	0	0
281	Portable Coding Unit Server	4/19/17	0				0	0	HY	0	0
282	2 Computers Finance	5/19/17	0				0	0	HY	0	0
283	Renovations ECC Gathering Room	11/02/16	0				0	0	HY	0	0
284	Hot Water Heaters ELP	7/07/16	0				0	0	HY	0	0
285	Boiler	10/31/16	0				0	0	HY	0	0
286	PreK Room Renovations	7/07/16	0				0	0	HY	0	0
287	Heat Exchanger for new boiler	1/18/17	0				0	0	HY	0	0
288	Boiler Parts for new boiler	3/28/17	0				0	0	HY	0	0
289	EHS Classroom	1/17/17	0				0	0	HY	0	0
290	Blinds PEP	5/09/17	0				0	0	HY	0	0
291	ELP Playground Updates	5/02/17	0				0	0	HY	0	0
292	Vending Machine	7/19/17	0				0	0	HY	0	0
293	Vending Machine	7/19/17	0				0	0	HY	0	0
294	Life Fitness Integrity Treadmill	8/31/17	0				0	0	HY	0	0
295	IC5 Spin Bike	8/31/17	0				0	0	HY	0	0
296	IC5 Spin Bike	8/31/17	0				0	0	HY	0	0
297	IC5 Spin Bike	8/31/17	0				0	0	HY	0	0
298	IC5 Spin Bike	8/31/17	0				0	0	HY	0	0
299	IC5 Spin Bike	8/31/17	0				0	0	HY	0	0
300	IC5 Spin Bike	8/31/17	0				0	0	HY	0	0
301	IC5 Spin Bike	8/31/17	0				0	0	HY	0	0
302	IC5 Spin Bike	8/31/17	0				0	0	HY	0	0
303	IC5 Spin Bike	8/31/17	0				0	0	HY	0	0
304	IC5 Spin Bike	8/31/17	0				0	0	HY	0	0
305	IC5 Spin Bike	8/31/17	0				0	0	HY	0	0
306	Conference Table	10/04/17	0				0	0	HY	0	0
307	Paramount Seated Chest	10/04/17	0				0	0	HY	0	0
308	Changing Table EEC	11/01/17	0				0	0	HY	0	0
309	Drinking Fountain Gym	6/30/18	0				0	0	HY	0	0
310	Flooring ELP Expansion	6/30/18	0				0	0	HY	0	0
311	Two Door Reach in Refridgerator	6/30/18	0				0	0	HY	0	0
312	Ice Maker	6/30/18	0				0	0	HY	0	0
313	Corner Model Dish Machine	6/30/18	0				0	0	HY	0	0
314	Type II Dish Machine Head	6/30/18	0				0	0	HY	0	0
315	Dish Machine Hood Fans	6/30/18	0				0	0	HY	0	0
316	Heated Cabinet	6/30/18	0				0	0	HY	0	0
317	Computer Finance	7/17/17	0				0	0	HY	0	0
318	Projector-Admin	2/25/18	0				0	0	HY	0	0
319	Laptop MotherLove	5/25/18	0				0	0	HY	0	0
320	Laptop MotherLove	5/30/18	0				0	0	HY	0	0
321	Laptop MotherLove	5/30/18	0				0	0	HY	0	0
322	Mirror Spin Room	10/02/17	0				0	0	HY	0	0
323	Stair Retread	11/22/17	0				0	0	HY	0	0
324	Locks-Mortis Locker Room	2/07/18	0				0	0	HY	0	0
325	HVAC unit Gym	3/28/18	0				0	0	HY	0	0
326	Plumbing Upgrade ELP	6/19/18	0				0	0	HY	0	0
327	Lights Retrofit LED	3/28/18	0				0	0	HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u><u>0</u></u>				<u><u>0</u></u>			<u><u>0</u></u>	<u><u>0</u></u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		0		0		0	0
	Less: Dispositions and Transfers		0		0		0	0
	Net Grand Totals		0		0		0	0

Client Copy

YWCA YWCA OF ASHEVILLE AND WESTERN NORTH

56-0547476

FYE: 6/30/2018

Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>
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There are no assets that meet the criteria of this report

Client Copy

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Building	1/01/75	225,000	0	0
2	Architect	6/01/86	3,510	88	0
4	Building	1/01/75	512,024	10,240	0
5	Building	1/01/75	1,760	36	0
6	Building	1/01/83	5,115	0	0
7	Building	1/01/84	9,081	181	0
8	Building	1/01/85	1,466	0	0
11	Front Desk	10/16/85	3,122	0	0
13	Boiler	10/22/95	10,330	0	0
14	Piano	9/21/95	300	0	0
16	Chain-Link Fence	6/25/97	2,887	0	0
17	New Lights	10/07/97	3,484	0	0
21	HVAC AFTE	6/30/98	10,200	0	0
22	New Lights	6/30/98	1,760	0	0
24	Storage	10/27/98	1,192	0	0
25	Lights-Lo	12/11/98	3,044	0	0
42	Telephone System	4/12/02	24,529	0	0
43	Office Furniture	5/09/02	20,476	0	0
44	Office Furniture For Day	4/05/02	23,544	0	0
46	Sound System - Aerobic Roc	4/08/02	2,794	0	0
47	Cardiovascular Fitness	4/18/02	41,671	0	0
49	Mirrors For Weight Room	5/23/02	2,266	0	0
50	Fitness Equipment - Leg/Arm	5/20/02	37,327	0	0
52	Furniture - WRC	6/06/02	2,973	0	0
55	Day Care Equipment	3/15/02	720	0	0
56	After School Equipment	2/11/02	4,744	0	0
59	Child Care Equip	4/05/02	4,417	0	0
60	Day Care Library Books	3/06/02	605	0	0
63	Child Care Equipment	6/17/02	7,626	0	0
64	Equipment (Asheville Show)	6/30/02	2,281	0	0
65	Building	10/01/02	3,375,144	67,502	0
66	Food Prep Hutch	7/29/02	2,394	0	0
67	Parking Sign	10/30/02	630	0	0
68	Hutch Install	9/03/02	750	0	0
70	Shelving	8/21/02	765	0	0
74	Pool Stairs/Floor Skid PRC	1/01/03	1,003	0	0
75	Jacuzzi Pump	2/03/03	920	0	0
76	30 Acrylic Sign Holders	2/20/03	600	0	0
77	Trees	3/17/03	882	30	0
79	Fitness Center Wiring	6/11/03	795	0	0
81	2 Incline Weight Benches	7/01/02	1,359	0	0
82	Music/Speaker System	7/17/02	2,425	0	0
83	Office Furniture For Wom	8/21/02	6,332	0	0
90	TV & Stand (In Kind)	9/06/02	1,000	0	0
95	Signage	12/16/03	623	0	0
96	Architectural Services	1/16/04	1,425	28	0
97	Parking Lot	7/01/03	698	23	0
98	Donar Tiles	8/01/03	4,296	0	0
99	MiniBus	6/02/05	39,331	0	0
100	MiniBus	6/02/05	39,331	0	0
102	Gathering RM Furniture	4/26/05	3,903	0	0
103	Full Sized Bus	11/09/05	56,547	0	0
104	Full Sized Bus	11/09/05	56,547	0	0
106	Superior Fitness Systems	3/27/06	9,998	0	0
107	Building	7/01/05	2,363	0	0
108	Furniture & Fixtures	7/01/05	-326	0	0
109	Land	1/01/75	83,000	0	0
110	Fence	1/16/07	4,330	288	0
111	Security Camera	4/30/07	1,357	0	0
113	Lap Top Computer	4/17/07	801	0	0
114	Server	4/17/07	2,233	0	0
115	Computers	5/22/07	3,316	0	0
116	Heartstart & Cabinet	2/06/07	2,478	0	0
117	Fitness Equipment	6/14/07	4,487	0	0
118	Refrigerator	6/02/07	669	0	0
119	Ergometer/Mat Table	3/20/07	4,246	0	0
120	Circulatory Pump - Boiler	10/23/06	1,610	107	0

Asset	Description	Date In Service	Cost	Tax	AMT
122	Daycare - 8 Burner Range	1/23/07	3,550	0	0
123	Education Room Costs	1/31/08	8,928	595	0
124	Tile Floor Women's Locker	12/31/07	58,102	3,873	0
125	Computers	12/31/07	4,121	0	0
126	Computer Equipment	6/30/08	1,042	0	0
127	2008 Mini Bus	6/30/08	50,424	0	0
128	Benches - Lobby	12/31/07	420	28	0
129	Moving Donated Lobby Furn	3/31/08	750	50	0
130	Swimsuit Wringers	3/31/08	2,919	0	0
131	Fitness Equipment	6/30/08	14,648	0	0
132	Office Equipment - Prev Health	6/30/08	4,274	0	0
133	2008 Mini-Bus (Grant)	6/30/08	49,000	0	0
135	Tile Floor Men's Locker Room	8/30/08	42,699	2,846	0
136	Cycling Studio Renovations	11/30/08	3,225	215	0
137	Solar Panels	1/30/09	30,111	0	0
138	Office-Diabetes Wellness	3/31/09	1,096	0	0
139	Ceiling Fans-Fitness Center	5/31/09	5,229	0	0
140	Gym Equipment	8/05/08	15,126	0	0
141	Playground	3/31/09	35,847	0	0
143	Computers for FV	8/12/08	5,666	0	0
144	Computer Software-Microsoft	11/11/08	1,182	0	0
145	Computer	10/04/08	851	0	0
146	Solar Panels	1/30/09	35,111	0	0
147	Dishwasher (upstairs) - in-kind	8/29/09	870	0	0
148	Commercial Dishwasher	8/31/09	6,328	0	0
149	Spray Hose-Prerinse	11/30/09	503	0	0
150	Bookcases (2)	3/31/10	536	0	0
151	Recumbent Stepper	3/31/10	4,952	0	0
152	Desk, Shelving, Rack	3/31/10	780	0	0
153	Projector Case	3/31/10	559	0	0
154	Vac-Alert Drain Plug-01	6/30/10	1,340	0	0
155	Hand Dryers (13)	5/31/10	7,705	0	0
157	2 Angeles 6 Seat Buggy	6/30/10	1,909	0	0
158	Bar Storage Rack	6/30/10	563	0	0
159	Treadmill (Capital Lease)	3/01/10	6,645	0	0
160	Computer-Preventative Health	10/31/09	739	0	0
161	Computer-Preventative Health	10/31/09	575	0	0
163	Water Cooler	10/31/10	1,067	0	0
164	Camera-Lobby	10/31/10	634	0	0
165	Lobby Bench	12/31/10	735	0	0
166	Water Bottle Refill Unit	2/28/11	1,875	0	0
168	AED Package	2/22/11	2,433	0	0
169	Water Cooler	9/28/10	707	0	0
170	Computer (Aquatics)	10/31/10	527	0	0
171	Computer (MotherLove)	10/31/10	527	0	0
172	2 Computers - PH	10/31/10	1,054	0	0
173	Computer - HW	10/31/10	527	0	0
174	Computer - Admin (Dev)	12/31/10	559	0	0
175	Peachtree 2012	2/28/11	676	0	0
176	6 Toughbooks (FV)	3/31/11	5,394	0	0
177	7 Computers (FV)	4/30/11	3,835	0	0
178	Sphere Connector Software	6/30/11	2,700	0	0
179	Dell Server	6/30/11	1,901	0	0
180	Playground	8/31/10	7,397	0	0
181	Seal/strip Parking Lots	5/31/11	8,532	569	0
182	Stair Retread	12/31/10	3,300	220	0
183	Air Handling Unit - Gym	2/28/11	4,610	307	0
184	HVAC System - Studio/Gym	6/30/11	24,317	811	0
185	Treadmill Landice L9	6/06/12	4,545	595	0
186	3-Big 8 Cubbies Storage	6/26/12	897	128	0
187	3-Ash Mini See Thru Storage	6/25/12	552	79	0
188	3-See Thru Storage 24" High	6/25/12	528	76	0
189	iCare Software	10/28/11	870	0	0
190	Pool Deck	9/06/11	1,200	0	0
191	Building Paint/Seal	12/16/11	4,550	303	0
192	Office-Aquatics	2/22/12	3,946	376	0
193	Roof Membrane	1/31/12	2,421	161	0
194	Carpet - Youth Services	6/06/12	12,790	853	0
195	ED Room-DI Child Care	6/18/12	7,602	506	0
196	Street Sign	2/27/12	5,466	546	0
197	POD (Playground)	4/30/12	6,248	744	0

Asset	Description	Date In Service	Cost	Tax	AMT
199	Work Chair-Maczka	9/30/12	580	0	0
200	Work Chair-Herman	9/30/12	580	0	0
201	Work Chair-Hawkins	9/30/12	580	0	0
202	Lorell Lateral File-5 Drawer-Finance	9/30/12	536	0	0
203	Diaper Changing Table Combo	8/31/12	1,165	0	0
204	Sproutz 4 Piece Kitchen Set	8/31/12	615	0	0
205	Couch, Chairs, End Table	9/30/12	592	0	0
206	Utility Sink	10/31/12	1,200	0	0
207	Vacuum Cleaner	1/31/13	545	0	0
208	Freezer	2/28/13	1,680	112	0
209	Crib	3/31/13	1,150	0	0
210	Crib	3/31/13	1,080	0	0
211	Swim Suit Extractor	4/30/13	2,031	0	0
212	SciFit Recumbent Stepper	4/30/13	4,795	0	0
213	Mirrors-Multi Purpose Room	6/01/13	2,902	0	0
214	Legacy Tiles	9/30/12	3,200	213	0
215	Vents, Boards, Pool Area	10/31/12	6,749	450	0
216	Acoustical Tiles	1/31/13	6,936	462	0
217	Air Handler, Controller, Sensor	2/28/13	5,254	350	0
218	Steps to Roof	4/30/13	1,000	67	0
219	Handicapped Door Access	5/01/13	6,995	467	0
220	Roof Renovations	6/26/13	10,800	720	0
221	Cordless Microphone	7/31/12	515	0	0
222	Ceiling Fans	8/26/13	6,685	446	0
223	Compressor, Lobby	8/01/13	855	57	0
224	Pool Renovations	9/01/13	59,843	3,989	0
225	HVAC Controller	1/01/14	2,800	187	0
226	Heat Exchanger	1/01/14	2,400	160	0
227	Window Tinting	5/01/14	1,010	145	0
228	Computer-Communications	10/01/13	579	83	0
229	Pool Lift Chair	11/01/13	5,577	797	0
230	2 Cribs	11/01/13	1,080	72	0
231	Milk Cooler	5/01/14	2,569	367	0
232	Pool Pump	5/01/14	4,593	306	0
234	Cubbies-Youth Services	6/30/14	9,807	1,401	0
236	Washer/Dryer	7/31/14	3,498	500	0
237	Computer	9/01/14	523	75	0
238	Computer-Motherlove	10/31/14	523	75	0
239	Computer-Operations	8/01/14	523	74	0
240	Computer-Finance2	8/01/14	523	74	0
241	Computer-Admin	8/01/14	523	74	0
242	IPAD-Membership	8/12/14	537	77	0
243	IPAD-Guest Services	8/12/14	537	77	0
244	IPAD-Advancement	8/12/14	537	77	0
245	IPAD-Operations	8/12/14	537	77	0
246	IPAD-Communications	8/12/14	537	77	0
247	IPAD Mini-Motherlove	8/12/14	567	81	0
248	Covered Walkway	9/01/14	14,520	484	0
249	Daxko	10/01/14	13,091	1,870	0
250	Renovations-Lobby	12/01/14	76,378	2,546	0
251	Weights-Club W	1/06/15	2,288	327	0
252	Computer-Technology	1/29/15	514	73	0
253	Computer-CACFP	1/29/15	514	73	0
254	Stepup Changing Table	12/12/14	751	107	0
255	Ice Machine	3/18/15	2,256	322	0
256	Flowmeter	3/26/15	1,219	174	0
257	Circulating Pump-Boiler	6/12/15	1,677	240	0
258	Laptop	8/01/15	524	75	0
259	Laptop	8/01/15	524	75	0
260	Laptop	8/01/15	524	75	0
261	Laptop	8/01/15	524	75	0
262	Telephone System	8/01/15	5,577	796	0
263	Internet Access Bandwidth	9/01/15	1,250	179	0
264	Fire Alarm Motherboard	11/01/15	4,786	684	0
265	Computer-Adm	12/01/15	959	137	0
266	Computer-MotherLove	12/01/15	959	137	0
267	Hot Water Heater	2/01/16	5,486	366	0
268	Precor AMT 100i Crosstrainer	2/01/16	2,680	383	0
269	Precor 846i Upright Bike	2/01/16	1,945	278	0
270	Precor 846i Upright Bike	2/01/16	1,245	178	0
271	Concept2 Indoor Rower	2/01/16	795	114	0

Asset	Description	Date In Service	Cost	Tax	AMT
272	Precor/Icarian Flat Bench	2/01/16	595	85	0
273	Vinyl Letters-Wall	4/01/16	595	40	0
274	Desk-Finance/HR Coordinator	4/01/16	1,199	172	0
275	Refridgerator	5/01/16	1,700	243	0
276	Advancement Chair	8/29/16	627	90	0
277	Cabinet Finance	11/18/16	694	99	0
278	Fitness Equipment-Cap Lease	1/01/17	32,983	4,712	0
280	Server	3/03/17	2,939	420	0
281	Portable Coding Unit Server	4/19/17	580	83	0
282	2 Computers Finance	5/19/17	1,021	146	0
283	Renovations ECC Gathering Room	11/02/16	13,280	885	0
284	Hot Water Heaters ELP	7/07/16	1,900	127	0
285	Boiler	10/31/16	31,344	2,089	0
286	PreK Room Renovations	7/07/16	10,587	705	0
287	Heat Exchanger for new boiler	1/18/17	2,118	302	0
288	Boiler Parts for new boiler	3/28/17	1,355	194	0
289	EHS Classroom	1/17/17	37,376	2,492	0
290	Blinds PEP	5/09/17	2,797	186	0
291	ELP Playground Updates	5/02/17	4,888	326	0
292	Vending Machine	7/19/17	2,750	393	0
293	Vending Machine	7/19/17	2,750	393	0
294	Life Fitness Integrity Treadmill	8/31/17	1,842	263	0
295	IC5 Spin Bike	8/31/17	514	74	0
296	IC5 Spin Bike	8/31/17	514	74	0
297	IC5 Spin Bike	8/31/17	514	74	0
298	IC5 Spin Bike	8/31/17	514	74	0
299	IC5 Spin Bike	8/31/17	514	74	0
300	IC5 Spin Bike	8/31/17	514	74	0
301	IC5 Spin Bike	8/31/17	514	74	0
302	IC5 Spin Bike	8/31/17	514	74	0
303	IC5 Spin Bike	8/31/17	514	74	0
304	IC5 Spin Bike	8/31/17	514	74	0
305	IC5 Spin Bike	8/31/17	514	74	0
306	Conference Table	10/04/17	828	118	0
307	Paramount Seated Chest	10/04/17	900	129	0
308	Changing Table EEC	11/01/17	568	81	0
309	Drinking Fountain Gym	6/30/18	1,264	181	0
310	Flooring ELP Expansion	6/30/18	34,650	2,310	0
311	Two Door Reach in Refridgerator	6/30/18	1,922	275	0
312	Ice Maker	6/30/18	2,622	375	0
313	Corner Model Dish Machine	6/30/18	8,622	1,232	0
314	Type II Dish Machine Head	6/30/18	2,772	396	0
315	Dish Machine Hood Fans	6/30/18	1,922	275	0
316	Heated Cabinet	6/30/18	1,622	232	0
317	Computer Finance	7/17/17	569	81	0
318	Projector-Admin	2/25/18	704	100	0
319	Laptop MotherLove	5/25/18	888	126	0
320	Laptop MotherLove	5/30/18	888	126	0
321	Laptop MotherLove	5/30/18	888	126	0
322	Mirror Spin Room	10/02/17	737	105	0
323	Stair Retread	11/22/17	7,190	479	0
324	Locks-Mortis Locker Room	2/07/18	790	53	0
325	HVAC unit Gym	3/28/18	10,989	733	0
326	Plumbing Upgrade ELP	6/19/18	14,400	960	0
327	Lights Retrofit LED	3/28/18	51,062	3,404	0
	Total Other Depreciation		<u>5,839,757</u>	<u>141,517</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>5,839,757</u>	<u>141,517</u>	<u>0</u>
	Grand Totals		<u>5,839,757</u>	<u>141,517</u>	<u>0</u>

Form 990	Two Year Comparison Report	2016 & 2017
For calendar year 2017, or tax year beginning 07/01/17 , ending 06/30/18		

Name **YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.** Taxpayer Identification Number **56-0547476**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1,138,786	1,169,825	31,039
	2. Membership dues and assessments			
	3. Government contributions and grants	247,336	383,585	136,249
	4. Program service revenue	1,989,317	1,883,328	-105,989
	5. Investment income	16,612	25,302	8,690
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-2,633	-2,633
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	8,279	27,650	19,371
	12. Total revenue. Add lines 1 through 11	3,400,330	3,487,057	86,727
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	2,208,637	2,249,309	40,672
	17. Professional fundraising fees			
	18. Other professional fees	245,789	267,167	21,378
	19. Occupancy, rent, utilities, and maintenance	112,200	168,308	56,108
	20. Depreciation and Depletion	132,129	134,961	2,832
	21. Other expenses	544,062	592,955	48,893
	22. Total expenses. Add lines 13 through 21	3,242,817	3,412,700	169,883
	23. Excess or (Deficit). Subtract line 22 from line 12	157,513	74,357	-83,156
Other Information	24. Total exempt revenue	3,400,330	3,487,057	86,727
	25. Total unrelated revenue			
	26. Total excludable revenue	2,014,208	1,933,647	-80,561
	27. Total assets	4,858,676	4,950,934	92,258
	28. Total liabilities	242,639	210,718	-31,921
	29. Retained earnings	4,616,037	4,740,216	124,179
	30. Number of voting members of governing body	16	18	
	31. Number of independent voting members of governing body	16	18	
	32. Number of employees	155	143	
	33. Number of volunteers	104	98	

Form 990	Tax Return History	2017
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Name YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.	Employer Identification Number 56-0547476
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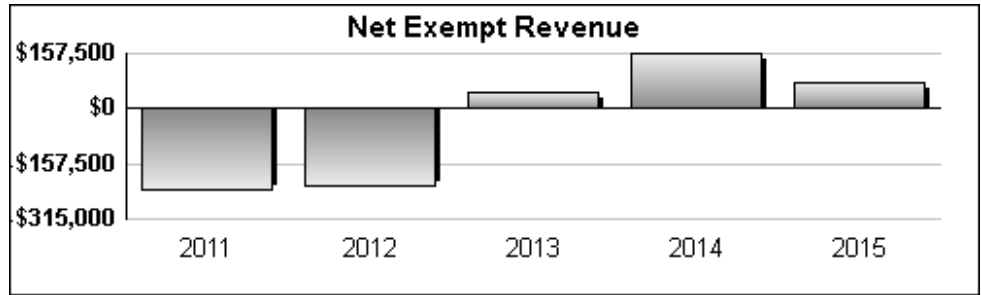
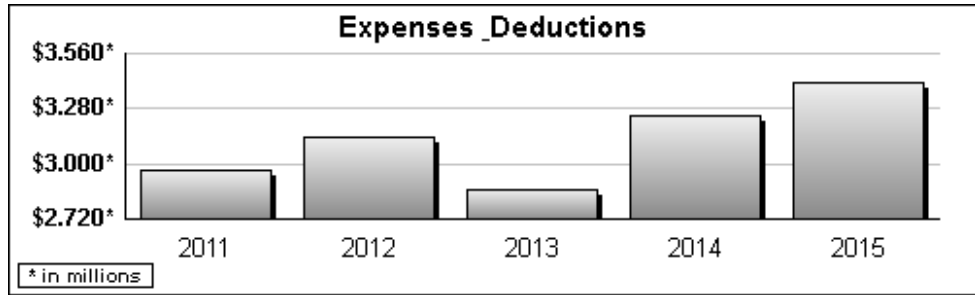
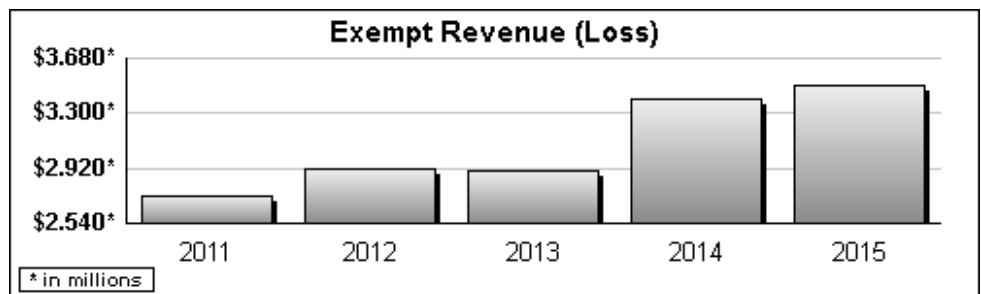
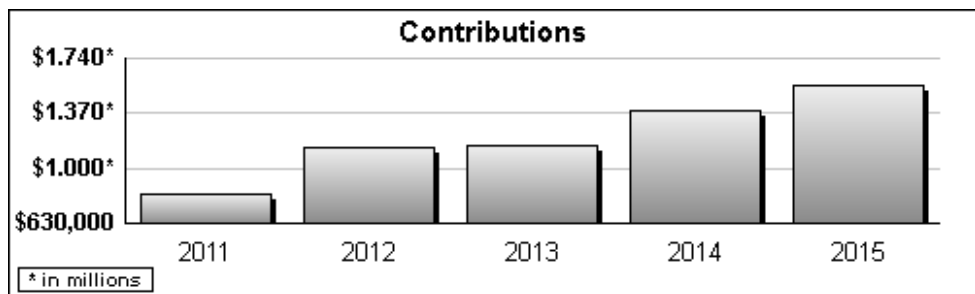
	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	821,369	1,140,944	1,155,283	1,386,122	1,553,410	
Membership dues						
Program service revenue	1,865,398	1,749,068	1,737,813	1,989,317	1,883,328	
Capital gain or loss	-9,915	-2,335	-1,048		-2,633	
Investment income	18,825	22,331	13,808	16,612	25,302	
Fundraising revenue (income/loss)	30,390	1,148				
Gaming revenue (income/loss)						
Other revenue	5,284	6,237	2,825	8,279	27,650	
Total revenue	2,731,351	2,917,393	2,908,681	3,400,330	3,487,057	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	1,991,933	2,009,535	1,945,449	2,208,637	2,249,309	
Professional fees	288,400	273,381	234,541	245,789	267,167	
Occupancy costs	90,742	117,953	95,761	112,200	168,308	
Depreciation and depletion	146,616	146,733	139,530	132,129	134,961	
Other expenses	448,290	591,314	448,999	544,062	592,955	
Total expenses	2,965,981	3,138,916	2,864,280	3,242,817	3,412,700	
Excess or (Deficit)	-234,630	-221,523	44,401	157,513	74,357	
Total exempt revenue	2,731,351	2,917,393	2,908,681	3,400,330	3,487,057	
Total unrelated revenue						
Total excludable revenue	1,909,982	1,776,449	1,753,398	2,014,208	1,933,647	
Total Assets	4,708,739	4,508,193	4,533,980	4,858,676	4,950,934	
Total Liabilities	92,328	125,363	142,565	242,639	210,718	
Net Fund Balances	4,616,411	4,382,830	4,391,415	4,616,037	4,740,216	

Form 990T	Tax Return History	2017
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Name	YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.	Employer Identification Number 56-0547476
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	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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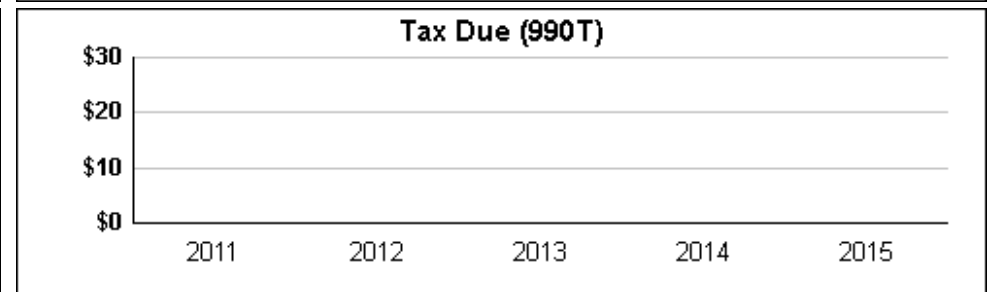
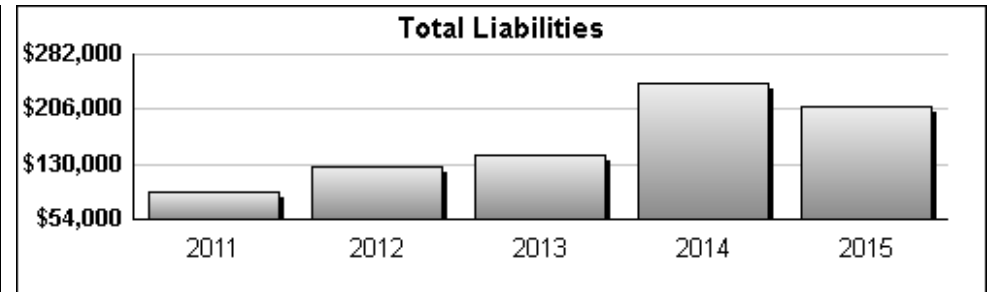
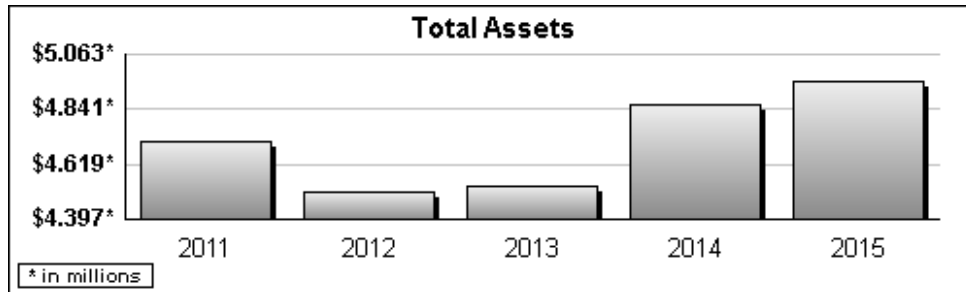
Form 990T	Tax Return History	2017
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Name	YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.	Employer Identification Number 56-0547476
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	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

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Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 25,302		14			
Total	<u>\$ 25,302</u>					

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56-0547476

Federal Statements

FYE: 6/30/2018

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 130,448	\$ 34,862	\$ 83,081	\$ 12,505
	7,910	7,910		
	116,985	116,985		
Total	\$ <u>255,343</u>	\$ <u>159,757</u>	\$ <u>83,081</u>	\$ <u>12,505</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Bank Charges	\$ 37,193	\$	\$ 14,640	\$ 22,553
Dues	20,191	16,234	2,191	1,766
Activities	20,178		2,500	17,678
Equipment lease	3,301	3,301		
Miscellaneous	1,062		1,062	
Total	\$ <u>81,925</u>	\$ <u>19,535</u>	\$ <u>20,393</u>	\$ <u>41,997</u>

Federal Statements

Schedule A, Part III, Line 3(e)

<u>Description</u>	<u>Amount</u>
Merchandise & Vending Machine	\$ 10,269
Total	\$ <u>10,269</u>

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Federal Statements

Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Mission	\$	\$
2016	45,000	11,007
2014	38,000	8,599
2013	38,000	10,373
DHHS		
2014	61,334	31,933
2013	59,154	31,527
NC Dept of Public Health		
2014	65,329	35,928
2013	69,584	41,957
Buncombe County Dept of Health		
2016	61,325	27,332
2014	61,325	31,924
2013	55,668	28,041
Sisters of Mercy		
2014	35,000	5,599
Buncombe County		
2016	75,000	41,007
2014	62,500	33,099
Lamb Estate		
2014	34,110	4,709
AB Tech		
2016	50,000	16,007
Cannon Foundation		
2016	35,000	1,007
Amy Mandel & Katina Rodis Fund		
2016	47,462	13,469
Family Justice Center		
2016	58,892	24,899
Total	\$ <u>952,683</u>	\$ <u>398,417</u>

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56-0547476

Federal Statements

FYE: 6/30/2018

Schedule A, Part III, Line 11

Description	Amount
Insurance Proceeds	\$ 17,073
Miscellaneous	308
Less: Deductions	-1,000
Total	\$ <u>16,381</u>

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