

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

November 20, 2017

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 2016, or tax year beginning **07/01/16** , and ending **06/30/17**

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

Net Asset / Fund Balance at Beginning of Year 4,391,415

Revenue

Contributions	<u>1,386,122</u>	
Program service revenue	<u>1,989,317</u>	
Investment income	<u>16,612</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>8,279</u>	
Total revenue		<u>3,400,330</u>

Expenses

Program services	<u>2,759,648</u>	
Management and general	<u>213,358</u>	
Fundraising	<u>269,811</u>	
Total expenses		<u>3,242,817</u>
Excess / (deficit)		<u>157,513</u>

Changes 67,109

Net Asset / Fund Balance at End of Year 4,616,037

Reconciliation of Revenue

Total revenue per financial statements	<u>3,467,439</u>
Less:	
Unrealized gains	<u>67,109</u>
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>3,400,330</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>3,242,817</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>3,242,817</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>4,533,980</u>	<u>4,858,676</u>	
Liabilities	<u>142,565</u>	<u>242,639</u>	
Net assets	<u>4,391,415</u>	<u>4,616,037</u>	<u>224,622</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/18
 Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 20 17

2016

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

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 1 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	<u>3,400,330</u>
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 2016 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 2016 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 2016 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 } 11/16/17

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 2016 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 } 11/16/17

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** (2016)

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.		D Employer identification number 56-0547476
	Doing business as 185 S French Broad Ave		E Telephone number 828-254-7206
	Number and street (or P.O. box if mail is not delivered to street address) City or town, state or province, country, and ZIP or foreign postal code Asheville NC 28801		G Gross receipts \$ 3,400,330
	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: u www.ywcaofasheville.org H(c) Group exemption number u			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u			L Year of formation: 1907 M State of legal domicile: NC

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)	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	16
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	155
	6 Total number of volunteers (estimate if necessary)	104
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,155,283 Current Year: 1,386,122
	9 Program service revenue (Part VIII, line 2g)	1,737,813 1,989,317
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,760 16,612
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,825 8,279
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,908,681 3,400,330
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	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)	1,945,449 2,208,637
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 269,811	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	918,831 1,034,180
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,864,280 3,242,817	
19 Revenue less expenses. Subtract line 18 from line 12	44,401 157,513	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 4,533,980 End of Year: 4,858,676
	21 Total liabilities (Part X, line 26)	142,565 242,639
	22 Net assets or fund balances. Subtract line 21 from line 20	4,391,415 4,616,037

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	Date			
	Beth Maczka Type or print name and title	CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Amy B Sullivan	Amy B Sullivan	11/20/17	<input checked="" type="checkbox"/>	P00732660
	Firm's name } Sullivan & Sullivan PLLC	Firm's EIN } 20-4142945			
Firm's address } 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 \$ **1,470,468** including grants of \$) (Revenue \$ **1,368,306**)

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 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 child show that the youngest are reaching the early developmental benchmarks, and the oldest are ready for kindergarten.

4b (Code:) (Expenses \$ **421,735** including grants of \$) (Revenue \$ **62,531**)

Empowering Women - The YWCA 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 2017, 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 10 years, 95% of the Mother Love participants have graduated from high school.

4c (Code:) (Expenses \$ **867,445** including grants of \$) (Revenue \$ **555,802**)

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 2,759,648**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		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, Parts 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.	16	
b	Enter the number of voting members included in line 1a, above, who are independent	16	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
b	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?	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
b	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** **828-254-7206**
Asheville **NC 28801**

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 Treasurer	0.00 0.00	X						0	0	0
(2) Lu Young Director	0.00 0.00	X						0	0	0
(3) Lyndia Chiles President	0.00 0.00	X		X				0	0	0
(4) Cameron Raley 2nd Vice President	0.00 0.00	X		X				0	0	0
(5) Marian Arledge Secretary	0.00 0.00	X		X				0	0	0
(6) Laurie Stradley Director	0.00 0.00	X						0	0	0
(7) Heidi Reiber 1st Vice President	0.00 0.00	X		X				0	0	0
(8) Jesica Gaskin Director	0.00 0.00	X						0	0	0
(9) Viola Spells Director	0.00 0.00	X						0	0	0
(10) Becky Stone Director	0.00 0.00	X						0	0	0
(11) Muriel Singer Director	0.00 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 Director	0.00 0.00	X						0	0	0
(13) Cathleen Adams Director	0.00 0.00	X						0	0	0
(14) Kendall Oliver Director	0.00 0.00	X						0	0	0
(15) Nona Workman Director	0.00 0.00	X						0	0	0
(16) Wendy Haner Director	0.00 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)										

Client Copy

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	247,336				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,138,786				
	g Noncash contributions included in lines 1a-1f: \$		39,691				
	h Total. Add lines 1a-1f	u	1,386,122				
Program Service Revenue	2a Program Service Revenue	Busn. Code	1,986,639	1,986,639			
	b Rentals		2,678			2,678	
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	1,989,317				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	16,612			16,612	
	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.						
	c Gain or (loss)						
	d Net gain or (loss)	u					
	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 Miscellaneous Income			8,279			8,279	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		8,279				
12 Total revenue. See instructions.	u		3,400,330	1,986,639	0	27,569	

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	1,767,905	1,586,374	41,884	139,647
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	278,430	248,975	7,422	22,033
10 Payroll taxes	162,302	145,453	3,040	13,809
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,029	8,637	2,392	
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.)	234,760	143,960	67,549	23,251
12 Advertising and promotion	32,069	25,067		7,002
13 Office expenses	99,029	84,401	13,204	1,424
14 Information technology				
15 Royalties				
16 Occupancy	112,200	90,202	16,086	5,912
17 Travel	10,377	9,935	392	50
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	132,129	122,918	6,715	2,496
23 Insurance	50,507	45,923	2,735	1,849
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	89,008	86,042		2,966
b Program Activities	65,677	65,677		
c Training	51,720	33,418	10,696	7,606
d Equipment Repairs & Maint	33,818	31,312	2,005	501
e All other expenses	111,857	31,354	39,238	41,265
25 Total functional expenses. Add lines 1 through 24e	3,242,817	2,759,648	213,358	269,811
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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	417,545	1	292,817
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	221,139	3	284,945
	4	Accounts receivable, net	75,812	4	74,321
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,007	9	29,150
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,685,113		
	b	Less: accumulated depreciation	10b 2,674,387	10c	3,010,726
	11	Investments—publicly traded securities	794,119	11	1,166,717
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,533,980	16	4,858,676	
Liabilities	17	Accounts payable and accrued expenses	88,742	17	158,798
	18	Grants payable		18	
	19	Deferred revenue	6,248	19	7,559
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	47,575	25	76,282
	26	Total liabilities. Add lines 17 through 25	142,565	26	242,639
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	3,960,340	27	4,168,825
	28	Temporarily restricted net assets	89,712	28	105,849
	29	Permanently restricted net assets	341,363	29	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		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,391,415	33	4,616,037	
34	Total liabilities and net assets/fund balances	4,533,980	34	4,858,676	

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	3,400,330
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,242,817
3	Revenue less expenses. Subtract line 2 from line 1	3	157,513
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,391,415
5	Net unrealized gains (losses) on investments	5	67,109
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	4,616,037

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)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2016. 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

b 33 1/3% support test—2015. 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

17a 10%-facts-and-circumstances test—2016. 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

b 10%-facts-and-circumstances test—2015. 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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	892,913	821,369	1,140,944	1,155,283	1,386,122	5,396,631
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	1,796,074	1,856,296	1,743,015	1,737,813	1,986,639	9,119,837
3 Gross receipts from activities that are not an unrelated trade or business under section 513	62,302	52,844	22,526			137,672
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	2,751,289	2,730,509	2,906,485	2,893,096	3,372,761	14,654,140
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	178,806	111,898	151,791		134,728	577,223
c Add lines 7a and 7b	178,806	111,898	151,791		134,728	577,223
8 Public support. (Subtract line 7c from line 6.)						14,076,917

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	2,751,289	2,730,509	2,906,485	2,893,096	3,372,761	14,654,140
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,922	27,927	28,384	19,965	19,290	121,488
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	25,922	27,927	28,384	19,965	19,290	121,488
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	5,192	4,284	5,237	1,825	7,279	23,817
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.)	2,782,403	2,762,720	2,940,106	2,914,886	3,399,330	14,799,445
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	95.12 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	94.67 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	1 %

- 19a 33 1/3% support tests—2016.** 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—2015.** 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 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
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. <i>Answer (a) and (b) below.</i>		
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. <i>Answer (a) and (b) below.</i>		
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 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 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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

2016

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <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 |
| Form 990-PF | <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

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		\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 47,462	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 189,431	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 35,000	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

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	\$ 45,000	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

2016

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) \$
- 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 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 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 \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 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)				

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

Schedule C (Form 990 or 990-EZ) 2016

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"> <thead> <tr> <th>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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	299,422	1,000,000			1,299,422
b Lobbying ceiling amount (150% of line 2a, column(e))					1,949,133
c Total lobbying expenditures				0	
d Grassroots nontaxable amount	74,856	250,000			324,856
e Grassroots ceiling amount (150% of line 2d, column (e))					487,284
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 II-A, Explanation of Four Year Averaging

No lobbying actiity in 2015 or 2016

Part IV Supplemental Information *(continued)*

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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 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.

Employer identification number

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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	627,058	735,470	723,965	629,790	576,412
b Contributions		750	10,250	2,365	2,485
c Net investment earnings, gains, and losses	87,373	-24,582	9,218	97,688	63,342
d Grants or scholarships		78,860	2,500		
e Other expenditures for facilities and programs					
f Administrative expenses	6,028	5,720	5,464	5,878	12,450
g End of year balance	708,403	627,058	735,470	723,965	629,790

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 36.87 %
 - b** Permanent endowment **u** 48.19 %
 - c** Temporarily restricted endowment **u** 14.94 %
- 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? Yes No
- 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		4,761,919	1,938,196	2,823,723
c Leasehold improvements				
d Equipment		796,479	714,103	82,376
e Other		43,715	22,088	21,627
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	3,010,726

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	47,306
(3) Obligations Under Capital Lease	28,976
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	76,282

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

2016

**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 Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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	8	2,315	FMV
26 Other u (Capital Assets)	X	2	37,376	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**

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

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

Employer identification number

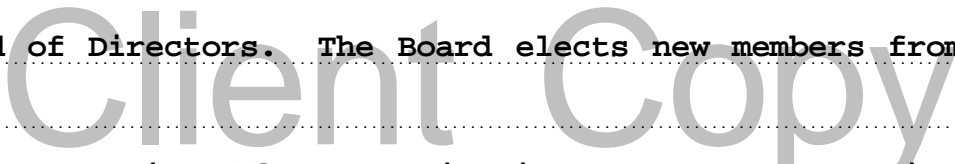
56-0547476

Form 990, Part III, Line 4a - First Accomplishment

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.

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

Name of the organization

Employer identification number

YWCA OF ASHEVILLE AND WESTERN NORTH

56-0547476

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

Financial statements are available on the Organization's website.

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Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2016

Department of the Treasury
Internal Revenue Service (99)

u **Attach to your tax return.**
u **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

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	500,000
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	2,010,000
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 2015 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 2017. 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	132,121

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 2016	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"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2016 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			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2016 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	132,121
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** (2016)

Asset	Description	Date In Service	Cost	Bus %	Sec 179	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	2,678	88
4	Building	1/01/75	512,024			512,024	50	MO S/L	429,581	10,240
5	Building	1/01/75	1,760			1,760	50	MO S/L	1,424	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	5,906	181
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	928,165	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	390	29
79	Fitness Center Wiring	6/11/03	795			795	15	MO S/L	693	53
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	5,839	422
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	354	28
97	Parking Lot	7/01/03	698			698	30	MO S/L	303	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	2,718	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	1,038	107
122	Daycare - 8 Burner Range	1/23/07	3,550			3,550	10	MO S/L	3,343	207

YWCA YWCA OF ASHEVILLE AND WESTERN NORTH

56-0547476

Federal Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
123	Education Room Costs	1/31/08	8,928			8,928	15 MO S/L	5,010	595
124	Tile Floor Women's Locker	12/31/07	58,102			58,102	15 MO S/L	32,925	3,873
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	238	28
129	Moving Donated Lobby Furn	3/31/08	750			750	15 MO S/L	413	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	22,298	2,847
136	Cycling Studio Renovations	11/30/08	3,225			3,225	15 MO S/L	1,630	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
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	849	21
148	Commercial Dishwasher	8/31/09	6,328			6,328	7 MO S/L	6,177	151
149	Spray Hose-Prerinse	11/30/09	503			503	7 MO S/L	473	30
150	Bookcases (2)	3/31/10	536			536	7 MO S/L	479	57
151	Recumbent Stepper	3/31/10	4,952			4,952	7 MO S/L	4,421	531
152	Desk, Shelving, Rack	3/31/10	780			780	7 MO S/L	696	84
153	Projector Case	3/31/10	559			559	7 MO S/L	499	60
154	Vac-Alert Drain Plug-01	6/30/10	1,340			1,340	7 MO S/L	1,149	191
155	Hand Dryers (13)	5/31/10	7,705			7,705	7 MO S/L	6,696	1,009
157	2 Angeles 6 Seat Buggy	6/30/10	1,909			1,909	7 MO S/L	1,636	273
158	Bar Storage Rack	6/30/10	563			563	7 MO S/L	483	80
159	Treadmill (Capital Lease)	3/01/10	6,645			6,645	7 MO S/L	6,012	633
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	864	152
164	Camera-Lobby	10/31/10	634			634	7 MO S/L	513	90
165	Lobby Bench	12/31/10	735			735	7 MO S/L	578	105
166	Water Bottle Refill Unit	2/28/11	1,875			1,875	7 MO S/L	1,429	268
168	AED Package	2/22/11	2,433			2,433	7 MO S/L	1,854	347
169	Water Cooler	9/28/10	707			707	7 MO S/L	581	101
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	6,164	1,057
181	Seal/strip Parking Lots	5/31/11	8,532			8,532	15 MO S/L	2,891	569
182	Stair Retread	12/31/10	3,300			3,300	15 MO S/L	1,210	220
183	Air Handling Unit - Gym	2/28/11	4,610			4,610	15 MO S/L	1,639	307
184	HVAC System - Studio/Gym	6/30/11	24,317			24,317	30 MO S/L	4,053	810
185	Treadmill Landice L9	6/06/12	4,545			4,545	7 MO S/L	2,651	650
186	3-Big 8 Cubbies Storage	6/26/12	897			897	7 MO S/L	513	128
187	3-Ash Mini See Thru Storage	6/25/12	552			552	7 MO S/L	315	79
188	3-See Thru Storage 24" High	6/25/12	528			528	7 MO S/L	302	75
189	iCare Software	10/28/11	870			870	5 MO S/L	812	58
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	1,365	303
192	Office-Aquatics	2/22/12	3,946			3,946	7 MO S/L	2,442	564
193	Roof Membrane	1/31/12	2,421			2,421	15 MO S/L	713	161
194	Carpet - Youth Services	6/06/12	12,790			12,790	15 MO S/L	3,482	852
195	ED Room-DI Child Care	6/18/12	7,602			7,602	15 MO S/L	2,027	507
196	Street Sign	2/27/12	5,466			5,466	10 MO S/L	2,368	547
197	POD (Playground)	4/30/12	6,248			6,248	7 MO S/L	3,719	892

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
199	Work Chair-Maczka	9/30/12	580			580	5 MO S/L	435	116
200	Work Chair-Herman	9/30/12	580			580	5 MO S/L	435	116
201	Work Chair-Hawkins	9/30/12	580			580	5 MO S/L	435	116
202	Lorell Lateral File-5 Drawer-Finance	9/30/12	536			536	5 MO S/L	402	107
203	Diaper Changing Table Combo	8/31/12	1,165			1,165	5 MO S/L	893	233
204	Sproutz 4 Piece Kitchen Set	8/31/12	615			615	5 MO S/L	472	123
205	Couch, Chairs, End Table	9/30/12	592			592	5 MO S/L	444	119
206	Utility Sink	10/31/12	1,200			1,200	5 MO S/L	880	240
207	Vacuum Cleaner	1/31/13	545			545	5 MO S/L	372	109
208	Freezer	2/28/13	1,680			1,680	15 MO S/L	373	112
209	Crib	3/31/13	1,150			1,150	5 MO S/L	748	230
210	Crib	3/31/13	1,080			1,080	5 MO S/L	702	216
211	Swim Suit Extractor	4/30/13	2,031			2,031	5 MO S/L	1,286	406
212	SciFit Recumbent Stepper	4/30/13	4,795			4,795	5 MO S/L	3,037	959
213	Mirrors-Multi Purpose Room	6/01/13	2,902			2,902	5 MO S/L	1,789	581
214	Legacy Tiles	9/30/12	3,200			3,200	15 MO S/L	800	213
215	Vents, Boards, Pool Area	10/31/12	6,749			6,749	15 MO S/L	1,650	450
216	Acoustical Tiles	1/31/13	6,936			6,936	15 MO S/L	1,580	462
217	Air Handler, Controller, Sensor	2/28/13	5,254			5,254	15 MO S/L	1,168	350
218	Steps to Roof	4/30/13	1,000			1,000	15 MO S/L	211	67
219	Handicapped Door Access	5/01/13	6,995			6,995	15 MO S/L	1,477	466
220	Roof Renovations	6/26/13	10,800			10,800	15 MO S/L	2,160	720
221	Cordless Microphone	7/31/12	515			515	5 MO S/L	403	103
222	Ceiling Fans	8/26/13	6,685			6,685	15 MO S/L	1,263	445
223	Compressor, Lobby	8/01/13	855			855	15 MO S/L	166	57
224	Pool Renovations	9/01/13	59,843			59,843	15 MO S/L	11,304	3,989
225	HVAC Controller	1/01/14	2,800			2,800	15 MO S/L	467	186
226	Heat Exchanger	1/01/14	2,400			2,400	15 MO S/L	400	160
227	Window Tinting	5/01/14	1,010			1,010	7 MO S/L	313	144
228	Computer-Communications	10/01/13	579			579	7 MO S/L	227	83
229	Pool Lift Chair	11/01/13	5,577			5,577	7 MO S/L	2,125	796
230	2 Cribs	11/01/13	1,080			1,080	5 MO S/L	576	216
231	Milk Cooler	5/01/14	2,569			2,569	7 MO S/L	795	367
232	Pool Pump	5/01/14	4,593			4,593	15 MO S/L	663	307
233	Schwinn Sports Bike	6/01/14	1,199			1,199	7 MO S/L	357	171
234	Cubbies-Youth Services	6/30/14	9,807			9,807	7 MO S/L	2,802	1,401
236	Washer/Dryer	7/31/14	3,498			3,498	7 MO S/L	958	499
237	Computer	9/01/14	523			523	7 MO S/L	137	75
238	Computer-Motherlove	10/31/14	523			523	7 MO S/L	124	75
239	Computer-Operations	8/01/14	523			523	7 MO S/L	143	75
240	Computer-Finance2	8/01/14	523			523	7 MO S/L	143	75
241	Computer-Admin	8/01/14	523			523	7 MO S/L	143	75
242	IPAD-Membership	8/12/14	537			537	7 MO S/L	147	77
243	IPAD-Guest Services	8/12/14	537			537	7 MO S/L	147	77
244	IPAD-Advancement	8/12/14	537			537	7 MO S/L	147	77
245	IPAD-Operations	8/12/14	537			537	7 MO S/L	147	77
246	IPAD-Communications	8/12/14	537			537	7 MO S/L	147	77
247	IPAD Mini-Motherlove	8/12/14	567			567	7 MO S/L	155	81
248	Covered Walkway	9/01/14	14,520			14,520	30 MO S/L	887	484
249	Daxko	10/01/14	13,091			13,091	7 MO S/L	3,273	1,870
250	Renovations-Lobby	12/01/14	76,378			76,378	30 MO S/L	4,031	2,546
251	Weights-Club W	1/06/15	2,288			2,288	7 MO S/L	490	327
252	Computer-Technology	1/29/15	514			514	7 MO S/L	104	73
253	Computer-CACFP	1/29/15	514			514	7 MO S/L	104	73
254	Stepup Changing Table	12/12/14	751			751	7 MO S/L	170	107
255	Ice Machine	3/18/15	2,256			2,256	7 MO S/L	403	322
256	Flowmeter	3/26/15	1,219			1,219	7 MO S/L	218	174
257	Circulating Pump-Boiler	6/12/15	1,677			1,677	7 MO S/L	259	240
258	Laptop	8/01/15	524			524	7 MO S/L	69	74
259	Laptop	8/01/15	524			524	7 MO S/L	69	74
260	Laptop	8/01/15	524			524	7 MO S/L	69	74
261	Laptop	8/01/15	524			524	7 MO S/L	69	74
262	Telephone System	8/01/15	5,577			5,577	7 MO S/L	730	797
263	Internet Access Bandwidth	9/01/15	1,250			1,250	7 MO S/L	149	178
264	Fire Alarm Motherboard	11/01/15	4,786			4,786	7 MO S/L	456	684
265	Computer-Adm	12/01/15	959			959	7 MO S/L	80	137
266	Computer-MotherLove	12/01/15	959			959	7 MO S/L	80	137
267	Hot Water Heater	2/01/16	5,486			5,486	15 MO S/L	152	366
268	Precor AMT 100i Crosstrainer	2/01/16	2,680			2,680	7 MO S/L	160	382
269	Precor 846i Upright Bike	2/01/16	1,945			1,945	7 MO S/L	116	278
270	Precor 846i Upright Bike	2/01/16	1,245			1,245	7 MO S/L	74	178

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
271	Concept2 Indoor Rower	2/01/16	795			795	7 MO S/L	47	114
272	Precor/Icarian Flat Bench	2/01/16	595			595	7 MO S/L	35	85
273	Vinyl Letters-Wall	4/01/16	595			595	15 MO S/L	10	40
274	Desk-Finance/HR Coordinator	4/01/16	1,199			1,199	7 MO S/L	43	171
275	Refridgerator	5/01/16	1,700			1,700	7 MO S/L	40	243
276	Advancement Chair	8/29/16	627			627	7 MO S/L	0	75
277	Cabinet Finance	11/18/16	694			694	7 MO S/L	0	58
278	Fitness Equipment-Cap Lease	1/01/17	32,983			32,983	7 MO S/L	0	2,356
279	Eliptical Machine	6/28/17	2,000			2,000	7 MO S/L	0	0
280	Server	3/03/17	2,939			2,939	7 MO S/L	0	140
281	Portable Coding Unit Server	4/19/17	580			580	7 MO S/L	0	14
282	2 Computers Finance	5/19/17	1,021			1,021	7 MO S/L	0	12
283	Renovations ECC Gathering Room	11/02/16	13,280			13,280	15 MO S/L	0	590
284	Hot Water Heaters ELP	7/07/16	1,900			1,900	15 MO S/L	0	127
285	Boiler	10/31/16	31,344			31,344	15 MO S/L	0	1,393
286	PreK Room Renovations	7/07/16	10,587			10,587	15 MO S/L	0	706
287	Heat Exchanger for new boiler	1/18/17	2,118			2,118	7 MO S/L	0	126
288	Boiler Parts for new boiler	3/28/17	1,355			1,355	7 MO S/L	0	48
289	EHS Classroom	1/17/17	37,376			37,376	15 MO S/L	0	1,038
290	Blinds PEP	5/09/17	2,797			2,797	15 MO S/L	0	31
291	ELP Playground Updates	5/02/17	4,888			4,888	15 MO S/L	0	54
Total Other Depreciation			<u>5,685,113</u>			<u>5,685,113</u>		<u>2,542,266</u>	<u>132,121</u>
Total ACRS and Other Depreciation			<u>5,685,113</u>			<u>5,685,113</u>		<u>2,542,266</u>	<u>132,121</u>
Grand Totals			5,685,113			5,685,113		2,542,266	132,121
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>5,685,113</u>			<u>5,685,113</u>		<u>2,542,266</u>	<u>132,121</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
2	Architect	6/01/86	0				0	0	HY	0
4	Building	1/01/75	0				0	0	HY	0
5	Building	1/01/75	0				0	0	HY	0
6	Building	1/01/83	0				0	0	HY	0
7	Building	1/01/84	0				0	0	HY	0
8	Building	1/01/85	0				0	0	HY	0
11	Front Desk	10/16/85	0				0	0	HY	0
13	Boiler	10/22/95	0				0	0	HY	0
14	Piano	9/21/95	0				0	0	HY	0
16	Chain-Link Fence	6/25/97	0				0	0	HY	0
17	New Lights	10/07/97	0				0	0	HY	0
21	HVAC AFTE	6/30/98	0				0	0	HY	0
22	New Lights	6/30/98	0				0	0	HY	0
24	Storage	10/27/98	0				0	0	HY	0
25	Lights-Lo	12/11/98	0				0	0	HY	0
42	Telephone System	4/12/02	0				0	0	HY	0
43	Office Furniture	5/09/02	0				0	0	HY	0
44	Office Furniture For Day	4/05/02	0				0	0	HY	0
46	Sound System - Aerobic Roc	4/08/02	0				0	0	HY	0
47	Cardiovascular Fitness	4/18/02	0				0	0	HY	0
49	Mirrors For Weight Room	5/23/02	0				0	0	HY	0
50	Fitness Equipment - Leg/Arm	5/20/02	0				0	0	HY	0
52	Furniture - WRC	6/06/02	0				0	0	HY	0
55	Day Care Equipment	3/15/02	0				0	0	HY	0
56	After School Equipment	2/11/02	0				0	0	HY	0
59	Child Care Equip	4/05/02	0				0	0	HY	0
60	Day Care Library Books	3/06/02	0				0	0	HY	0
63	Child Care Equipment	6/17/02	0				0	0	HY	0
64	Equipment (Asheville Show)	6/30/02	0				0	0	HY	0
65	Building	10/01/02	0				0	0	HY	0
66	Food Prep Hutch	7/29/02	0				0	0	HY	0
67	Parking Sign	10/30/02	0				0	0	HY	0
68	Hutch Install	9/03/02	0				0	0	HY	0
70	Shelving	8/21/02	0				0	0	HY	0
74	Pool Stairs/Floor Skid PRC	1/01/03	0				0	0	HY	0
75	Jacuzzi Pump	2/03/03	0				0	0	HY	0
76	30 Acrylic Sign Holders	2/20/03	0				0	0	HY	0
77	Trees	3/17/03	0				0	0	HY	0
79	Fitness Center Wiring	6/11/03	0				0	0	HY	0
81	2 Incline Weight Benches	7/01/02	0				0	0	HY	0
82	Music/Speaker System	7/17/02	0				0	0	HY	0
83	Office Furniture For Wom	8/21/02	0				0	0	HY	0
90	TV & Stand (In Kind)	9/06/02	0				0	0	HY	0
95	Signage	12/16/03	0				0	0	HY	0
96	Architectural Services	1/16/04	0				0	0	HY	0
97	Parking Lot	7/01/03	0				0	0	HY	0
98	Donar Tiles	8/01/03	0				0	0	HY	0
99	MiniBus	6/02/05	0				0	0	HY	0
100	MiniBus	6/02/05	0				0	0	HY	0
102	Gathering RM Furniture	4/26/05	0				0	0	HY	0
103	Full Sized Bus	11/09/05	0				0	0	HY	0
104	Full Sized Bus	11/09/05	0				0	0	HY	0
106	Superior Fitness Systems	3/27/06	0				0	0	HY	0
107	Building	7/01/05	0				0	0	HY	0
108	Furniture & Fixtures	7/01/05	0				0	0	HY	0
109	Land	1/01/75	0				0	0	HY	0
110	Fence	1/16/07	0				0	0	HY	0
111	Security Camera	4/30/07	0				0	0	HY	0
113	Lap Top Computer	4/17/07	0				0	0	HY	0
114	Server	4/17/07	0				0	0	HY	0
115	Computers	5/22/07	0				0	0	HY	0
116	Heartstart & Cabinet	2/06/07	0				0	0	HY	0
117	Fitness Equipment	6/14/07	0				0	0	HY	0
118	Refrigerator	6/02/07	0				0	0	HY	0
119	Ergometer/Mat Table	3/20/07	0				0	0	HY	0
120	Circulatory Pump - Boiler	10/23/06	0				0	0	HY	0
122	Daycare - 8 Burner Range	1/23/07	0				0	0	HY	0

YWCA YWCA OF ASHEVILLE AND WESTERN NORTH

56-0547476

AMT Asset Report

FYE: 6/30/2017

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	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
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
197	POD (Playground)	4/30/12	0				0	0	HY	0	0

YWCA YWCA OF ASHEVILLE AND WESTERN NORTH

56-0547476

AMT Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
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
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
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

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
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
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
Total Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Grand Totals			0			0		0	0
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

Client Copy

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</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	87	0
4	Building	1/01/75	512,024	10,241	0
5	Building	1/01/75	1,760	35	0
6	Building	1/01/83	5,115	0	0
7	Building	1/01/84	9,081	182	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	67,503	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	29	0
79	Fitness Center Wiring	6/11/03	795	49	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	71	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	29	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	289	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	108	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	3,874	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	2,847	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
142	3 Schwinn Pro Spin Bikes	5/31/09	1,950	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	51	0
164	Camera-Lobby	10/31/10	634	31	0
165	Lobby Bench	12/31/10	735	52	0
166	Water Bottle Refill Unit	2/28/11	1,875	178	0
168	AED Package	2/22/11	2,433	232	0
169	Water Cooler	9/28/10	707	25	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	176	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	308	0
184	HVAC System - Studio/Gym	6/30/11	24,317	811	0
185	Treadmill Landice L9	6/06/12	4,545	649	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	75	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	304	0
192	Office-Aquatics	2/22/12	3,946	564	0
193	Roof Membrane	1/31/12	2,421	162	0
194	Carpet - Youth Services	6/06/12	12,790	853	0
195	ED Room-DI Child Care	6/18/12	7,602	507	0
196	Street Sign	2/27/12	5,466	547	0

Asset	Description	Date In Service	Cost	Tax	AMT
197	POD (Playground)	4/30/12	6,248	893	0
199	Work Chair-Maczka	9/30/12	580	29	0
200	Work Chair-Herman	9/30/12	580	29	0
201	Work Chair-Hawkins	9/30/12	580	29	0
202	Lorell Lateral File-5 Drawer-Finance	9/30/12	536	27	0
203	Diaper Changing Table Combo	8/31/12	1,165	39	0
204	Sproutz 4 Piece Kitchen Set	8/31/12	615	20	0
205	Couch, Chairs, End Table	9/30/12	592	29	0
206	Utility Sink	10/31/12	1,200	80	0
207	Vacuum Cleaner	1/31/13	545	64	0
208	Freezer	2/28/13	1,680	112	0
209	Crib	3/31/13	1,150	172	0
210	Crib	3/31/13	1,080	162	0
211	Swim Suit Extractor	4/30/13	2,031	339	0
212	SciFit Recumbent Stepper	4/30/13	4,795	799	0
213	Mirrors-Multi Purpose Room	6/01/13	2,902	532	0
214	Legacy Tiles	9/30/12	3,200	214	0
215	Vents, Boards, Pool Area	10/31/12	6,749	450	0
216	Acoustical Tiles	1/31/13	6,936	463	0
217	Air Handler, Controller, Sensor	2/28/13	5,254	350	0
218	Steps to Roof	4/30/13	1,000	66	0
219	Handicapped Door Access	5/01/13	6,995	466	0
220	Roof Renovations	6/26/13	10,800	720	0
221	Cordless Microphone	7/31/12	515	9	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	3,990	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	144	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	216	0
231	Milk Cooler	5/01/14	2,569	367	0
232	Pool Pump	5/01/14	4,593	306	0
233	Schwinn Sports Bike	6/01/14	1,199	171	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	74	0
238	Computer-Motherlove	10/31/14	523	75	0
239	Computer-Operations	8/01/14	523	75	0
240	Computer-Finance2	8/01/14	523	75	0
241	Computer-Admin	8/01/14	523	75	0
242	IPAD-Membership	8/12/14	537	76	0
243	IPAD-Guest Services	8/12/14	537	76	0
244	IPAD-Advancement	8/12/14	537	76	0
245	IPAD-Operations	8/12/14	537	76	0
246	IPAD-Communications	8/12/14	537	76	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	74	0
253	Computer-CACFP	1/29/15	514	74	0
254	Stepup Changing Table	12/12/14	751	108	0
255	Ice Machine	3/18/15	2,256	323	0
256	Flowmeter	3/26/15	1,219	174	0
257	Circulating Pump-Boiler	6/12/15	1,677	239	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	797	0
263	Internet Access Bandwidth	9/01/15	1,250	179	0
264	Fire Alarm Motherboard	11/01/15	4,786	683	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	277	0

Asset	Description	Date In Service	Cost	Tax	AMT
270	Precor 846i Upright Bike	2/01/16	1,245	178	0
271	Concept2 Indoor Rower	2/01/16	795	113	0
272	Precor/Icarian Flat Bench	2/01/16	595	85	0
273	Vinyl Letters-Wall	4/01/16	595	39	0
274	Desk-Finance/HR Coordinator	4/01/16	1,199	171	0
275	Refridgerator	5/01/16	1,700	243	0
276	Advancement Chair	8/29/16	627	89	0
277	Cabinet Finance	11/18/16	694	99	0
278	Fitness Equipment-Cap Lease	1/01/17	32,983	4,712	0
279	Eliptical Machine	6/28/17	2,000	286	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	886	0
284	Hot Water Heaters ELP	7/07/16	1,900	126	0
285	Boiler	10/31/16	31,344	2,090	0
286	PreK Room Renovations	7/07/16	10,587	706	0
287	Heat Exchanger for new boiler	1/18/17	2,118	303	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	187	0
291	ELP Playground Updates	5/02/17	4,888	326	0
	Total Other Depreciation		<u>5,685,113</u>	<u>131,981</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>5,685,113</u>	<u>131,981</u>	<u>0</u>
	Grand Totals		<u>5,685,113</u>	<u>131,981</u>	<u>0</u>

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Form 990		Two Year Comparison Report		2015 & 2016
Name		For calendar year 2016, or tax year beginning 07/01/16 , ending 06/30/17		Taxpayer Identification Number
YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.				56-0547476
		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	1. 878,430	1,138,786	260,356
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 276,853	247,336	-29,517
	4. Program service revenue	4. 1,737,813	1,989,317	251,504
	5. Investment income	5. 13,808	16,612	2,804
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -1,048		1,048
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 2,825	8,279	5,454
	12. Total revenue. Add lines 1 through 11	12. 2,908,681	3,400,330	491,649
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 1,945,449	2,208,637	263,188
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 234,541	245,789	11,248
	19. Occupancy, rent, utilities, and maintenance	19. 95,761	112,200	16,439
	20. Depreciation and Depletion	20. 139,530	132,129	-7,401
	21. Other expenses	21. 448,999	544,062	95,063
	22. Total expenses. Add lines 13 through 21	22. 2,864,280	3,242,817	378,537
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 44,401	157,513	113,112
Other Information	24. Total exempt revenue	24. 2,908,681	3,400,330	491,649
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 1,753,398	2,014,208	260,810
	27. Total assets	27. 4,533,980	4,858,676	324,696
	28. Total liabilities	28. 142,565	242,639	100,074
	29. Retained earnings	29. 4,391,415	4,616,037	224,622
	30. Number of voting members of governing body	30. 16	16	
	31. Number of independent voting members of governing body	31. 16	16	
	32. Number of employees	32. 150	155	
	33. Number of volunteers	33. 96	104	

Form 990	Tax Return History	2016
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Name YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.	Employer Identification Number 56-0547476
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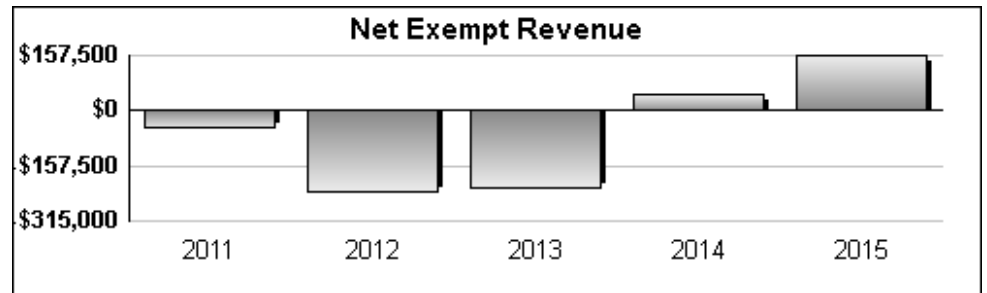
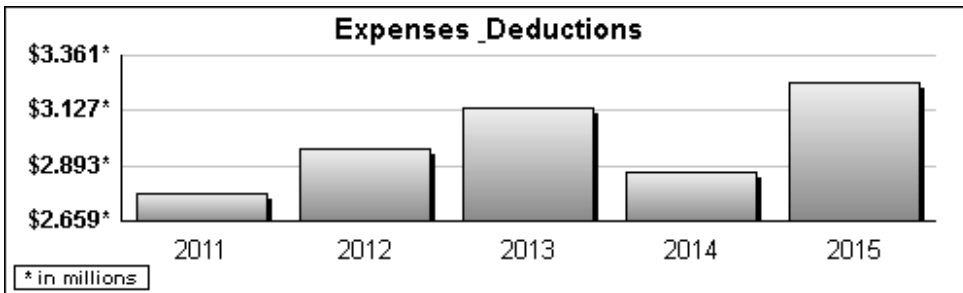
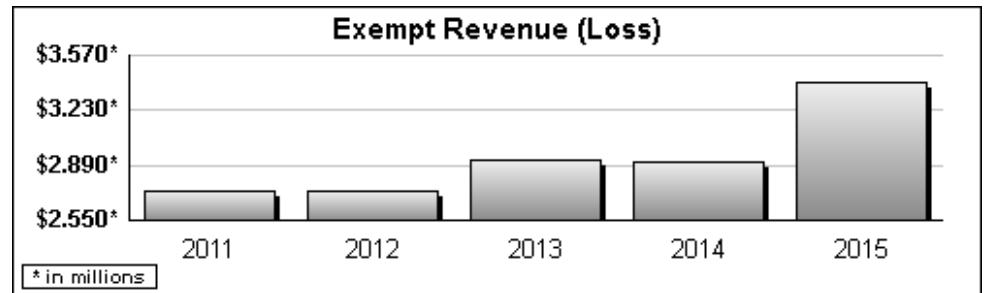
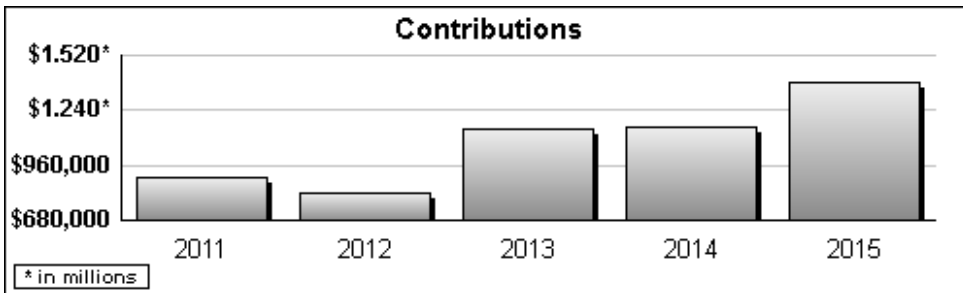
	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants	892,913	821,369	1,140,944	1,155,283	1,386,122	
Membership dues						
Program service revenue	1,808,695	1,865,398	1,749,068	1,737,813	1,989,317	
Capital gain or loss	1,825	-9,915	-2,335	-1,048		
Investment income	13,301	18,825	22,331	13,808	16,612	
Fundraising revenue (income/loss)	3,145	30,390	1,148			
Gaming revenue (income/loss)						
Other revenue	6,192	5,284	6,237	2,825	8,279	
Total revenue	2,726,071	2,731,351	2,917,393	2,908,681	3,400,330	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	1,905,011	1,991,933	2,009,535	1,945,449	2,208,637	
Professional fees		288,400	273,381	234,541	245,789	
Occupancy costs	94,337	90,742	117,953	95,761	112,200	
Depreciation and depletion	168,226	146,616	146,733	139,530	132,129	
Other expenses	608,777	448,290	591,314	448,999	544,062	
Total expenses	2,776,351	2,965,981	3,138,916	2,864,280	3,242,817	
Excess or (Deficit)	-50,280	-234,630	-221,523	44,401	157,513	
Total exempt revenue	2,726,071	2,731,351	2,917,393	2,908,681	3,400,330	
Total unrelated revenue						
Total excludable revenue	2,726,071	1,909,982	1,776,449	1,753,398	2,014,208	
Total Assets	4,846,442	4,708,739	4,508,193	4,533,980	4,858,676	
Total Liabilities	103,478	92,328	125,363	142,565	242,639	
Net Fund Balances	4,742,964	4,616,411	4,382,830	4,391,415	4,616,037	

Form 990T	Tax Return History	2016
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Name YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.	Employer Identification Number 56-0547476
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	2012	2013	2014	2015	2016	2017
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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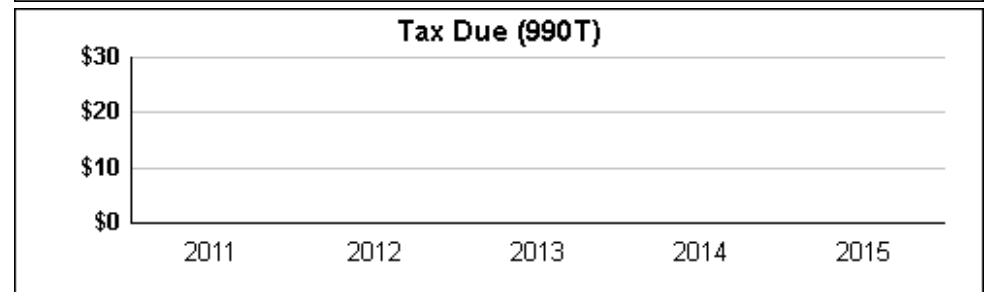
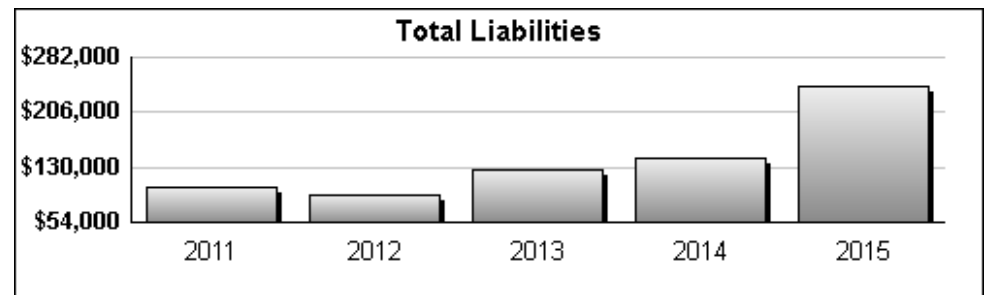
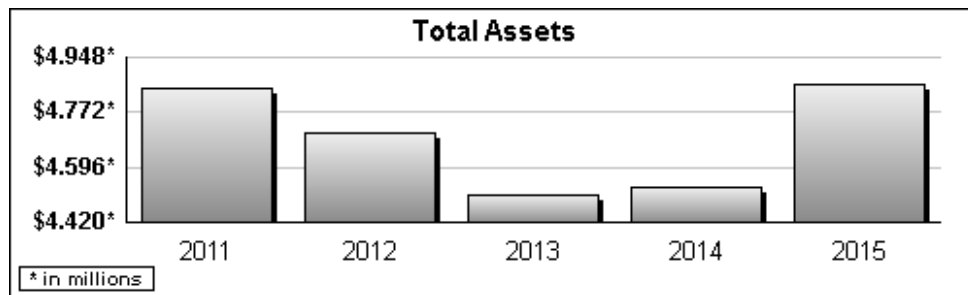
Form 990T	Tax Return History	2016
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Name	YWCA OF ASHEVILLE AND WESTERN NORTH CAROLINA, INC.	Employer Identification Number 56-0547476
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	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction	1,000	1,000				
Income after expense and deductions	-1,000	-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>
	\$ 16,612		14			
Total	\$ <u>16,612</u>					

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56-0547476

Federal Statements

FYE: 6/30/2017

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 116,167	\$ 25,367	\$ 67,549	\$ 23,251
	7,432	7,432		
	111,161	111,161		
Total	\$ <u>234,760</u>	\$ <u>143,960</u>	\$ <u>67,549</u>	\$ <u>23,251</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Bank Charges	\$ 28,785	\$	\$ 16,765	\$ 12,020
Printing	26,291	10,848	4,503	10,940
Dues	20,839	16,591	2,120	2,128
Activities	16,908		1,642	15,266
Bad debt	10,993		10,993	
Postage	4,330	2,025	1,394	911
Miscellaneous	2,271	450	1,821	
Equipment lease	1,440	1,440		
Total	\$ <u>111,857</u>	\$ <u>31,354</u>	\$ <u>39,238</u>	\$ <u>41,265</u>

56-0547476

Federal Statements

FYE: 6/30/2017

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
Government Grants or Contributions	\$ 247,336
Contributions	1,099,095
Supplies	2,315
Capital Assets	37,376
Total	<u>\$ 1,386,122</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
Program Service Revenue	\$ 1,986,639
Merchandise Sales	
Total	<u>\$ 1,986,639</u>

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Federal Statements

FYE: 6/30/2017

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
2012	52,500	24,676
DHHS		
2014	61,334	31,933
2013	59,154	31,527
2012	59,345	31,521
NC Dept of Admin		
2012	50,859	23,035
NC Dept of Public Health		
2014	65,329	35,928
2013	69,584	41,957
2012	60,866	33,042
Buncombe County Dept of Health		
2016	61,325	27,332
2014	61,325	31,924
2013	55,668	28,041
2012	45,728	17,904
Sisters of Mercy		
2014	35,000	5,599
2012	35,000	7,176
D Wortham		
2012	50,000	22,176
CFWNC		
2012	47,100	19,276
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>1,354,081</u>	\$ <u>577,223</u>

56-0547476

Federal Statements

FYE: 6/30/2017

Schedule A, Part III, Line 10a(e)

Description	Amount
Rentals	\$ 16,612
	2,678
Total	\$ <u>19,290</u>

Schedule A, Part III, Line 11

Description	Amount
Miscellaneous Income	\$ 8,279
Less: Deductions	-1,000
Total	\$ <u>7,279</u>

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