000 7			_ •					arr		OMB No 1545-0047
Form 990-T		•	nd proxy tax	under s	section	on 6033(e))	ax Re	turn		2019
Department of the Treasury	For cal	endar year 2019 or other tax	r year beginning <i>rs gov/Form</i> 9907 f	for instru		and ending	nformatic	ממ	0200	n to Public Inspection for
Internal Revenue Service	▶ Do	not enter SSN number	s on this form as i	it may be	made	public if your o	rganizati	on is a 501(c)(3)		(c)(3) Organizations Only
A Check box if address changed B Exempt under section								D Employer idea (Employees' tru		
X 501(C)(Ø 3)	Print	WAPAKONETA	A FAMILY	YMCA						
408(e) 220(e)	or	Number, street, and room or	•		ns			31-15	68	31 <u>5</u>
408A 530(a)	Туре	1100 DEFIA						E Unrelated bus		activity code
529(a)		City or town, state or provi		or foreign po				(See instructio	ns }	
C Book value of all assets		WAPAKONETA			OH_	45895		1		
at end of year 8,983,187		roup exemption number heck organization type		_		F01/a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	404(a) truet		Otherstown
H Enter the number of the						501(c		401(a) trust rst) unrelated trad		Other trust
► NONE	Organiza	ation's differated trade.	s of businesses			Describe the o	iny (Oi in	si, umeialeu trau		ly one, complete
Parts I–V If more than o	ne. des	cribe the first in the bla	ank space at the e	end of the	previ	ous sentence.	complete	Parts I and II. co		-
Schedule M for each ad			•			,			,	
I During the tax year, was	the corp	poration a subsidiary in	an affiliated grou	up or a pa	arent-s	ubsidiary cont	rolled gro	oup?	1	Yes No
If "Yes," enter the name	and idei	ntifying number of the	parent corporation	n			_			
J The books are in care of	, , , , ,	OSH LITTLE					Tolo	phone number ▶	<u>.</u>	19-739-9622
		e or Business Inc	come		<u> </u>	(A) Incom		(B) Expenses	<u> </u>	(C) Net
1a Gross receipts or sale		- 0, <u> </u>								
b Less returns and allow			c Balance	>	1c		1			
2 Cost of goods sold (Se	hedule	A, line 7)			2					/
3 Gross profit Subtract	line 2 fro	om line 1c			3_			,	A STATE OF THE PARTY OF THE PAR	
4a Capital gain net incom	•	•			4a					
b Net gain (loss) (Form 479		• •	7)		4b		}			
c Capital loss deduction					4c			- Jakob		
5 Income (loss) from pa statement)	tnership	and S corporation (at	tach		5			p de la companya della companya della companya de la companya della companya dell	{	
6 Rent income (Schedul	e C)	1 LATEUEN	/FD		6	<u> </u>	-/	*** <u>***</u> ********		
7 Unrelated debt-finance		e Schedule E)			7				$\neg \uparrow$	
8 Interest, annuities, royaltie	s, and re	nts from controlled organi	(Allon (Schedule F)		8					
— A la44		/-\/b\ /6\/47\	ation (Schemule G)		9_					
investment income of a second	ıty ıncer	ne (Sohedule)	┰╤┚╩┃		10	/			_	
Tri Advertising income (5	chedule	3)	\mathcal{Q}		11/					
Other income (See ins		•		/	12		0		\dashv	
Part II Deductio		1 Taken Elsewher	e (Soo instrue	tions fo	13	tations on d		ns) (Deduction	\	nust be directly
connected	with t	he unrelated busir	ness income /				·			inust be directly
14 Compensation of office	ers, direc	ctors, and trustees (Sc	chedule K)						14	
15 Salaries and wages		•						-	15	
Repairs and maintena	nce							-	16	
17 Bad debts 18 Interest (attach sched)	ılo) (coo	unstructions)						<u> </u> -	17 18	
18 Interest (attach schedu 19 Taxes and licenses	iie) (see	instructions)						<u> </u>	19	
20 Depreciation (attach F	orm 456	2)				20	1	ļ-	'	
21 Less depreciation clair			here on return			218			1b	0
22 Depletion						·			22	
23 Contributions to deferr	ed comp	ensation plans						,	23	
24 Employee benefit prog								-	24	
25 Excess exempt expens	/							F-	25	
26 Excess readership cos								-	26	
27 Other deductions (atta								├	27	
28 Total deductions. Add		-	ing loss deduct	n C	ot lin-	20 from 1 1	2	<u> </u>	28	
29 Unrelated business tax30 Deduction for net oper							J	<u> </u>	29	
instructions)	aung 105	s anomy in tax years t	regarding on or at	ici Janua	y 1, 2	.010 (368		ĺ	30	
31 Unrelated business tax	able inc	ome Subtract line 30	from line 29					<u> </u>	31	

DAA For Paperwork Reduction Act Notice, see instructions.

	n 990-T (2019) WAPAKONETA FAMILY YMCA 31-1568315		Page
	art III Total Unrelated Business Taxable income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
۰۵'	Instructions)	32	
33	Amounts paid for disallowed fringes Charitable contributions (see instructions for limitation rules)	33	
34	Character continuations (see metactions for minimation false)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33.		
26		35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see	30	
37	Instructions)	36	
38	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	1,00
39	, , , , , , , , , , , , , , , , , , , ,	/ 200 _	
35	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.	39	ı
P:	art IV Tax Computation		<u></u>
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶ 40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	70	
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	▶ 41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Pa	art V Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
b	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions) 46c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (alt sch)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
51a	Payments A 2018 overpayment credited to 2019	_	
b	2019 estimated tax payments 51b	_	
С	Tax deposited with Form 8868	_	
d	Foreign organizations Tax paid or withheld at source (see instructions) 51d		
е	Backup withholding (see instructions) 51e		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 51g		
52	Total payments Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax. Refunded I	<u> </u>	
	At any time during the 2010 colored room did the proposition have an interest in or a signature or other authority.		Yes No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file		163 141
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of the foreign country		
	here >		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "YES," see instructions for other forms the organization may have to file	trust7	X
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	over á financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of the foreign country		ĺ
	here ▶		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "YES," see instructions for other forms the organization may have to file		
	Fig. 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ì	1

WAPAKONETA, OH 45895-1059

May the IRS discuss this return with the preparer shown below (see instructions)?								
	X	Yes		No				
X #	PTI	N						

	Signature of officer	Date	Title			
	Print/Type preparer's name		Preparer's signature	125	Date	Check X
Paid	PATRICK J BUTLER, CPA		<u>PATRICK J. BUTLÉR, CP</u>	A	10/08/20	self-employe

P00818699 STROH, JOHNSON & COMPANY LLP, CPA'S 1201 DEFIANCE ST Firm's EIN Preparer Firm's name Use Only

34-1454245 419-738-9661 Phone no

Form **990-T** (2019)

		CONETA FAM					<u> 31-1</u>	568315		Page 3	
<u>Schedule A - C</u>	ost of Go	ods Sold. Enter	meth	<u>od of invent</u>	ory valuation	<u>1</u> ▶					
1 Inventory at b	eginning of y	ear 1		6	Inventory at	end of y	ear			6	
2 Purchases		2		7	Cost of goo	ds sold	l. Subtra	act			
3 Cost of labor		3		line 6 from line 5. Enter here and							
4a Additional sec	263A costs			ın Part I, line 2						7_	
(attach schedul	e)	4a		8	Do the rules	of section	on 263 <i>A</i>	(with respect to		Yes No	
 Other costs (attach schedule) 		4b			property produced or acquired for resale) apply						
5 Total Add line					to the organi						
Schedule C – R	lent Incor	ne (From Real F	roper	ty and Per	sonal Prope	erty Le	ased	With Real Prop	ert	y)	
(see instructions	s)									_ 	
1 Description of property											
1) N/A											
2)											
(3)											
4)											
		2 Rent receiv	ed or accr	ued							
(a) From personal	property (if the	percentage of rent		(b) From real a	and personal property	y (if the		3(a) Deductions	direc	tly connected with the income	
for personal pr	operty is more th	an 10% but not		percentage of rent	for personal proper	ty exceeds		ın columns 2	2(a) a	and 2(b) (attach schedule)	
	more than 50%)	'		50% or if the ren	if the rent is based on profit or income)						
1)											
2)						-					
3)											
4)											
Fotal			Total					(b) Total deduction	ns		
	dd totals of	columns 2(a) and 2(b) Enter					Enter here and on pa		1.	
nere and on page 1,			,		•			Part I, line 6, column			
Schedule E – U	nrelated	Debt-Financed	ncom	e (see instru	ictions)						
				I		_		3 Deductions directly of	conn	ected with or allocable to	
4 Doo	acation of dobt t	incomed account.		1	iss income from or tile to debt-financed					ced property	
1 063	cription of debt-	inanced property		allocat	property	Ī	(a) Straight line depreciation			(b) Other deductions	
				property				(attach schedule) (attach s		(attach schedule)	
1) N/A							-				
2)									\neg		
3)											
4)		·									
4 Amount of av	erage	5 Average adjusted l			6 Column					8 Allocable deductions	
acquisition debt allocable to debt-fi		of or allocable to debt-financed prope			4 divided	1		Gross income reportable	- 1	(column 6 x total of columns	
property (attach so		(attach schedule	-	,	by column 5	J	(6	column 2 x column 6)	- }	3(a) and 3(b))	
1)						%					
2)						%			7		
3)						%			\neg		
4)						%			7		
''							Enter	here and on page 1,		Enter here and on page 1,	
						ĺ		I, line 7, column (A)		Part I, line 7, column (B)	
otais ,									l		
	eived dedii	ctions included in co	olumn 8			٠ (<u> </u>	.		
	<i>.</i> 										

Schedule F – Interest, Ann	uities, Royal	ties, and Ren		n Controlle pt Controlle				(see instruc	tions)		
1 Name of controlled منابع organization		2 Employer intification number	3 Net un	related income se instructions)	4 To	ital of sp	ecified	5 Part of column included in the coorganization's gro	ontrolling	6 Deductions directly connected with income in column 5	
(1) N/A								organization's gro		in column 5	
(2)			-								
(3)					, ,						
(4)											
Nonexempt Controlled Organiza	ations										
7 Taxable Income		8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income			1	11 Deductions directly connected with income in column 10	
(1)						L					
(2)											
(3)						ļ					
(4)			L			<u> </u>			ļ <u>.</u>		
Totals						Er		s 5 and 10 id on page 1, column (A)	Ente	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Schedule G - Investment Ir	ncome of a S	ection 501/c	1/71 /91	or (17) O	raaniz	L	1 /soo ir	actructions)	L		
1 Description of income	iconic or u c	2 Amount of in		3 Dec	ductions connected schedule)			4 Set-asides		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A		 		 			<u> </u>				
				 			····		_		
(3)						-					
(4)			-	 		_					
Totals		Enter here and o Part I, line 9, col								ter here and on page 1, art I, line 9, column (B)	
Schedule I - Exploited Exe	mpt Activity	Income, Othe	er Than	Advertisi	ng Inc	ome	(see in	structions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expen directly connected productio unrelate business in	y I with on of ed	4 Net income (I from unrelated to or business (col 2 minus column If a gain, comp cols 5 through	rade umn 3) ute	5 Gross income 6 E:		6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A											
(2)											
(3)											
(4)											
Totals •	Enter here and o page 1 Part I, line 10, col (A)	n Enter here a page 1, Pa	arti,							Enter here and on page 1, Part II, line 25	
Schedule J – Advertising In	come (see in	structions)					*************************************			_1	
Part I Income From P			Conso	lidated Ba	sis						
Name of periodical	2 Gross advertising income	3 Direct advertising	ct	4 Advertising gain or (loss) (c 2 minus col 3) a gain, compucols 5 through	col If		rculation ncome	6 Reac		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

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

2 through 7 on a	iline-by-line bas	IS)				
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	<u> </u>					

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

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

Form **990-T** (2019)