(C)

While	مدرون درماء. هداع الح
8 7:04	6.15.15

0		293	931	8 7 1 -8	7-0.1	<u>9</u> , (5,
Exempt Organization Busine	000		•	ļ	OMB No 1545-0	687
990-T Exempt Organization Busine (and proxy tax under s			Metun	' -		
, , ,				}	2018	}
For calendar year 2018 or other tax year beginning				- •		
Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990T for instru ▶ Do not enter SSN numbers on this form as it may be				(c)(3). Op	en to Public Inspect I(c)(3) Organization	tion for
A Check box if address changed address changed					r identification n	
P Evernt Under costion I YOUNG MENS CHRISTIAN ASSOCIATION C					es' trust, see instru	
Number, street, and room or suite no. If a P.O. box.				,	31-4379594	
☐ 408(e) ☐ 220(e) Type 1907 LEONARD AVE, SUITE 150					business activity	code
408A 530(a) City or town, state or province, country, and ZIP or	foreign	postal code		(See inst	ructions.)	
☐ 529(a) COLUMBUS, OH 43219						
C Book value of all assets at end of year F Group exemption number (See instructions.)						
60,864,230 G Check organization type ► ✓ 501(c) corp				401(a) tru		r trust
H Enter the number of the organization's unrelated trades or business				-	(or first) unrela	
trade or business here ► (SEE STATEMENT) first in the blank space at the end of the previous sentence, com		nly one, complete Pa				
trade or business, then complete Parts III-V.	piete	raits raild ii, com	piete a S	cricuale iv	i ioi eacii add	illiona
During the tax year, was the corporation a subsidiary in an affiliated grou	ID or a	parent-subsidiary co	ntrolled a	roup?	▶ ☐ Yes ि	7 No
If "Yes," enter the name and identifying number of the parent corpo				· ·		
J The books are in care of ► BRADLEY MCCAIN		Telephon	e numbe	r 🕨	(614) 224-113	7
Part I Unrelated Trade or Business Income		(A) Income	(B) Ex	penses	(C) Net	
1a Gross receipts or sales 237,076			•	, .	,	12.
b Less returns and allowances 0 c Balance ▶	1c	237,076				<u> </u>
2 Cost of goods sold (Schedule A, line 7)	2	258,845		1		<u> </u>
3 Gross profit. Subtract line 2 from line 1c	3	(21,769)	-		(21,769)	
4a Capital gain net income (attach Schedule D)	4a	0			0	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0			0	
c Capital loss deduction for trusts	4c	0	7 - U - U	114	0	+
5 Income (loss) from a partnership or an S corporation (attach statement)	6	0		0	0	
6 Rent income (Schedule C)	7	0		0	0	
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	0		0	0	-
9 , Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0	0	+
10 Exploited exempt activity income (Schedule I)	10	0		0	0	
11 Advertising income (Schedule J)	11	0		0	0	
12 Other income (See instructions; attach schedule)	12	0	,		0	
13 Total. Combine lines 3 through 12	13	(21,769)		0	(21,769)	
Part II Deductions Not Taken Elsewhere (See instructions for	lipnta	ations on deductio r	ie.) (Exc	ept for cor	tributions,	
deductions must be directly connected with the unrelated	dbus	siness income.V-				T -
14 Compensation of officers, directors, and trustees (Schedule K)	49		3.0SC	. 14	0	
15 Salaries and wages	4.	JUN 2 6 2019		. <u>15</u>	0	
16 Repairs and maintenance		, 0,911, 2, 0,2910	(A)	. 17	0	
18 Interest (attach schedule) (see instructions)		OCDEN I	 	. 18	0	
19 Taxes and licenses		OGDEN, L	ا ا	. 19	0	
20 Charitable contributions (See instructions for limitation rules) .				. 20	0	
21 Depreciation (attach Form 4562)			1,530			
22 Less depreciation claimed on Schedule A and elsewhere on retu			0	22b	1,530	L
23 Depletion				. 23	0	
24 Contributions to deferred compensation plans					0	
25 Employee benefit programs					0	
26 Excess exempt expenses (Schedule I)					0	<u> </u>
27 Excess readership costs (Schedule J)28 Other deductions (attach schedule)27 Excess readership costs (Schedule J)28 Excess readership costs (Schedule J)29 Excess readership costs (Schedule J)20 Excess readership costs (Schedule J)20 Excess readership costs (Schedule J)21 Excess readership costs (Schedule J)22 Excess readership costs (Schedule J)23 Excess readership costs (Schedule J)24 Excess readership costs (Schedule J)25 Excess readership costs (Schedule J)26 Excess readership costs (Schedule J)27 Excess readership costs (Schedule J)28 Excess readership costs (Schedule J)29 Excess readership costs (Schedule J)20 Excess readership cos				27,	0	
					23,600	<u> </u>
Total deductions. Add lines 14 through 28					25,130	
Unrelated business taxable income before net operating loss ded				ļ 	(46,899)	P (12)
Deduction for net operating loss arising in tax years beginning on or 32 Unrelated business taxable income. Subtract line 31 from line 36					0	
For Paperwork Reduction Act Notice, see instructions.					Form 990-T	(2018)

2018 Return YOUNG MENS CHRISTIAN ASSOCIATION
OF CENTRAL OHIO- 31-4379594

Part	Total Unrelated Business Taxable Income			_ _
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			т
33				. [
	instructions)	33	0	+
34	Amounts paid for disallowed fringes	34	71,524	1
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			1
	instructions)	35	71,524	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			1
	of lines 33 and 34	36	0	J
07				1
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	0	<u>'</u>
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	38	0	<u> </u>
Part I	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			1
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40		1
44		41		
41	Proxy tax. See instructions			
42	Alternative minimum tax (trusts only)	42		ـــ
43	Tax on Noncompliant Facility Income. See instructions	43	0	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0	Ш
Part	V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) . 45a 0			T
b	Other credits (see instructions)	1		
c	General business credit. Attach Form 3800 (see instructions)	1 1		1
		1 1		1
ď	· · · · · · · · · · · · · · · · · · ·	┨・	•	1
е	Total credits. Add lines 45a through 45d	45e	0	
46	Subtract line 45e from line 44	46	0	<u> </u>
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	0	1
48	Total tax. Add lines 46 and 47 (see instructions)	48	0	1
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0	
50a	Payments: A 2017 overpayment credited to 2018			
b	2018 estimated tax payments	1 1		
	25 to communication for paymonts	1 1		1
C	Tax deposited with some of the same of the	4		1
d	Foreign organizations. Tax paid or withheld at source (see instructions) . 50d 0	4		
е	Backup withholding (see instructions)	1 1		1
f	Credit for small employer health insurance premiums (attach Form 8941) . 50f 0]		ļ
g	Other credits, adjustments, and payments: Form 2439 0]		1
_	☐ Form 4136 0 ☐ Other 0 Total ► 50g 0	} }		1
51	Total payments. Add lines 50a through 50g	51	0	Į .
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	0	
_	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			
53		53		+
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	54	0	
55	Enter the amount of line 54 you want	55	0	L
Part \				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or of	ther auth	hority Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for			i
	here ▶	J	- 1	1
E7	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	nan truct	.,	1
57		agn trust	·′ · }	
	If "Yes," see instructions for other forms the organization may have to file.			1
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		0	<u> </u>
٠.	Under penalties of perjuly, decide that I have examined this return, including accompanying schedules and statements, and to the bestrue, correct, and complete Decidention of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my kn	owledge and be	liet, it is
Sign	the, correct, and complete benefation of preparer (other than taxpayer) is based on an information of which preparer has any knowledge	May the	IRS discuss this	return
Here	6-12-19 PRESIDENT CEO	with the	preparer shown	below
	Signature of officer Date Title	(see instri	uctions)? [[Yes	Пио
	Print/Type preparer's name Preparer's signature Date		, PTIN	
Paid	Cn	eck 📙 ı	T 500000	367
Prepa	arer	f-employe		
Use (Only Firm's name ► PLANTE MORAN, PLLC Firm	n's EIN ►	38-13579	
	Firm's address ► 250 SOUTH HIGH STREET, SUITE 100, COLUMBUS, OH 43215 Pho	one no	(614) 849-3	
			Form 990-T	(2018)

	30-1 (2018)											Page
Sche	dule A-Cost of Good	s Sold. E	nter	method of in	vento	ry va	aluation 🕨					
1	Inventory at beginning of	f year	1_	0		6		at end of year		6		0
2	Purchases	[2	89,751		7		goods sold.		, 1	<u> </u>	ļ
3	Cost of labor	[3	169,094				n line 5. Enter				
4a	Additional section 263A	A costs					ın Part I, I	ne 2		7	258,8	345
	(attach schedule)		4a	0	<u> </u>	8	Do the ru	les of section	263A (wit	h res	pect to Y	es No
b	Other costs (attach sche	dule)	4b	0				produced or a				
5	Total. Add lines 1 throug		5	258,845				anization? .				
Sche	dule C-Rent Income	(From Re	eall	Property and	Pers	onal	Property	Leased With	Real Pro	perty	/)	-
(see	instructions)											
1. Desc	ription of property											
(1)												
(2)										_		
(3)												
(4)												
		2. Rent rece	ved c	or accrued								
	om personal property (if the perce personal property is more than 10 more than 50%)		1	(b) From real an percentage of rent f 50% or if the rent i	or perso	nal pro	perty exceeds		ctions directly lumns 2(a) and			
(1)												
(2)			1	·								
(3)												
(4)												
Total) To	otal				0 (b) Total de	ductions			
(c) Tot	al income. Add totals of colu	ımns 2(a) aı	nd 2((b). Enter					and on page	1,		
here ar	nd on page 1, Part I, line 6, co	olumn (A)		. ▶				0 Part I, line 6	, column (B)			
Sche	dule E—Unrelated Del	ot-Financ	ced	Income (see	instruc	tions	<u> </u>		. 7			
							ome from or	3. Deductio	ns directly con debt-financ			ole to
	1. Description of debt-	-financed pro	perty		allocat		debt-financed perty	(a) Straight line (attach sc		(i	o) Other deduc (attach sched	
(1)												
(2)												
(3)												
(4)												
	Amount of average acquisition debt on or locable to debt-financed roperty (attach schedule)	of o debt-fii	r alloc	ljusted basis cable to ed property chedule)		4 div	olumn vided lumn 5	7. Gross incom (column 2 x			Allocable dedu nn 6 × total of 3(a) and 3(b)	columns
(1)							%					
(2)							%					
(3)							%					
(4)							%					
		,						Enter here and Part I, line 7, o			here and on I, line 7, colu	
Totals			_						o			0
	vidends-received deductio	ns included	l in c	olumn 8				· · ·	. ▶			

Schedule F-Interest, Ann	uities,	Royalties,				ganizations (se	ee instruc	ctions)	
			Exemp	t Controlled	d Organizations	- , - · · - · · - · · - · · · - · · · · 			
Name of controlled organization		Employer loation number		related income e instructions)			controlling	conr	leductions directly nected with income in column 5
(1)					 	 		 	
(2)					 	 		+	
(3)								T	
(4)									
Nonexempt Controlled Organiz	zations								
7. Taxable Income		Net unrelated indoss) (see instructions			otal of specified yments made	10. Part of colur included in the organization's gr	controlling	conne	Deductions directly ected with income in column 10
(1)								1	
(2)									
(3)									
(4)									
						Add columns : Enter here and Part I, line 8, co	on page 1, olumn (A)	Enter Part	columns 6 and 11 here and on page 1, , line 8, column (B)
Totals				(-)/7) (0)		▶			0
Schedule G-Investment I	ncom	e or a Sect	ion 501		or (17) Organ	T			otal deductions
1. Description of income		2. Amount of	fincome	dire	ctly connected ach schedule)	4. Set-aside (attach sched		and s	set-asides (col 3 plus col 4)
(1)									
(2)				_					
(3)							+		
(4)		Fator boro and				<u> </u>		C-to- b-	
		Enter here and Part I, line 9, c							ere and on page 1, one 9, column (B).
Totals	<u> </u>			0		 ,			0
Schedule I—Exploited Exe	empt P	Activity Inco	me, O	iner I han	Advertising Ir	icome (see inst	tructions	<u> </u>	
Description of exploited activity	ty :	2. Gross unrelated business incor from trade o business	ne cor	Expenses directly enected with oduction of unrelated ness income	Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)							<u> </u>		
Totals	•	Enter here and page 1, Part line 10, col (A	I, pa	r here and on ge 1, Part I 10, col (B) 0					Enter here and on page 1, Part II, line 26
Schedule J-Advertising In	ncome	e (see instruc			·				
Part I Income From P				a Consoli	dated Basis				
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Reac		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_				 		
(2)					1				1
(3)					1				1
(4)					<u></u>				
Totals (carry to Part II, line (5)) .	>	L	0	0	0	<u> </u>	L	F	0 form 990-T (2018)

(4)

Total. Enter here and on page 1, Part II, line 14

.

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col costs (column 6 2. Gross 5. Circulation 6. Readership Direct advertising 2 minus col 3) If 1. Name of periodical minus column 5, but advertising costs income costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) (2) (3) (4) 0 0 0 Totals from Part I ì., Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A). line 11, col (B). Totals, Part II (lines 1-5) 0 Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 1. Name 2. Title time devoted to business unrelated business (1) % (2) % (3) %

Form 990-T (2018)

0

%

 \triangleright

Form 990T Part II, Line 28 Other Deductions

Description	Amount	
WILLSON CATERING		
(1) DELIVERY EXPENSE (GAS, VEHICLE REPAIR)		1,400
(2) MISC EXPENSES (CONFERENCE, ADMIN)		5,630
(3) UTILTIES	1	13,763
(4) INSURANCE		2,807
(5) AMORTIZATION		0
	Total 2	23,600
Total for	Part II, Line 28	23,600

Form 990T Part III, Line 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2017	35,225		0	35,225	0	2037
2018	37,519		0	36,299	1,220	2038
Totals	72.744	0	0	71,524	1,220	

. 3

8949 **8949**

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Attachment

statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Department of the Treasury Internal Revenue Service ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No 12A Name(s) shown on return Social security number or taxpayer identification number YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO 31-4379594 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker, A substitute Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (g) (h) (e) Cost or other basis enter a code in column (f) Gain or (loss). (c) (b) See the separate instructions. Date sold or Proceeds See the Note below Subtract column (e) Date acquired Description of property disposed of (sales price) and see Column (e) from column (d) and (Example 100 sh XYZ Co) (Mo, day, yr) (Mo , day, yr) (see instructions) combine the result in the separate (q) Code(s) from instructions Amount of with column (g) instructions adjustment

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (q) to correct the basis. See Column (q) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO

Social security number or taxpayer identification number 31~4379594

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	9-B showing bas				e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	Gain or (loss). Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
							
					,		
		,					
		· · · · · · · · · · · · · · · · · · ·					
Totals. Add the amounts in columns negative amounts) Enter each total					>,		

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2018)

above is checked), or line 10 (if Box F above is checked) ▶

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toyour taxreturn.

▶Cotowww.irs.gov/Form4562 f or instructions and the I atest information.

OMB No 1545-0172

Attachment Sequence No 179

Interna	Revenue Service (99)	▶Got owww	ırs.gov/Form4562 f a	instructions	and the Ia	testinformation.		Sequence No 179
Name	(s) shown on return		Busine	ss or activity to v	vhich this form re	lates	Iden	tifying number
			OF CENTRAL 72232				<u> </u>	31-4379594
Pai			rtain Property Unded property, compl			omplete Part I.		
1	Maximum amount	(see instruction	s)				1	510,000
2							2	
3	Threshold cost of s	ection 179 pro	perty before reductio	n in limitation	(see instruct	ions)	3	510,000
4							4	C
5	Dollar limitation fo	r tax year. Su	btract line 4 from lii	ne 1. If zero	or less, ente	er -0 If married filing		
	separately, see inst	tructions .		<u>.</u>			5	510,000
6	(a) D	escription of proper	rty	(b) Cost (bus	iness use only)	(c) Elected cost		
			-]
].
7	Listed property. En	ter the amount	from line 29		7		0	
8						37	8	0
9							9	0
10	Carryover of disallo	wed deduction	from line 13 of your	2017 Form 4	562		10	
11						ine 5. See instructions .	11	0
						e <u>11</u>	12	0
			to 2019. Add lines 9			13	0	<u> </u>
			for listed property. In					
						de listed property. See	<u>ınstr</u>	uctions.)
14						erty) placed in service		
							14	
							15	
	Other depreciation						16	l <u></u> .
Par	t III MACRS De	preciation (D	on't include listed		e instruction	ns.)		
		<u> </u>		Section A				
						8	17	
18					_	o one or more general	İ	
	asset accounts, che							
	Section E			9 2018 Tax Y	ear Using the	e General Depreciation	Syst	em
(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	n (f) Method	(g) D	epreciation deduction
19a	3-year property							
b	5-year property						lacksquare	
c	7-year property							
	10-year property						<u> </u>	
	15-year property						<u> </u>	
	20-year property			_			<u> </u>	
	25-year property			25 yrs		S/L	<u> </u>	
h	Residential rental			27 5 yrs.	MM	S/L	L	
	property			27 5 yrs	MM	S/L	Ь—	
i	Nonresidential real			39 yrs.	MM	S/L	<u> </u>	
	property	<u> </u>		<u> </u>	MM	S/L	<u> </u>	
		-Assets Place	d in Service During	2018 Tax Ye	ar Using the	Alternative Depreciation	n Sys	tem
	Class life					S/L	<u> </u>	
	12-year		 	12 yrs.		S/L	<u> </u>	
	30-year			30 yrs.	MM	S/L	<u> </u>	
	40-year	<u></u>	· · · · · · · · · · · · · · · · · · ·	40 yrs	MM	S/L	<u></u>	
	t IV Summary (
	Listed property. Ent						21	0
22						(g), and line 21. Enter		
			of your return. Partner	-		-see instructions .	22	0
23			ed in service during to section 263A costs .			23		

Form	4562 (2018)										_			Page 2	
	rt V Listed Property (nclude aut			ertaın	other	vehicle	es, ce	rtaın	aircraf	t, and	prop	erty us		
	entertainment, recrea Note: For any vehicle for			•	standa	rd mile	age rate	e or de	ductino	ı lease	expens	se. com	nolete o	n iv 24a	
	24b, columns (a) throug									, 10400	- CAPONO		.p.c.c 0	y 10	
	Section A—Depreciation														
_24	a Do you have evidence to support to		estment	use clair	ned? L	Yes		24b If	"Yes,"	is the e	<u>vidence v</u>	written?	Yes	∐ No	
	(a) (b) Busing e of property (list vehicles first) In service percen	ess/ (entuse Cost or c	d) other basi		for depre ness/inve use only	stment	(f) Recover period		(g) ethod/ evention		(h) preciation leduction	1 E	(i) lected sec cos		
25	Special depreciation allowand the tax year and used more to	ce for qualifi			erty pla	aced in									
26	Property used more than 50%						mstrace		25					<u>. </u>	
	Troporty assa more man so x	%													
		%													
		%				<u>j</u> _									
_27	Property used 50% or less in		usiness	use.				- To #		1					
		<u>%</u>		+-				S/L -		 			•		
—		%		+		-+		S/L -		 					
28	Add amounts in column (h), lir	<u> </u>	h 27. E	nter he	re and	on line	21, pag		28			0			
29	Add amounts in column (i), lin	e 26. Enter h	ere and	on line	7, pag	e1 .						29		C	
^							e of Vel		,,			16			
	nplete this section for vehicles use our employees, first answer the qu													vehicle	
	our employees, mot answer the qu			-			T		T	(d)	T		$\overline{}$	·n	
30	Total business/investment miles the year (don't include commutin	U	miles) .			(b) (c) Vehicle 2 Vehicle						(e) Vehicle 5 \		(f) Vehicle 6	
31	Total commuting miles driven dui	ring the year													
32	Total other personal (non miles driven														
33	Total miles driven during the lines 30 through 32	-		0		0	()		0		0		0	
34	Was the vehicle available for p		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
35	use during off-duty hours?. Was the vehicle used primarily than 5% owner or related personal transport of the second seco	y by a more													
36							-		-		+	 	+	_	
	Section C-Q		Emplo	vers W	ho Pro	vide Ve	hicles	for Use	by Th	eir Em	ployee	 Տ		!	
	wer these questions to determine than 5% owners or related pe	ne if you mee	t an exc	ception									who ar	en't	
37	Do you maintain a written pol your employees?									ding co	ommutir	ng, by	Yes	No	
38	Do you maintain a written pol employees? See the instruction														
39	Do you treat all use of vehicles	s by employe	es as p	ersona	luse?										
40	Do you provide more than fivuse of the vehicles, and retain														
41	Do you meet the requirements														
	Note: If your answer to 37, 38	3, 39, 40, or 4	1 is "Ye	es," dor	n't com	plete S	ection E	for the	e cover	ed veh	icles.		<u> </u>	••••	
Pa	t VI Amortization								—	(e)					
	(a) Description of costs	(b) Date amortiza begins	ition	Amor	(c) tizable an	nount	Co	(d) de sectio	on	Amortiz period percent	or	Amortiza	(f) ation for th	ıs year	
42	Amortization of costs that begin	ins durina voi	ur 2018	tax ve	ar (see	ınstruct	tions):			10.0	<u> </u>				
					<u>`</u>		<u> </u>								
											\Box		_		
	Amortization of costs that bega	-		-							43	_			
44	Total. Add amounts in column	ı (f). See the i	nstruct	ions foi	r where	to repo	ort	<u> </u>	•	<u>· · · </u>	44		orm 456	0 (2 (2018)	

Form 990-T	Supplemental Information
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Return Reference - Identifier	Explanation
FORM 990-T, SECTION H - ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	UTILIZING THE RESIDENT CAMP KITCHEN IN OFF SEASON AND DOWN TIMES TO PROVIDE CATERING SERVICES TO LOCAL BUSINESSES, ORGANIZATIONS, AND GROUPS INCOME FROM THE CATERING IS USED TO FUND RESIDENT CAMP SCHOLARSHIPS AND OTHER NEEDS.