

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A  Check box if address changed

B Exempt under section

- 501( C ) ( 03 )
- 408(e)  220(e)
- 408A  530(a)
- 529(a)

Print or Type

Name of organization (  Check box if name changed and see instructions )

**YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO**

Number, street, and room or suite no. If a P O box, see instructions.

**1907 LEONARD AVE, SUITE 150**

City or town, state or province, country, and ZIP or foreign postal code

**COLUMBUS, OH 43219**

D Employer identification number (Employees' trust, see instructions)

**31-4379594**

E Unrelated business activity code (See instructions)

**722320**

C Book value of all assets at end of year

**70,601,950**

F Group exemption number (See instructions.) ▶

G Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ UTILIZING THE RESIDENT CAMP KITCHEN. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

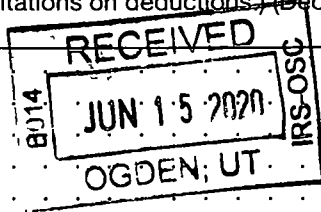
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **BRADLEY MCCAIN** Telephone number ▶ **(614) 224-1137**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	113,340		
b	Less returns and allowances	0		
	c Balance ▶	113,340		
2	Cost of goods sold (Schedule A, line 7)	191,733		
3	Gross profit. Subtract line 2 from line 1c	(78,393)		(78,393)
4a	Capital gain net income (attach Schedule D)	0		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	0		0
c	Capital loss deduction for trusts	0		0
5	Income (loss) from a partnership or an S corporation (attach statement)	0		0
6	Rent income (Schedule C)	0	0	0
7	Unrelated debt-financed income (Schedule E)	0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	0	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
10	Exploited exempt activity income (Schedule I)	0	0	0
11	Advertising income (Schedule J)	0	0	0
12	Other income (See instructions; attach schedule)	0		0
13	Total. Combine lines 3 through 12	(78,393)	0	(78,393)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	0	
15	Salaries and wages		15	0	
16	Repairs and maintenance		16	751	
17	Bad debts		17	0	
18	Interest (attach schedule) (see instructions)		18	0	
19	Taxes and licenses		19	101	
20	Depreciation (attach Form 4562)	20	1,530		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	0	21b	1,530
22	Depletion		22	0	
23	Contributions to deferred compensation plans		23	0	
24	Employee benefit programs		24	0	
25	Excess exempt expenses (Schedule I)		25	0	
26	Excess readership costs (Schedule J)		26	0	
27	Other deductions (attach schedule)		27	41,485	
28	Total deductions. Add lines 14 through 27		28	43,867	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	(122,260)	
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	0	
31	Unrelated business taxable income. Subtract line 30 from line 29		31	(122,260)	



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows 32-39 showing unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows 40-45 showing tax computation details.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows 46a-56 showing tax credits, taxes, and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Rows 57-59 regarding foreign activities and tax-exempt interest.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Tommy Cell), Date (6/11/2020), Title (PRESIDENT CEO). Includes a box for IRS discussion consent.

Table for Preparer Information: Print/Type preparer's name (BERNIE OSTROWSKI), Preparer's signature, Date, Check if self-employed, PTIN (P00366367), Firm's name (PLANTE MORAN, PLLC), Firm's address (250 SOUTH HIGH STREET, SUITE 100, COLUMBUS, OH 43215), Firm's EIN (38-1357951), Phone no ((614) 849-3000).

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year . . . . .	<b>6</b>	0
<b>2</b> Purchases . . . . .	<b>2</b>	0	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>	191,733
<b>3</b> Cost of labor . . . . .	<b>3</b>	111,185			
<b>4a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	Yes	No
<b>b</b> Other costs (attach schedule)	<b>4b</b>	80,548			
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>	191,733			

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total 0
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . .		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) . . . . .
0		0

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . .			0	0
<b>Total dividends-received deductions</b> included in column 8 . . . . .				0

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

Exempt Controlled Organizations					
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
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	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
				0	0

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		0		0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. 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. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		0	0			0

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0	0	0		0

**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.)

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)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0	0				0
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A) 0	Enter here and on page 1, Part I, line 11, col (B) 0				Enter here and on page 1, Part II, line 26 0

**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)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0

Description	Amount
<b>WILLSON CATERING</b>	
(1) FOOD LICENSE	101

Description	Amount
<b>WILLSON CATERING</b>	
(1) DELIVERY EXPENSE (GAS, VEHICLE REPAIR)	1,138
(2) MISC EXPENSES (CONFERENCE, ADMIN)	10,141
(3) UTILITIES	25,970
(4) INSURANCE	2,829
(5) MISC	1,407
<b>Total</b>	<b>41,485</b>

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	2037
2018	46,899		0		46,899	
2019	122,260		0		122,260	
<b>Totals</b>	<b>204,384</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>204,384</b>	