Form.	AMENDED 990-T		rurn section 51 Exempt Organiz				Tax I	Return	L	OMB No 1545-0687			
			(and p		2010								
		For ca	endar year 2018 or other tax year begi		structi	, and ending	formation.	1012	-	2018			
	ment of the Treasury I Revenue Service	 ▶ Go to 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). 								en to Public Inspection for 1(c)(3) Organizations Only			
A	Check box if address changed		Name of organization (Employer identification number (Employees' trust, see instructions)									
	empt under section	Print	YMCA OF ROCK F		-2174838								
X] 501(c)(3)	or Type	Number, street, and room or s		d business activity code ructions)								
	408(e) 220(e) 408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code										
<u>`</u>	529(a)	ROCKFORD, IL 61104											
C Boo	ok value of all assets nd of year 29.302.61	36.	F Group exemption number (S G Check organization type ▶	See instructions.) X 501(c) corr	oratio	1 501(c) tru	ust	401(a) tr	ust	Other trust			
H Ent	er the number of the c	organiza	tion's unrelated trades or busine	esses.		Desc		y (or first) unrel		0.1101 11.001			
trac	de or business here 🕨	<u> </u>						ete Parts I-V. If		nan one,			
des	cribe the first in the bl	lank spa	ce at the end of the previous ser	ntence, complete Pa	rts I ar	d II, complete a Sche	dule M for	each additional t	rade oi	•			
	iness, then complete f					. <u></u>	·-·-						
			oration a subsidiary in an affilia		nt-subs	idiary controlled grou	ıb,		Yes	X No			
	Yes," enter the name a books are in care of		tifying number of the parent corp	ooration.		Т-	laabaaa aw		1 5 \	400 120E			
Pai			de or Business Incom	e		(A) Income	1	(B) Expenses	13/	489-1295 (C) Net			
L	Gross receipts or sale					(///		(D) Expended	\dashv	(e) i.e.			
	Less returns and allow		c B	alance >	10		l						
	Cost of goods sold (S		A, line 7)	•	2								
3	Gross profit. Subtract	line 2 fi	om line 1c	\cap	3			·					
4 a	Capital gain net incom	ie (attac	h Schedule D)		4a								
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 479	7)	4b				$\prec \downarrow$				
	Capital loss deduction				4c 5			_/_	_				
	• •	•	ship or an S corporation (attach		_								
	Rent income (Schedul												
		nanced income (Schedule E) 7 7, royalties, and rents from a controlled organization (Schedule F) 8											
	_		on 501(c)(7), (9), or (17) organiz		9				-				
	Exploited exempt activ				10								
	Advertising income (S	-	•		11								
12	Other income (See ins	struction	s; attach schedule)	/	12								
	Total. Combine lines				13		0.						
Pai	Tt II Deduction (Except for o	ns No contribi	ot Taken Elsewhere (Sutions, deductions must be controls)	See instructions fo lirectly connected	r limit: I with t	ations on deduction the unrelated busin	ns) less incom	e)					
14	Compensation of offi	cers, di	rectors, and trustees (Schedule)	K)					14				
15	Salaries and wages			RE	ECE	IVED			15				
16	Repairs and mainten	ance				၂၀			16	***			
17	Bad debts			00 	т 9	6 2020 SS-SS-SS-SS-SS-SS-SS-SS-SS-SS-SS-SS-SS-			17				
18	Interest (attach sched	dule) (s	ee instructions)	 	. 1 2	0 2020			18				
19	Taxes and licenses					1			19				
20 21	Depreciation (attach		e instructions for limitation rules) [06	UE	N, UT		-	20	· · · · ·			
21			>Schedule A and elsewhere on r	eturn		22a			2b				
22 23	Depletion		, constant A and tistwittie UII I	otorn		[228]			23				
24	Contributions to defe	rred co	mpensation plans						24				
7 - 7 25	Employee benefit pro		· • • •						25				
. 26	Excess exempt exper		chedule I)						26				
27	Excess readership co								27				
28	Other deductions (att							<u> </u>	28				
29	Total deductions. Ac							<u> </u>	29	0.			
30	<i>a</i>		ncome before net operating loss					_	30	0.			
31			oss arising in tax years beginnin		ry 1, 20	118 (see instructions)		_	31	0.			
32	Officiated Dusiness to	axadie II	ncome. Subtract line 31 from line	t 3U				1 ;	32	U •			

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-T		74838	Page 2
Part II	I Total Unrelated Business Taxable Income		
33 🖋	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	₿3	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	· 	2,000
	Enternation distribution of the 36	10	0.
	/ Tax Computation	38	<u></u>
		T	0.
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	► <u>40</u>	
41	Proxy tax. See instructions	► <u>41</u>	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
	Total) Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part V	Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b	7 1	
c	General business credit. Attach Form 3800 45c	-1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d	-	
	Total credits. Add lines 45a through 45d	45e	
	-		0.
46	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (ettach schedule	46	
47		1	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018	⊣	
b	2018 estimated tax payments	-	
C	Tax deposited with Form 8868 QC 50c 2,481	<u>. </u>	
d	Foreign organizations. Tax paid or withheld at source (see instructions) 50d	_	
е	Backup withholding (see instructions) \$0e		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439	¬	
۰	Form 4136		
51	Total payments. Add lines 50a through 50g SEE STATEMENT 2	51	1,981.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
52 53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	► 53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1.5	1,981.
54		>V() 54	1,981.
55 Dort V	Enter the amount of line 54 you want: Credited to 2019 estimated tax	▶ 35	1,301.
Part V			1,, 1
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a 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		
	here >		_ X
57	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.		f
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perjury, I declare that Hate examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge.	wledge and belief, it	is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	X/0/19/2020 CEO	May the IRS discu the preparer show	
	Senature of officer Date Title		Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
		1	
Paid	Self- employ		16721
Prepa	Le ut una N CTVTCU IID		160001
Use C	nly Firm's name ► SIKICH LLP Firm's EIN	<u>► 36-3</u>	168081
	13400 BISHOPS LANE, SUITE 300	/ o c o : = =	4 0400
	Firm's address ► BROOKFIELD, WI 53005 Phone no.		4-9400
823711 01-	00.10	East	m 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6			ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,					_}	
4a Additional section 263A costs				line 2			7	<u></u>	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
Other costs (attach schedule)	4b	property produced or acquired for resale) apply to							
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pers	sonal Property L	.ease	d With Real Prop	erty	·') 	
1. Description of property									
(1)									
(2)									
(3)						· · · · · · · · · · · · · · · · · · ·		-	
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar		cted with the income in (attach schedule)	
(1)	-							-	
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-	Ĺ.,	3. Deductions directly control to debt-finance		perty	
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	3
(1)			1			·	+-		
(2)			1				†		
(3)							T		
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%			T		
(2)				%					
(3)				%					
(4)			1	%			1		
			•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals						0	.		0.
Total dividends-received deductions	ncluded in column	ı 8				•			0.

Schedule F - Interest, A				Controlled O				,			
1. Name of controlled organization		2. Employe identification number	er 3. Net unr	elated income instructions)	4. Total of specified payments made		5. Part of column 4 included in the con organization's gross		olling	6. Deductions directly connected with income in column 5	
(1)		,					 				
(2)											
(3)											
(4)											
Ionexempt Controlled Organi	zations		•								
7. Taxable Income			g. Total	of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		is included zation's	11. Dec with	ductions directly connected income in column 10	
(1)											
(2)	ł										
(3)											
(4)				·-							
				,		Add colum Enter here and line 8, 4		1, Part I,)	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)	
Totals					<u> </u>	<u> </u>		0.		0	
Schedule G - Investme		of a Sec	ction 501(c)(7	'), (9), or (⁻	17) Orç	ganization					
(see inst	ructions)			· · · · · · · ·			Ŧ				
1. Dese	cription of income			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)										ļ	
(2)											
(3)											
(4)											
				Enter here and o Part I, line 9, co		,				Enter here and on page Part I, line 9, column (B)	
<u> </u>			<u> </u>	<u> </u>	0.				-	0	
Schedule I - Exploited (see instri	•	ctivity In	come, Other	Than Adv	ertisir	ig Income					
Description of exploited activity	2. Gross unrelated bus income fro trade or busii	iness om	3. Expenses directly connected with production of unrelated business income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)	İ										
(3)	İ							•			
(4)	1										
	Enter here an page 1, Par line 10, col	rt I, (A)	Enter here and on page 1, Part I, line 10, col (B)	`	<u>.</u>	•			•	Enter here and on page 1, Part II, line 26	
Totals ► Schedule J - Advertisi	na Income	0.	nuctions)	<u> </u>						0	
Part I Income From				solidated	Basis						
Tarti moone rom						_					
1. Name of periodical	ad	. Gross vertising ncome	3. Direct advertising costs	4. Advert or (loss) (c col 3) If a ga cols 5 th	of 2 minus ain, comput	5. Circula income		6. Read		Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)				_]- •							
(3)											
(4)				<u></u>	·					η,	
Totals (carry to Part II, line (5))		0.	0			J				0 Form 990-T (201	

823731 01-09-19

Form 990-T (2018) YMCA OF ROCK RIVER VALLEY Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)		_					
(3)							
(4)							
Totals from Part I	•	0.	0.	• •	~	, ,	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		e de la companya de l	# 	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	, ,	~ · · · · · · · · · · · · · · · · · · ·		0

3. Percent of time devoted to business Compensation attributable to unrelated business 2. Title

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

Form 990-T (2018)

for the same

FOOTNOTES

STATEMENT 1

LINE 34 EXCLUDING AMOUNTS PAID FOR DISALLOWED FRINGES - REPEAL OF SECTION 512(A)(7)

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION		AMOUNT
REFUND ON ORIGINALLY F	ILED RETURN	-500.
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	-500.