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7.	For calendar year 2019 or other	rganization Bus (and proxy tax und r tax year beginning					2019
artment of the Treasury	► Go to						
nal Revenue Service	▶ Do not enter SSN	Open to Public Inspection f 501(c)(3) Organizations Only					
Check box if address changed	Name of organizati	on (Check box if name	changed	and see instructions.)		(Em	oloyer identification number ployees' trust, see ructions)
xempt under section		ROCK RIVER VAL					36-2174838
501(c @3)		d room or suite no. If a P.O. b	ox, see in	structions.			elated business activity code instructions)
408(e) 220(e)	220 E. S	TATE STREET					
408A	ROCKFORD	or province, country, and ZIP, IL 61104	or toreigi	i postai code			
		n number (See instructions.)	>				
ook value of all assets end of year 29,137,2	.01. G Check organizat	on type X 501(c) co	rporation	501(c) trust		401(a) trust	Other trust
	organization's unrelated trad	es or businesses. 🕨	1	Describe	the only (or	fırst) unrelate	d
ade or business here						arts I-V. If mo	•
escribe the first in the	plank space at the end of the	previous sentence, complete F	Parts I and	I II, complete a Schedule	M for each	additional trac	le or
usiness, then complete							. [77]
		in an affiliated group or a pare	ent-subsi	plary controlled group?		▶ ☐ \	res X No
	and identifying number of the ALAN TSAO	parent corporation.		Telenho	one number	▶ (81	5)489-1295
	d Trade or Busines	s Income		(A) Income		xpenses	(C) Net
Gross receipts or sa			T		. , -	· · · · · · · · · · · · · · · · · · ·	· ·
Less returns and alle		c Balance	16				•
Cost of goods sold (Schedule A, line 7)		2	_	•		•
Gross profit. Subtra	t line 2 from line 1c		3				
Capital gain net inco	me (attach Schedule D)		4a			RECE	IVED _
Net gain (loss) (Forr	n 4797, Part II, line 17) (attac	h Form 4797)	4b			1(10)	1
Capital loss deduction			4c	-	121	nct 0	101
	partnership or an S corpora	tion (attach statement)	5		15	UCIU	6 2020 18
Rent income (Sched	•		7		10		
	ced income (Schedule E)	rolled organization (Schedule F	<u> </u>			OGD	
	•	(17) organization (Schedule G	·				
	ivity income (Schedule I)	(,g	10		-		
Advertising income	- '		11				
Other income (See i	structions; attach schedule)		12			•	
Total, Combine line			13	0.			
		where (See instructions ted with the unrelated busing the control of the control					
	ficers, directors, and trustees			<u> </u>		14	
Salaries and wages	,	,				15	
Repairs and mainte	папсе					16	
Bad debts						17	
•	edule) (see instructions)	•				18	
Taxes and licenses				1 1		19	
Depreciation (attac	•	and being a supplication		20			-
Depletion	laimed on Schedule A and els	sewnere on return		<u> 21a </u>		21b	
•	ferred compensation plans					23	
Employee benefit p	•					24	1
Excess exempt exp	-					25	
Excess readership						26	T
	ttach schedule)					27	
Other dedderone (Add lines 14 through 27					28	0
•				from line 40		29	0
Total deductions. Unrelated business	•	erating loss deduction. Subtra				23	-
Total deductions. Unrelated business	•	erating loss deduction. Subtra ars beginning on or after Janu				30	

Form 990	D-T-(2019) YMCA OF ROCK RIVER VALLEY	36-2	174838 Page 2
Part	III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
		100	
39	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	0.
Dort	IV Tax Computation	39	
·		TioT	0.
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	<u> </u>
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on 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	0.
Part	V Tax and Payments		
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a]	
b	Other credits (see instructions) 46b		
c	General business credit. Attach Form 3800		
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	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	Payments: A 2018 overpayment credited to 2019		
	2019 estimated tax payments 51b 1,500.	.1 l	
	Tax deposited with Form 8868 51c	1	
	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	1 1	
	Backup withholding (see instructions) 51e	1 1	
	Credit for small employer health insurance premiums (attach Form 8941) 516	1	
		┤	
g	Other credits, adjustments, and payments: Form 2439 Other Total 51g		
		- 	1,500.
	Total payments. Add lines 51a through 51g	52	1,500.
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	1 500
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	1,500.
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax	56	1,500.
Part			
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 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
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		<u> </u>
	If "Yes," see instructions for other forms the organization may have to file.		• '
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
٥.	Under penalties of perjury, I declare that I have compared and the return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of prepared (other than taxpayer) is based on all information of which preparer has any knowledge	dge and belief,	, it is true,
Sign			cuss this return with
Here		he preparer sho	
		nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	2016 2000 2016		
	Darer JILL M. BOYLE, CPA JILL M. BOYLE, CPA 09/10/20		246734
-	Only Firm's name ► SIKICH LLP Firm's EIN ►		3168081
USE	13400 BISHOPS LANE, SUITE 300		
	Firm's address ► BROOKFIELD, WI 53005 Phone no.	(262)7	54-9400
923711	01-27-20		orm 990-T (2019)

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	aluation N/A		··· · · · · · · · · · · · · · · · · ·			
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold. Su	ubtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4a Additional section 263A costs				line 2		7			
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes	No	
Other costs (attach schedule)	4b		_	property produced or a	for resale) apply to				
5 Total. Add lines 1 through 4b	5			the organization?					<u></u>
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Pers	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued		· · · · · · · · · · · · · · · · · · ·		0/-18-4-4-4-4-4-4		and with the manner	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connec d 2(b) (a	ted with the income i attach schedule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		3. Deductions directly conn to debt-finance	ected v	vith or allocable erty	
1. Description of debt-fine	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)			1						
(2)									
(3)								-	
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduc column 6 x total of cc 3(a) and 3(b))	
(1)				%					
(2)			1	%			ĺ		
(3)	· · · · · · · · · · · · · · · · · · ·			%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				.		0.	.		0.
Total dividends-received deductions und	cluded in column	8				>	1		0.

Schedule F - Interest, A	nnuitie	s, Royalt						tions	(see ins	structions	s)
			Ļ	Exempt (Controlled O	rganızatı	ons				
Name of controlled organizati	on	2. Emp identific numi	ation	3. Net unr (loss) (see	elated income i instructions)	4. To pay	tal of specified ments made	ınclud	t of column 4 and in the contraction's gross in	olling	Deductions directly connected with income in column 5
(1)											
(2)				•							
(3)											
(4)											
Nonexempt Controlled Organia	zations										
7. Taxable Income		nrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of colu in the controlli gross	mn 9 thai ng organ s income	uzation's		ductions directly connected income in column 10
(1)											
(2)			ĺ								
(3)											
(4)											
							Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme	nt Incor	ne of a S	ection 5	501(c)(7	'), (9), or (17) Org	ganization				
(see instr	uctions)								_		
1. Descri	iption of inco	me			2. Amount of	income	 Deduction directly connected (attach sched) 	cted	4. Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)		•									
(4)											
		·			Enter here and o Part I, line 9, co		, ,			···	Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.		* ***	*	*	0.
Schedule I - Exploited I (see instru	-	Activity	Income	, Other	Than Adv	ertisir	g Income				•
			2 -		4. Net incom	ne (loss)					7 -
Description of exploited activity	unrelated	oss business e from business	3. Expo directly co with proc of unre business	onnected duction ilated	from unrelated business (co minus colum gain, compute through	I trade or Iumn 2 n 3) If a a cols 5	5. Gross inco from activity is is not unrelat business inco	hat ed	6. Exp attribut colui	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		<u> </u>			1						
(2)											
(3)		· · · · · · · · · · · · · · · · · · ·		,							
(4)											
			Enter here page 1, line 10, c	Part I,		u, ₹, •€.	er jager	N.Y.		er er er	on page 1, Part II, line 25
Totals		0.		0.		- Q		<u> </u>	1 4 3 mg		<u> </u>
Schedule J - Advertisir											
Part I. Income From F	Periodic	als Repo	orted on	a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		. Direct tising costs	4. Advert or (loss) (c col 3) If a g cols 5 th	ol 2 minus ain, compu			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			<u> </u>		4 2 7	*			Ì -		13 T. Yang M
(2)			Ì								
(3)					T: /; :	1. ··*	.,		<u> </u>		
(4)						že.	,		1		A
		· · · · · · · · · · · · · · · · · · ·							<u> </u>		
Totals (carry to Part II line (5))		(۱. l	0			1				0.

Form **990-T** (2019)

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	\ ·-,						
Part II	Income From	Periodicals	Reporte	d 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	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)		-		ĺ			
(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)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.				0

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

1. Name	2. Title	 Percent of time devoted to business 	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

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