

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

For calendar year 2016 or other tax year beginning _____, and ending _____

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF KALAMAZOO, MI Number, street, and room or suite no. If a P.O. box, see instructions. 353 EAST MICHIGAN City or town, state or province, country, and ZIP or foreign postal code KALAMAZOO, MI 49007	<p>D Employer identification number (Employees' trust, see instructions) 38-1360598</p> <p>E Unrelated business activity codes (See instructions) 531190</p>
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<p>C Book value of all assets at end of year 11,699,578.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	
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H Describe the organization's primary unrelated business activity. ▶ **PARKING LOT RENTAL**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No

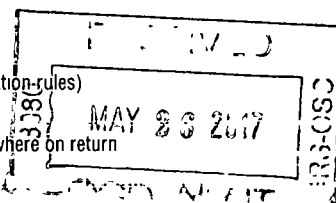
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JIM HEFFNER** Telephone number ▶ **(269) 345-5595**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6	9,900.	1,000.
7 Unrelated debt-financed income (Schedule E)		7		8,900.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	9,900.	1,000.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	8,900.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	8,900.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	7,900.



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636

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF KALAMAZOO, MI**

Form 990-T (2016)

38-1360598

Page 2

Part III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and. a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	▶	35c
			1,185.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from. <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	▶	36
37	Proxy tax. See instructions	▶	37
38	Alternative minimum tax		38
39	Tax on Non-Compliant Facility Income. See instructions		39
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40
			1,185.

Part IV Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		41a
41b	Other credits (see instructions)		41b
41c	General business credit. Attach Form 3800		41c
41d	Credit for prior year minimum tax (attach Form 8801 or 8827)		41d
41e	Total credits. Add lines 41a through 41d		41e
42	Subtract line 41e from line 40		42
			1,185.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43
44	Total tax. Add lines 42 and 43		44
			1,185.
45a	Payments: A 2015 overpayment credited to 2016		45a
45b	2016 estimated tax payments	1,200.	45b
45c	Tax deposited with Form 8868		45c
45d	Foreign organizations: Tax paid or withheld at source (see instructions)		45d
45e	Backup withholding (see instructions)		45e
45f	Credit for small employer health insurance premiums (Attach Form 8941)		45f
45g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ▶		45g
46	Total payments. Add lines 45a through 45g		46
			1,200.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47
			2.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49
			13.
50	Enter the amount of line 49 you want. Credited to 2017 estimated tax ▶ <input type="checkbox"/> Refunded ▶		50
			13.

Part V Statements Regarding Certain Activities and Other Information (see instructions)		
51	At any time during the 2016 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	Yes No
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____	

Sign Here	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. <i>Vicki L. Vandenberg</i> Signature of officer 5/22/17 Date CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name: VICKI L. VANDENBERG, CPA Preparer's signature: VICKI L. VANDENBERG, CPA Date: 05/08/17 Check <input type="checkbox"/> if self-employed PTIN: P00100422	
	Firm's name ▶ PLANTE & MORAN, PLLC Firm's EIN ▶ 38-1357951	
	Firm's address ▶ 750 TRADE CENTRE WAY, STE. 300 PORTAGE, MI 49002 Phone no. (269) 567-4500	