0	90-Т [,]			nization Bus				ا ب	OMB No 1545-0687	
Form 9	90-1			and proxy tax und				'	01110 1040-0007	
	_	For cal	endar year 2018 or other tax ye		ci sc	, and ending	1812		2018	
		1000			etructio	· -	rmation	- 1	2010	
Departmer Internal Re	nt of the Treasury evenue 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). Open to Public Inspection for 501(c)(3) Organizations Only								
A	Check box if		Name of organization (Check box if name changed and see instructions.) D Employer Identification number (Employees' trust, see							
	address changed		YOUNG WOMEN'S CHRISTIAN ASSOCIATION (Employees' trust, see instructions)							
B Exem	pt under section	Print '	OF KALAMAZO	O, MI					8-1360598	
X 50	01(c)(3)	or Type	· ·	m or suite no. If a P.O. box	c, see ir	structions.			ated business activity code natructions)	
	08(e) 220(e)	i iype	353 EAST MI					1		
	08A 530(a)			ovince, country, and ZIP of	r foreig	n postal code				
	29(a) alue of all assets	L	KALAMAZOO,		_			l		
at end o	of year		F Group exemption num G Check organization typ		oration	501(c) trus	t 401(a)	truet	Other trust	
H Enter 1	the number of the	organiza	tion's unrelated trades or		יטומנוטו		be the only (or first) un		Onici trust	
	or business here	-					ne, complete Parts I-V.		than one.	
	-		ce at the end of the previo	us sentence, complete Pa	rts I an		•			
	ess, then complete		•	,		,			•	
				affiliated group or a parer	ıt-subs	diary controlled group	? •	Ye	s No	
If "Yes	," enter the name a	ind ident	ifying number of the pare	nt corporation.						
			LLISON GUMP			Tele	phone number 🕨 (269)345-5595	
Part	Unrelated	d Trac	le or Business Inc	come	,	(A) Income	(B) Expenses	3	(C) Net	
1a Gro	oss receipts or sale	S								
	ss returns and allov			c Balance	1c		<u> </u>			
	st of goods sold (S		•	1	2					
	oss profit. Subtract				3		-			
	pital gain net incom	•	•	- 4707)	48					
	r gain (loss) (Form pital loss deduction		art II, line 17) (attach Forr	11 4797)	4b 4c					
•			hip or an S corporation (a	ittach statement)	5					
	nt income (Schedu	•	inp or an o corporation (c	itaan siztomont,	6					
	related debt-financ	•	ne (Schedule E)		7		•			
			nd rents from a controlled	organization (Schedule F)	8					
9 Inv	estment income of	a sectio	n 501(c)(7), (9), or (17) o	organization (Schedule G)	9					
10 Exp	plorted exempt activ	vity inco	me (Schedule I)		10					
11 Adv	vertising income (S	Schedule	J) ·		11					
	•		s; attach schedule)		12					
13 To	tal. Combine lines			re (See instructions fo	13	0				
Part				t be directly connected						
14 Co			ectors, and trustees (Sch				· · · · · · · · · · · · · · · · · · ·	14		
	alaries and wages	icers, un	ectors, and trustees (och	RECE	VE	7	•	15		
	epairs and mainten	ance		RECE		-101		16		
	ad debts			40		RS-OSC		17		
18 In:	terest (attach sche	dule) (se	ee instructions)	act of	2 07			18		
19 Ta	exes and licenses					<u> </u>		19		
20 Ch	haritable contribution	ons (See	instructions for limitation	rules)	A+ I	TT .		20		
21 De	epreciation (attach	Form 45	62)	OGDE	14,	21				
22 Le	ess depreciation cla	umed on	Schedule A and elsewher	re on return		22a		22b		
	epletion							23		
	ontributions to defe		npensation plans					24		
	mployee benefit pro	-	hadula IX					25		
	ccess exempt expei ccess readership co		26							
	ccess readersnip co ther deductions (at	•	•					27		
	otal deductions (at		•					29	0.	
			<u>-</u>	g loss doduction, Subtract	t line 29) from line 13		30	0.	
			<u>-</u> '	ginning on or after Janua				31	1	
	· · · · · · · · · · · · · · · · · · ·	-	come. Subtract line 31 fr					32	0.	
			work Reduction Act Notic						Form 990-T (2018)	

Form 990-1	ľ (2018)	OF KALAMAZOO, MI	38-13	60598			Page (
Part I	11	Total Unrelated Business Taxable Income					
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33			0.
34	Amou	nts paid for disallowed fringes		34			
35	Dedu	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35				
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of					
	lines	33 and 34 .		36			
37	Speci	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		1,0	00.
38	Unrel	ated 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.
Part I	V 1	Tax Computation					
39	Orgai	izations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39			0.
40	Trust	s 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)	•	40			
41	Proxy	tax. See instructions	•	41			
42	Alterr	ative minimum tax (trusts only)		42	_		
43	Tax o	n Noncompliant Facility Income. See instructions		43			
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	٠,	44			0.
Part \	<u>/ </u>	ax and Payments					
45 a	Foreig	in tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		-			
b	Other	credits (see instructions) 45b		 			
C	Gener	al business credit. Attach Form 3800 45c		」			
đ	Credi	for prior year minimum tax (attach Form 8801 or 8827)		_ 			
8	Totai	credits. Add lines 45a through 45d		45e			
46		act line 45e from line 44		46			0.
47	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att	ach schedule)	47			
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.
50 a	Paym	ents: A 2017 overpayment credited to 2018		⊣ ∣			
b	2018	estimated tax payments		-			
c	Tax d	eposited with Form 8868	<u>3,138</u> .	-			
đ	Foreig	n organizations; Tax paid or withheld at source (see instructions)		⊣ [
е	Backı	p withholding (see instructions) 50e		-			
		for small employer health insurance premiums (attach Form 8941)		-			
g		credits, adjustments, and payments: Form 2439					
		Form 4136 Other Total ▶ 50g		⊣ —			
51		payments. Add lines 50a through 50g		51		3,1	<u> </u>
52		ated tax penalty (see instructions). Check if Form 2220 is attached	_	52			
53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53		2 1	20
54		ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54		$\frac{3}{3}, \frac{1}{1}$	_
Part \		the amount of line 54 you want. Credited to 2019 estimated tax Refur Statements Regarding Certain Activities and Other Information (see instruction)		55		3,1	30.
			onsj			V	81-
56		time during the 2018 calendar year, did the organization have an interest in or a signature or other authority				Yes	No
		I financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file					
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				—	Ţ
	here						X
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?				
58		s," see instructions for other forms the organization may have to file. the amount of tax-exempt interest received or accrued during the tax year ▶\$					
30	_	the amount of tax-exempt metest received of accided during the tax year	st of my knowl	edge end helis	ef it is true		
Sign		rect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		ougo una som	,	'	
Here		(mul hul 9/25/2020 CEO		May the IRS di			ith
		Signature of officer Date		the preparer st instructions)?			No
	I		neck	ıf PTIN	144 1 10		110
D			ieck If- employed	1			
Paid		TINA M PETERS, CPA TINA M PETERS, CPA 09/24/20	omployet		0904	574	
Prepa	41 01	· · · · · · · · · · · · · · · · · · ·	irm's EIN		-135		1
Use C	nly	750 TRADE CENTRE WAY, STE. 300	IIII S EIN		100	, , , ,	_
			hone no.	(269)	567	-45	იი
		TOTAL		<u>, </u>	20,		

Phone no. (269) 567-4500 Form **990-T** (2018)

823711 01-09-19

Form 990-T (2018) OF KALAMAZOO, MI

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory va	luation N/A						
				6 Inventory at end of year			6			
2 Purchases	2		_	Cost of goods sold. Su		line 6				
3 Cost of labor	3		_	from line 5. Enter here						
4a Additional section 263A costs				line 2	7					
(attach schedule)	48		8	Do the rules of section	ne rules of section 263A (with respect to					
b Other costs (attach schedule)	4b			property produced or a	cquired	I for resale) apply to		_		
5 Total, Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Pers	onal 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 perc rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal p	and personal property (If the percentage personal property exceeds 50% or if it is based on profit or income)					e In	
(1)		i i								
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns 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 (B)	•		0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruc	tions)						
			2.	Gross income from	7 -1	3. Deductions directly con to debt-finance	nected ced prop	perty		
1. Description of debt-fin	anced property		1	financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedu	ions le)	
(1)			 				+			
(2)			Ì							
(3)									•	
(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 (cotumn 2 x column 6)		8 Allocable ded column 6 x total of 3(a) and 3(b	columns	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colun		
Totals				▶		0	.		0.	
Total dividends-received deductions in	cluded in column	n 8		- 1			,		0.	

Schedule F - Interest,	Annuities, Roy	alties, ar					tions	(see ins	struction	s)
			Exempt	Controlled O	rganizatio	ons				· ·
Name of controlled organizat	Ider	Employer httlication umber	3. Net unr (loss) (see	related income a instructions)	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		rolling	Deductions directly connected with income in column 5
(1)									-+-	
(2)									-+	
	<u> </u>		1						_	
(3)			┼┈──				├	.		
(4) Nonexempt Controlled Organi	zatione	· · · · · · · · · · · · · · · · · · ·	Ц				<u> </u>			
7 Taxable Income	8 Net unrelated inc	ama (lasa)	0.7-4-1	of specified payr		40 0	0 #	de le elizado d	44 5	
7. Texade incume	(see Instructi	ons)	8. Total	made	nents	10 Part of column in the controllingross	ing organ	ization's		ductions directly connected income in column 10
(1)			 		t			-		
(2)			1							
(3)			†							
(4)			 							
					-	A d d ==1				4 1
						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 Income of a	Section	501(c)(7	7). (9). or (17) Org	anization	~			
(see instr			1-/1-	., .,, ., (, 5	,				
1. Desc	ription of income		-	2. Amount of	Income	3. Deduction directly connected (attach schedu	cted	4. Set-	asides ichedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)					Ī					
(2)					ĺ					
(3)					Î					
(4)				· · · · · ·	~					
<u></u>				Enter here and o Part I, line 9, co	on page 1, lumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals					0.					0.
Schedule I - Exploited	Exempt Activit	y Incom	e, Other	Than Adv		g Income				1 0.
(see instru	ictions)									1
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	cpenses connected roduction related as income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross Inco from activity t is not unrelat business inco	hat ed	6. Exp attributs colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		 								
(2)			-							
(3)		+		1						
(4)		+		-						···
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, , col (B)		1					Enter here and on page 1, Part II, line 26
Totals -	0		0.							0.
Schedule J - Advertisir Part I Income From F				solidated	Basis	•				
1. Name of periodical	2. Gross advertising Income	. 1	3. Direct rertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		i								
(2)				7						
(3)				1						
(4)										
Totals (carry to Part II, line (5))	>	0.	0	•						0.
										Form 990-T (2018)

YOUNG WOMEN'S CHRISTIAN ASSOCIATION Form 990-T (2018) OF KALAMAZOO, MI 38-1360598

	1		
Part II	Income From Periodical	s Reported on a Separate Basis	(For each periodical listed in Part II, fill in
	columns 2 through 7 on a line b	vdino bacin)	

			, 				
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)							1
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 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.
Sahadula V. Campana	-41-	of Officers	Sirontoro and	Tweeters			

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

1. Name	2. Title	3. 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.		

Form 990-T (2018)

FOOTNOTES

STATEMENT 1

THE RETURN WAS AMENDED AS A RESULT OF THE REPEAL OF SECTION 512(A)(7).

LINE 34 HAS BEEN AMENDED TO REMOVE THE \$15,945 OF 512(A)(7) QUALIFIED TRANSPORTATION FRINGE ACTIVITY ORIGINALLY REPORTED. THIS RESULTED IN UNRELATED BUSINESS TAXABLE INCOME BEING REDUCED TO ZERO ON LINE 38 AND TOTAL TAX BEING REDUCED TO ZERO ON LINE 44.

{