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SECTIO	N 51	2(A)(7) REPI	EAL			293932	6	3009320
1	_		AMEN DED	RET	URN			
Form 990-T		Exempt Orga				Tax Return)	OMB No 1545-0687
ॐ		-	and proxy tax un	der se	ection 6033(e))	101	al	2010
•	For ca	alendar year 2018 or other tax y			, and ending	[8]		2018
Department of the Treasury Internal Revenue Service	•	GO tO wwn Do not enter SSN numb →	-		ions and the latest infort ade public if your organi		ł	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name	change	d and see instructions.)		(Emp	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print	YWCA MADIS	ON, INC.				3	9-0806303
X 501(c)(3)	Or Type		m or suite no. If a P.O. b	ox, see ı	nstructions.			lated business activity code instructions)
408(e) 220(e	' ¨	101 E MIFFI						
408A530(a 529(a))	City or town, state or pro	ovince, country, and ZIP $53703-28$.		in bostal code			
C Book value of all assets at end of year		F Group exemption num		<u> </u>				· · · · · · · · · · · · · · · · · · ·
at end of year			pe X 501(c) co	rporatio	n 501(c) trust	401(a)	trust	Other trust
H Enter the number of the	organiza	ation's unrelated trades or		•		the only (or first) unr		
trade or business here	▶					, complete Parts I-V. I		
describe the first in the	blank spa	ace at the end of the previo	ous sentence, complete F	Parts I ar	nd II, complete a Schedul	le M for each additiona	al trad	e or
business, then complet								
		poration a subsidiary in an	- · · · · · · · · · · · · · · · · · · ·	ent-subs	sidiary controlled group?	▶ ∟	Ye	es LLI No
J The books are in care of		tifying number of the pare			Talanh	none number > 60	<u> </u>	257_1/36
		de or Business In			(A) Income	(B) Expenses	00	(C) Net
1a Gross receipts or sa	les		T		(, ,	(-/		(6)
b Less returns and all			c Balance	1c				
2 Cost of goods sold (Schedule	A, line 7)	\wedge	2				
3 Gross profit. Subtrai	ct line 2 fi	rom line 1c	()	3				
4 a Capital gain net inco	•	•	Va	4a				
		art II, line 17) (attach Fori	m 4797)	4b				
c Capital loss deduction			- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4c				
5 Income (loss) from a6 Rent income (Sched		ship or an S corporation (a	attach statement)	6				<u> </u>
7 Unrelated debt-finan	•	ne (Schedule F)		7		·		
		and rents from a controlled	l organization (Schedule F)	<u> </u>				
	•	on 501(c)(7), (9), or (17) o	3					_
10 Exploited exempt ac	tivity inco	me (Schedule I)		10				
11 Advertising income		•		11				
12 Other income (See ii				12				
13 Total. Combine line Part II Deduction		gh 12 ot Taken Elsewhe	70 (Can instructions to	13	0.			
		utions, deductions mus						
14 Compensation of o	ficers, di	rectors, and trustees (Sch	edule K)	O []\	/ED	· · · · · · · · · · · · · · · · · · ·	14	
15 Salaries and wages	,		RE	CEI	/ED	ļ.	15	
16 Repairs and mainte	nance			•_	2020 80	ľ	16	
17 Bad debts			SE JUL	13	2020		17	
18 Interest (attach sch	edule) (se	ee instructions)	0			L	18	
19 Taxes and licenses			OG	DE	V, UT	<u> </u>	19	
	•	e instructions for limitation	rules)			-	20	
•		ooz) 1 Schedule A and elsewhe	re on return		21 22a		22b	
23 Depletion	iaiiiica oi	ochedale A and cisewile	ic on return		224		23	·
24 Contributions to de	erred co	npensation plans				-	24	
25 Employee benefit p		,			•	_	25	
26 Excess exempt exp	enses (So	hedule I)				ľ	26	
27 Excess readership of	•	•					27	
28 Other deductions (a		•					28	
29 Total deductions.		-				<u> </u>	29	0.
		come before net operatin				Ļ	30	0.
		oss arising in tax years be icome. Subtract line 31 fro		ary 1,20	TO (See INSTRUCTIONS)	-	31	0.
			IIII O O O			1	UE	U •

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

Form **990-T** (2018)

Forn\-390-1	(2018) YWCA MADISON, INC.	39-0806303	Page 2
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	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	
36	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 37	1,000.
38	Unrelated 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 Tax Computation	<u></u>	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	- 171	
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	-
43	Tax on Noncompliant Facility Income. See instructions	43	·
43 44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	43 44	0.
Part \		1 44	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	 	
			
	Other credits (see instructions) 45b		
	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827) 7. Add to a 45 d		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47		tach 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.
	Payments: A 2017 overpayment credited to 2018	1 010	
		1,319.	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136		
51	Total payments. Add lines 50a through 50g	51	11,319.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	∞ ► 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	> 5 4 1	11,319.
		nder 50 ▶ 55	11,319.
Part V	I Statements Regarding Certain Activities and Other Information (see instruct	ions)	
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		1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		i i
	here >		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of (ax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the	best of my knowledge and be	lief, it is true,
Sign	correct, and complete Declaration of predays (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF EXECUTIVE	May the IRS dies	cuss this return with
Here		the preparer sho	
	Signature of officer Date/ Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Ch	heck if PTIN	
Paid		elf- employed	
Prepa	rer CPA 6/29/20		084908
Use O	niv Firm's name ► WEGNER CPAS, bee	irm's EIN ▶ 39 –	0974031
-55	2921 LANDMARK PL STE 300		
	Firm's address ► MADISON, WI 53713-4236	Phone no. 608-27	4-4020_
823711 01-	09-19	Fo	rm 990-T (2018)

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FOOTNOTES

STATEMENT

RETURN WAS AMENDED TO REQUEST A TAX REFUND DUE TO THE REPEAL OF SECTION 512(A)(7). CHANGES WERE MADE TO AMOUNTS REPORTED IN PAGE 1, LINE C; PART III, LINES 34, 36 AND 38; PART IV, LINES 39 AND 44; AND PART V, LINES 46, 48, 52, 54, AND 55.