

Form **990-T**  
 Department of the Treasury  
 Internal Revenue Service

**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**  
 For calendar year 2020 or other tax year beginning 01-01-2020 and ending 12-31-2020  
 ▶ Go to [www.irs.gov/Form990T](http://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).

OMB No. 1545-0047  
**2020**  
 Open to Public  
 Inspection for 501(c)(3)  
 Organizations Only

|   |                      |   |   |
|---|----------------------|---|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed.   | <b>Print or Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br>YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | <b>D</b> Employer identification number<br>45-2563299             |
| <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c3)<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A         |                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br>651 Nicollet Mall Suite 500   | <b>E</b> Group exemption number<br>(see instructions)             |
|   |                      | City or town, state or province, and ZIP or foreign postal code<br>Minneapolis, MN 554023198  | <b>F</b> <input type="checkbox"/> Check box if an amended return. |
|   |                      | <b>C</b> Book value of all assets at end of year . . . . ▶ 378,671,295  |   |
| <b>G</b> 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 <input type="checkbox"/> Applicable reinsurance entity                         |                      |   |   |
| <b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439  |                      |   |   |
| <b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . ▶ <input type="checkbox"/>  |                      |   |   |
| <b>J</b> Enter the number of attached Schedules A (Form 990-T) <input type="text" value="2"/> . . . . ▶ 2   |                      |   |   |
| <b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the name and identifying number of the parent corporation ▶ |                      |   |   |
| <b>L</b> The books are in care of ▶ KAREN LARSON Telephone number ▶ (612) 465-0585<br>651 NICOLLET MALL SUITE 500<br>MINNEAPOLIS, MN 554023198  |                      |   |   |

| <b>Part I Total Unrelated Business Taxable Income</b>   |           |       |
|---|-----------|-------|
| <b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .               | <b>1</b>  | 8,052 |
| <b>2</b> Reserved . . . . .   | <b>2</b>  |       |
| <b>3</b> Add lines 1 and 2 . . . . .  | <b>3</b>  | 8,052 |
| <b>4</b> Charitable contributions (see instructions for limitation rules) . . . . .   | <b>4</b>  | 0     |
| <b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .                             | <b>5</b>  | 8,052 |
| <b>6</b> Deduction for net operating loss. See instructions . . . . .   | <b>6</b>  | 0     |
| <b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . . | <b>7</b>  | 8,052 |
| <b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .  | <b>8</b>  | 1,000 |
| <b>9</b> Trusts. Section 199A deduction. See instructions . . . . .   | <b>9</b>  |       |
| <b>10</b> Total deductions. Add lines 8 and 9 . . . . .   | <b>10</b> | 1,000 |
| <b>11</b> Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .              | <b>11</b> | 7,052 |

| <b>Part II Tax Computation</b>  |          |       |
|---|----------|-------|
| <b>1</b> Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) . . . . . ▶  | <b>1</b> | 1,481 |
| <b>2</b> Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶ | <b>2</b> |       |
| <b>3</b> Proxy tax. See instructions . . . . . ▶  | <b>3</b> |       |
| <b>4</b> Other tax amounts. See instructions . . . . .  | <b>4</b> |       |
| <b>5</b> Alternative minimum tax (trusts only) . . . . .  | <b>5</b> |       |
| <b>6</b> Tax on noncompliant facility income. See instructions . . . . .  | <b>6</b> |       |
| <b>7</b> Total. Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .   | <b>7</b> | 1,481 |

**Part III Tax and Payments**

|   |           |       |  |
|---|-----------|-------|--|
| <b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   | <b>1a</b> | 0     |  |
| <b>b</b> Other credits (see instructions)   | <b>1b</b> | 0     |  |
| <b>c</b> General business credit. Attach Form 3800 (see instructions)   | <b>1c</b> | 0     |  |
| <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)   | <b>1d</b> | 0     |  |
| <b>e Total credits.</b> Add lines 1a through 1d   | <b>1e</b> | 0     |  |
| <b>2</b> Subtract line 1e from Part II, line 7  | <b>2</b>  | 1,481 |  |
| <b>3</b> 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<br><input type="checkbox"/> Other (attach statement) | <b>3</b>  | 0     |  |
| <b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter the tax amount here _____  | <b>4</b>  | 1,481 |  |
| <b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4   | <b>5</b>  | 0     |  |
| <b>6a</b> Payments: A 2019 overpayment credited to 2020   | <b>6a</b> | 0     |  |
| <b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>   | <b>6b</b> | 0     |  |
| <b>c</b> Tax deposited with Form 8868   | <b>6c</b> | 0     |  |
| <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)   | <b>6d</b> | 0     |  |
| <b>e</b> Backup withholding (see instructions)  | <b>6e</b> | 0     |  |
| <b>f</b> Credit for small employer health insurance premiums (attach Form 8941)   | <b>6f</b> | 0     |  |
| <b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____<br><input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶  | <b>6g</b> | 0     |  |
| <b>7 Total payments.</b> Add lines 6a through 6g  | <b>7</b>  | 0     |  |
| <b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | <b>8</b>  |       |  |
| <b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶   | <b>9</b>  | 1,481 |  |
| <b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶   | <b>10</b> |       |  |
| <b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> ▶ <b>Refunded</b> ▶   | <b>11</b> |       |  |

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

|   | Yes | No |
|---|-----|----|
| <b>1</b> At any time during the 2020 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 ▶ |     | No |
| <b>2</b> 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.  |     | No |
| <b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ \$ 0   |     |    |
| <b>4a</b> Did the organization change its method of accounting? (see instructions)  |     | No |
| <b>4b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V   |     |    |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also provide any other additional information. See instructions.

**Sign Here** ▶ Karen Larson 2021-10-27 CFAO

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

|                               |  |                      |                    |   |                   |
|-------------------------------|--|----------------------|--------------------|---|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Sarah Hintz                                      | Preparer's signature | Date<br>2016-09-12 | Check <input type="checkbox"/> if self-employed | PTIN<br>P00492291 |
|                               | Firm's name ▶ CliftonLarsonAllen LLP   |                      |                    | Firm's EIN ▶ 41-0746749                         |                   |
|                               | Firm's address ▶ 220 South Sixth Street Suite 300<br>Minneapolis, MN 554021436 |                      |                    | Phone no. (612) 376-4500                        |                   |

**TY 2020 IncomeLossPartnershipSCorpSch****Name:** YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH**EIN:** 45-2563299**Software ID:** 20012953**Software Version:** 2020v1.1**Total gross receipts**

| Partnership or S Corporation name | Share of gross income | Share of deductions | Gain or loss |
|-----------------------------------|-----------------------|---------------------|--------------|
| ADAMS STREET 2013 GLOBAL FUND LP  | 32,401                | 0                   | 32,401       |
| ADAMS STREET 2016 GLOBAL FUND LP  | 6,372                 | 0                   | 6,372        |
| ADAMS STREET 2018 GLOBAL FUND LP  | 3,231                 | 0                   | 3,231        |
| ADAMS STREET 2019 GLOBAL FUND LP  | -1,745                | 0                   | -1,745       |

**Total share of gross income:** 40,259**Total share of deductions:** 0**Total gain or loss:** 40,259

**TY 2020 Post2017NOLSchedule****Name:** YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH**EIN:** 45-2563299**Software ID:** 20012953**Software Version:** 2020v1.1

| Activity code | Schedule A reference number for this instance | Total number of Schedule A's included | Post-2017 NOL carried forward from prior year | Total Post-2017 NOL Activities Included on Schedule A | Post-2017 Carried Over to Subsequent Tax Years |
|---------------|---|---------------------------------------|---|---|--|
| 523000        | 1   | 2                                     | 63,354  | 32,207  | 31,147   |

**TY 2020 Post2017NOLSchedule****Name:** YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH**EIN:** 45-2563299**Software ID:** 20012953**Software Version:** 2020v1.1

| Activity code | Schedule A reference number for this instance | Total number of Schedule A's included | Post-2017 NOL carried forward from prior year | Total Post-2017 NOL Activities Included on Schedule A | Post-2017 Carried Over to Subsequent Tax Years |
|---------------|---|---------------------------------------|---|---|--|
| 532000        | 2   | 2                                     | 20,574  | 0   | 20,574   |

## TY 2020 Pre2018NOLSchedule

**Name:** YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH

**EIN:** 45-2563299

**Software ID:** 20012953

**Software Version:** 2020v1.1

**Pre-2018 NOL carried forward  
from prior year:** 0

**Pre-2018 NOL Included in NOL  
deduction:** 0

**Pre-2018 NOL Activities Included on Schedule A**

| Activity code | Post-2017 Carried<br>Over to Subsequent<br>Tax Years |
|---------------|--|
|---------------|--|

**Total Pre-2018 NOL Activities  
Included on Schedule A:** 0

**Total Pre-2018 NOLs Applied:** 0

**Balance remaining after total Pre-  
2018 applied:** 0

**Pre-2018 NOL Expiring Current  
Year:** 0

**Pre-2018 Carried Over to  
Subsequent Tax Years:** 0

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2020**

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

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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).

**A** Name of the organization  
YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH

**B** Employer identification number  
45-2563299

**C** Unrelated business activity code (see instructions) ▶ 523000

**D** Sequence: 1 of 2

**E** Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENTS

| Part I Unrelated Trade or Business Income  |   | (A) Income       | (B) Expenses | (C) Net |
|--|---|------------------|--------------|---------|
| <b>1a</b> Gross receipts or sales  | 0 |                  |              |         |
| <b>b</b> Less returns and allowances   | 0 |                  |              |         |
| <b>c</b> Balance ▶   |   | <b>1c</b> 0      |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8)   |   | <b>2</b> 0       |              |         |
| <b>3</b> Gross Profit. Subtract line 2 from line 1c  |   | <b>3</b> 0       |              | 0       |
| <b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) |   | <b>4a</b> 0      |              | 0       |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)                   |   | <b>4b</b> 0      |              | 0       |
| <b>c</b> Capital loss deduction for trusts   |   | <b>4c</b>        |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)             |   | <b>5</b> 40,259  |              | 40,259  |
| <b>6</b> Rent income (Part IV)   |   | <b>6</b> 0       | 0            | 0       |
| <b>7</b> Unrelated debt-financed income (Part V)   |   | <b>7</b> 0       | 0            | 0       |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)  |   | <b>8</b> 0       | 0            | 0       |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)       |   | <b>9</b> 0       | 0            | 0       |
| <b>10</b> Exploited exempt activity income (Part VIII)                                       |   | <b>10</b> 0      | 0            | 0       |
| <b>11</b> Advertising income (Part IX)   |   | <b>11</b> 0      | 0            | 0       |
| <b>12</b> Other income (see instructions; attach statement)                                  |   | <b>12</b> 0      |              | 0       |
| <b>13 Total.</b> Combine lines 3 through 12  |   | <b>13</b> 40,259 | 0            | 40,259  |

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

|  |             |                  |
|--|-------------|------------------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)  |             | <b>1</b> 0       |
| <b>2</b> Salaries and wages  |             | <b>2</b> 0       |
| <b>3</b> Repairs and maintenance   |             | <b>3</b> 0       |
| <b>4</b> Bad debts   |             | <b>4</b> 0       |
| <b>5</b> Interest (attach statement) (see instructions)  |             | <b>5</b> 0       |
| <b>6</b> Taxes and licenses  |             | <b>6</b> 0       |
| <b>7</b> Depreciation (attach Form 4562) (see instructions)  | <b>7</b> 0  |                  |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return   | <b>8a</b> 0 | <b>8b</b> 0      |
| <b>9</b> Depletion   |             | <b>9</b> 0       |
| <b>10</b> Contributions to deferred compensation plans   |             | <b>10</b> 0      |
| <b>11</b> Employee benefit programs  |             | <b>11</b> 0      |
| <b>12</b> Excess exempt expenses (Part VIII)   |             | <b>12</b> 0      |
| <b>13</b> Excess readership costs (Part IX)  |             | <b>13</b> 0      |
| <b>14</b> Other deductions (attach statement)  |             | <b>14</b> 0      |
| <b>15 Total deductions.</b> Add lines 1 through 14   |             | <b>15</b> 0      |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) |             | <b>16</b> 40,259 |
| <b>17</b> Deduction for net operating loss (see instructions)  |             | <b>17</b> 32,207 |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16   |             | <b>18</b> 8,052  |

**Part III Cost of Goods Sold** Enter method of inventory valuation ►

|  |          |   |
|--|----------|---|
| <b>1</b> Inventory at beginning of year . . . . .  | <b>1</b> | 0 |
| <b>2</b> Purchases . . . . .   | <b>2</b> | 0 |
| <b>3</b> Cost of labor . . . . .   | <b>3</b> | 0 |
| <b>4</b> Additional section 263A costs (attach statement) . . . . .  | <b>4</b> |   |
| <b>5</b> Other costs (attach statement) . . . . .  | <b>5</b> | 0 |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .  | <b>6</b> | 0 |
| <b>7</b> Inventory at end of year . . . . .  | <b>7</b> | 0 |
| <b>8 Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .   | <b>8</b> | 0 |
| <b>9</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No |          |   |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

|  | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--|----------|----------|----------|----------|
| <b>2</b> Rent received or accrued  |          |          |          |          |
| <b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .                           |          |          |          |          |
| <b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . . |          |          |          |          |
| <b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .   |          |          |          |          |
| <b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . ►                                  |          |          |          | 0        |
| <b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .   |          |          |          |          |
| <b>5 Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . . ►  |          |          |          | 0        |

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

|   | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|---|----------|----------|----------|----------|
| <b>2</b> Gross income from or allocable to debt-financed property . . . . .   |          |          |          |          |
| <b>3</b> Deductions directly connected with or allocable to debt-financed property  |          |          |          |          |
| <b>a</b> Straight line depreciation (attach statement)  |          |          |          |          |
| <b>b</b> Other deductions (attach statement) . . . . .  |          |          |          |          |
| <b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .  |          |          |          |          |
| <b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .              |          |          |          |          |
| <b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                          |          |          |          |          |
| <b>6</b> Divide line 4 by line 5 . . . . .  | %        | %        | %        | %        |
| <b>7</b> Gross income reportable. Multiply line 2 by line 6   |          |          |          |          |
| <b>8 Total gross income.</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . . ►        |          |          |          | 0        |
| <b>9</b> Allocable deductions. Multiply line 3c by line 6   |          |          |          |          |
| <b>10 Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . ► |          |          |          | 0        |
| <b>11 Total dividends-received deductions</b> included in line 10 . . . . . ►   |          |          |          | 0        |



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

Nonexempt Controlled Organizations

| 7. Taxable income         | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10         |
|---------------------------|---|-------------------------------------|--|--|
| (1)                       |   |                                     |  |  |
| (2)                       |   |                                     |  |  |
| (3)                       |   |                                     |  |  |
| (4)                       |   |                                     |  |  |
| <b>Totals</b> . . . . . ▶ |   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                   | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
|                           |   |                                     | 0  | 0  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income  | 2. Amount of income | 3. Deductions directly connected (attach statement)                   | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)              |
|---------------------------|---------------------|---|----------------------------------|---|
| (1)                       |                     |   |                                  |   |
| (2)                       |                     |   |                                  |   |
| (3)                       |                     |   |                                  |   |
| (4)                       |                     |   |                                  |   |
| <b>Totals</b> . . . . . ▶ |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
|                           |                     | 0   |                                  | 0   |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |          |   |
|---|----------|---|
| <b>1</b> Description of exploited activity: _____   |          |   |
| <b>2</b> Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . . . .                                    | <b>2</b> | 0 |
| <b>3</b> Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .                  | <b>3</b> | 0 |
| <b>4</b> Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .                   | <b>4</b> | 0 |
| <b>5</b> Gross income from activity that is not unrelated business income . . . . .   | <b>5</b> | 0 |
| <b>6</b> Expenses attributable to income entered on line 5 . . . . .  | <b>6</b> | 0 |
| <b>7</b> Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . . | <b>7</b> | 0 |

**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

|  | A         | B | C | D |
|--|-----------|---|---|---|
| <b>2</b> Gross advertising income . . . . .  |           |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .  | ▶ _____ 0 |   |   |   |
| <b>3</b> Direct Advertising costs by periodical . .  |           |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .  | ▶ _____ 0 |   |   |   |
| <b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . . |           |   |   |   |
| <b>5</b> Readership costs . . . . .  |           |   |   |   |
| <b>6</b> Circulation income . . . . .  |           |   |   |   |
| <b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .  |           |   |   |   |
| <b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .  |           |   |   |   |
| <b>a</b> Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . . .  | ▶ _____ 0 |   |   |   |

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name   | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| <b>(1)</b>  |          |   |  |
| <b>(2)</b>  |          |   |  |
| <b>(3)</b>  |          |   |  |
| <b>(4)</b>  |          |   |  |
| <b>Total.</b> Enter here and on Part II, line 1 . . . . . |          |   | ▶ _____ 0  |

**Part XI Supplemental Information** (see instructions)

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**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **Go to [www.irs.gov/Form990T](http://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** Name of the organization  
YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH

**B** Employer identification number  
45-2563299

**C** Unrelated business activity code (see instructions) ▶ 532000

**D** Sequence: 2 of 2

**E** Describe the unrelated trade or business ▶ Rental

| <b>Part I</b> | <b>Unrelated Trade or Business Income</b>  | <b>(A) Income</b> | <b>(B) Expenses</b> | <b>(C) Net</b> |
|---------------|--|-------------------|---------------------|----------------|
| <b>1a</b>     | Gross receipts or sales <u>0</u>   |                   |                     |                |
| <b>b</b>      | Less returns and allowances <u>0</u> <b>c</b> Balance ▶                            | <b>1c</b> 0       |                     |                |
| <b>2</b>      | Cost of goods sold (Part III, line 8)  | <b>2</b> 0        |                     |                |
| <b>3</b>      | Gross Profit. Subtract line 2 from line 1c   | <b>3</b> 0        |                     | 0              |
| <b>4a</b>     | Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | <b>4a</b> 0       |                     | 0              |
| <b>b</b>      | Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)                  | <b>4b</b> 0       |                     | 0              |
| <b>c</b>      | Capital loss deduction for trusts  | <b>4c</b>         |                     |                |
| <b>5</b>      | Income (loss) from a partnership or an S corporation (attach statement)            | <b>5</b> 0        |                     | 0              |
| <b>6</b>      | Rent income (Part IV)  | <b>6</b> 6,750    | 0                   | 6,750          |
| <b>7</b>      | Unrelated debt-financed income (Part V)  | <b>7</b> 0        | 0                   | 0              |
| <b>8</b>      | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | <b>8</b> 0        | 0                   | 0              |
| <b>9</b>      | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)      | <b>9</b> 0        | 0                   | 0              |
| <b>10</b>     | Exploited exempt activity income (Part VIII)                                       | <b>10</b> 0       | 0                   | 0              |
| <b>11</b>     | Advertising income (Part IX)   | <b>11</b> 0       | 0                   | 0              |
| <b>12</b>     | Other income (see instructions; attach statement)                                  | <b>12</b> 0       |                     | 0              |
| <b>13</b>     | <b>Total.</b> Combine lines 3 through 12   | <b>13</b> 6,750   | 0                   | 6,750          |

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

|           |  |             |             |
|-----------|--|-------------|-------------|
| <b>1</b>  | Compensation of officers, directors, and trustees (Part X)   | <b>1</b>    | 0           |
| <b>2</b>  | Salaries and wages   | <b>2</b>    | 0           |
| <b>3</b>  | Repairs and maintenance  | <b>3</b>    | 0           |
| <b>4</b>  | Bad debts  | <b>4</b>    | 0           |
| <b>5</b>  | Interest (attach statement) (see instructions)   | <b>5</b>    | 0           |
| <b>6</b>  | Taxes and licenses   | <b>6</b>    | 14,521      |
| <b>7</b>  | Depreciation (attach Form 4562) (see instructions)   | <b>7</b> 0  |             |
| <b>8</b>  | Less depreciation claimed in Part III and elsewhere on return  | <b>8a</b> 0 | <b>8b</b> 0 |
| <b>9</b>  | Depletion  | <b>9</b>    | 0           |
| <b>10</b> | Contributions to deferred compensation plans   | <b>10</b>   | 0           |
| <b>11</b> | Employee benefit programs  | <b>11</b>   | 0           |
| <b>12</b> | Excess exempt expenses (Part VIII)   | <b>12</b>   | 0           |
| <b>13</b> | Excess readership costs (Part IX)  | <b>13</b>   | 0           |
| <b>14</b> | Other deductions (attach statement)  | <b>14</b>   | 0           |
| <b>15</b> | <b>Total deductions.</b> Add lines 1 through 14  | <b>15</b>   | 14,521      |
| <b>16</b> | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | <b>16</b>   | -7,771      |
| <b>17</b> | Deduction for net operating loss (see instructions)  | <b>17</b>   | 0           |
| <b>18</b> | <b>Unrelated business taxable income.</b> Subtract line 17 from line 16  | <b>18</b>   | -7,771      |

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

|          |   |          |   |
|----------|---|----------|---|
| <b>1</b> | Inventory at beginning of year . . . . .  | <b>1</b> | 0 |
| <b>2</b> | Purchases . . . . .   | <b>2</b> | 0 |
| <b>3</b> | Cost of labor . . . . .   | <b>3</b> | 0 |
| <b>4</b> | Additional section 263A costs (attach statement) . . . . .  | <b>4</b> |   |
| <b>5</b> | Other costs (attach statement) . . . . .  | <b>5</b> | 0 |
| <b>6</b> | <b>Total.</b> Add lines 1 through 5 . . . . .   | <b>6</b> | 0 |
| <b>7</b> | Inventory at end of year . . . . .  | <b>7</b> | 0 |
| <b>8</b> | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .  | <b>8</b> | 0 |
| <b>9</b> | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No |          |   |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  532 County Road F  
Hudson, WI 54016

**B** \_\_\_\_\_

**C** \_\_\_\_\_

**D** \_\_\_\_\_

|  | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--|----------|----------|----------|----------|
| <b>2</b> Rent received or accrued  |          |          |          |          |
| <b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .                           |          |          |          |          |
| <b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . . | 6,750    |          |          |          |
| <b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .   | 6,750    |          |          |          |
| <b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .                            |          |          |          | 6,750    |
| <b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .   | 0        |          |          |          |
| <b>5</b> Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .  |          |          |          | 0        |

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**

**B** \_\_\_\_\_

**C** \_\_\_\_\_

**D** \_\_\_\_\_

|   | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|---|----------|----------|----------|----------|
| <b>2</b> Gross income from or allocable to debt-financed property . . . . .   |          |          |          |          |
| <b>3</b> Deductions directly connected with or allocable to debt-financed property  |          |          |          |          |
| <b>a</b> Straight line depreciation (attach statement)  |          |          |          |          |
| <b>b</b> Other deductions (attach statement) . . . . .  |          |          |          |          |
| <b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .  |          |          |          |          |
| <b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .            |          |          |          |          |
| <b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                        |          |          |          |          |
| <b>6</b> Divide line 4 by line 5 . . . . .  | %        | %        | %        | %        |
| <b>7</b> Gross income reportable. Multiply line 2 by line 6   |          |          |          |          |
| <b>8</b> Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .        |          |          |          | 0        |
| <b>9</b> Allocable deductions. Multiply line 3c by line 6   |          |          |          |          |
| <b>10</b> Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . |          |          |          | 0        |
| <b>11</b> Total dividends-received deductions included in line 10 . . . . .   |          |          |          | 0        |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |

|                           |  |  |  |  |
|---------------------------|--|--|--|--|
| <b>Totals</b> . . . . . ▶ |  |  | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
|                           |  |  | 0  | 0  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income  | 2. Amount of income | 3. Deductions directly connected (attach statement)                   | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)              |
|---------------------------|---------------------|---|----------------------------------|---|
| (1)                       |                     |   |                                  |   |
| (2)                       |                     |   |                                  |   |
| (3)                       |                     |   |                                  |   |
| (4)                       |                     |   |                                  |   |
| <b>Totals</b> . . . . . ▶ |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
|                           |                     | 0   |                                  | 0   |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|  |          |   |
|--|----------|---|
| 1 Description of exploited activity: _____   |          |   |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .  | <b>2</b> | 0 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .                  | <b>3</b> | 0 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .                   | <b>4</b> | 0 |
| 5 Gross income from activity that is not unrelated business income . . . . .   | <b>5</b> | 0 |
| 6 Expenses attributable to income entered on line 5 . . . . .  | <b>6</b> | 0 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . . | <b>7</b> | 0 |

**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**  \_\_\_\_\_
- B**  \_\_\_\_\_
- C**  \_\_\_\_\_
- D**  \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

|  | A | B | C | D |
|--|---|---|---|---|
| <b>2</b> Gross advertising income . . . . .  |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .  |   |   |   | 0 |
| <b>3</b> Direct Advertising costs by periodical . . . . .  |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .  |   |   |   | 0 |
| <b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . . |   |   |   |   |
| <b>5</b> Readership costs . . . . .  |   |   |   |   |
| <b>6</b> Circulation income . . . . .  |   |   |   |   |
| <b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .  |   |   |   |   |
| <b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .  |   |   |   |   |
| <b>a</b> Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . . .  |   |   |   | 0 |

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name   | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1)   |          |   |  |
| (2)   |          |   |  |
| (3)   |          |   |  |
| (4)   |          |   |  |
| <b>Total.</b> Enter here and on Part II, line 1 . . . . . |          |   | 0  |

**Part XI Supplemental Information** (see instructions)

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