Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

33

34

line 32

33

1,000.

Form 990-T	<sup>(2017)</sup> Y.M.C.A., Noriolk, Nebraska	17-03	76546	Page 2
Part II	Tax Computation	-		
35	Organizations Taxable as Corporations. See instructions for tax computation.			_
	Controlled group members (sections 1561 and 1563) check here  See instructions and:			
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		1 1	
	(1) [\$   (2)  \$   (3)  \$			
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
	(2) Additional 3% tax (not more than \$100,000)			
	Income tax on the amount on line 34		35c	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		330	<u> </u>
30				
07			36	
	Proxy tax. See instructions	•	37	
	Alternative minimum tax		38	
	Tax on Non-Compliant Facility Income. See instructions		39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
	/ Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		_	
b	Other credits (see instructions)			
C	General business credit. Attach Form 3800 41c		]	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827) 41d			
е	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack)	ch schedule)	43	
	Total tax. Add lines 42 and 43		44	0.
	Payments: A 2016 overpayment credited to 2017		<del>                                     </del>	
	2017 estimated tax payments		<b>⊣</b>	
	Tax deposited with Form 8868		-	
			-	
			-	
	Backup withholding (see instructions)  45e		- 1	
	Credit for small employer health insurance premiums (Attach Form 8941)		-	
g	Other credits and payments: Form 2439		1 1	
	Form 4136		<b>-</b>   -	
	Total payments. Add lines 45a through 45g		46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>&gt;</b>	49	0.
	Enter the amount of line 49 you want: Credited to 2018 estimated tax	<u> </u>	50	
Part V	Statements Regarding Certain Activities and Other Information (see instruction	ns)		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		<u></u>	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			1 1
	here <b>&gt;</b>			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?		- <del>  x</del>
_	If YES, see instructions for other forms the organization may have to file.			<del></del>
53	Enter the amount of tax-exempt interest received or accrued during the tax year			1
<del></del>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my kn	owledge and belief	it is true.
Sign	correct, and complete Declaration of preparer other than taxpayer) is based on all information of which preparer has any knowledge	· · · _		
Here	Executive Direct		May the IRS discusi	
	Signature of officer		the preparer shown instructions)?	,
				Yes No
	The state of the s	eck	ıf PTIN	
Paid		f- employed		06045
Prepa	rer Danny Fuerhoff, CPA CPA			26845
Use C	Inty Firm's name ► MCM111 CPA PC	rm's EIN 🕨	<u>≥ 20-1</u> 4	430448
	P.O. Box 1264			
	Firm's address ► Norfolk, NE 68702	none no.	<u>402-371</u>	-11 <u>60</u>
			Form	9 <b>90-T</b> (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/A		<del></del>							
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6						
2 Purchases	2		7 Cost of goods sold. Su	ubtract l	ine 6							
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,							
4a Additional section 263A costs			line 2			7						
(attach schedule)	4a		8 Do the rules of section	263A (	with respect to		Yes	No				
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to									
5 Total. Add lines 1 through 4b	5		the organization?									
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perl 	ty)					
1. Description of property												
(1)												
(2)												
(3)												
(4)												
		red or accrued			3(a) Deductions directl	v conne	scred with the income	ın				
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age			(attach schedule)	,,,					
(1)												
(2)												
(3)							_					
(4)												
Total	0.	Total		0.	40.7.4.1.4.4.4.4							
(c) Total income. Add totals of columns	. , , , ,	nter		^	(b) Total deductions. Enter here and on page 1,			^				
here and on page 1, Part I, line 6, column Schedule E - Unrelated De		l Income (see	, made , adva a a \	0.	Part I, line 6, column (B)	<u> </u>	<u> </u>	0.				
Scriedule E - Officialed De	DI-Finance	ilicome (see	Instructions)	г —	3. Deductions directly co	nnected	with or allocable					
			2. Gross income from		to debt-finan	ced pro	perty					
1. Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)					
(1)	<del></del>	<del>_</del> _		-		+-						
(2)	<u> </u>		<del> </del>									
(3)												
(4)						丁						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))					
(1)			%									
(2)			%									
(3)			%									
(4)	<u> </u>		%			4-						
					inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column					
Totals			<b>&gt;</b>	1	0			0.				
Total dividends-received deductions in	ncluded in colum	n 8	•					0.				

Schedule F - Interest, A		, <b>,</b>	,		Controlled O				1-20		/	
1. Name of controlled organizat	tion	2. Emp identific numl	ation	3. Net unre	elated income instructions)	4. Tota	Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		ng connected with income	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7. Taxable income		nrelated incom see instructions		9. Total	of specified pay made	ments	10. Part of colu in the controll gross		nization's		eductions directly income in co	ctly connected slumn 10
(1)	<del>                                     </del>			<del>                                     </del>						<del></del>	<del></del>	
(2)										_	<del></del>	
(3)	<del>                                     </del>										-	
(4)				<del></del>						_		
							Add colur Enter here and line 8,		1, Part I,	<b>,</b>	dd columns 6 here and on pa line 8, colum	age 1, Part I,
Totals						<b>&gt;</b>			0.	ł		0.
Schedule G - Investme (see inst	ent Inco	me of a	Section	n 501(c)(	7), (9), or	(17) Or	ganization	1				
1. Desc	cription of inco	ome			2. Amount of income		3. Deductions directly connected (attach schedule)				and	al deductions i set-asides 3 plus col 4)
(1)												
(2)												
(3)												
(4)												
	<del>-</del>				Enter here and Part I, line 9, co						Enter here Part I, line	and on page 1, 9, column (B)
Totals				<b></b>		0.						0.
Schedule I - Exploited (see instri		Activity	Incon	ne, Othe	r Than Ad	dvertisi	ng Incom	е				
Description of exploited activity	unrelated incom	Gross I business ie from business	directly with pi of ur	openses connected roduction irelated ss income	4. Net incor from unrelate business (c minus colum gain, comput through	trade or olumn 2 in 3) If a ie cols 5	5. Gross inc from activity is not unrela business inc	that ted	attribut	penses table to mn 5	expen 6 minu but no	cess exempt ses (column is column 5, ot more than dumn 4)
(1)												
(2)	I											
(3)												
(4)	page 1	re and on I, Part I, col (A)	page	ere and on 1, Part I, ), col (B)							on	r here and page 1, II, line 26
Schedule J - Advertis	ina Isas	0.	notw*!-	0.	<u> </u>							0.
Part I Income From					colidator	Bacic						
income From	renoak		ortea t	JII a COII	Solidated		- <sub>1</sub>		,———			
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (col 3) If a g	tising gain of 2 minus pain, comput hrough 7	5. Circula income		6. Read cost		costs (col column 5,	s readership umn 6 minus but not more olumn 4)
(1)												
(2)					_]							
(3)					_]						_	
(4)												
Totals (carry to Part II, line (5))	•		0.									0.
											Form 90	20-T (2017

723731 01-22-18

## Form 990-T (2017) Y.M.C.A., Norfolk, Nebraska 47-03765 Part II Income From Periodicals Reported 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	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) Program guide		<u> </u>				
(2)						
(3)						
(4)						
Totals from Part I	<b>)</b>	0.			<u>*************************************</u>	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.

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		<b>•</b>	0.

Form 990-T (2017)

Internal Revenue Service Name(s) shown on return

## **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

990

OMB No 1545-0172

Attachment Sequence No. 179 ldentifying numbei

Form 990 Page 10 Y.M.C.A., Norfolk, Nebraska 47-0376546 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 510,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,030,000. Threshold cost of section 179 property before reduction in limitation 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- if married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2018 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 Property subject to section 168(f)(1) election 15 351,510 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property.) (See instructions) Section A 2,710. 17 MACRS deductions for assets placed in service in tax years beginning before 2017 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method year placed in service (business/investment use only - see instructions) (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property е 20-year property 25-year property S/L 25 yrs. g 27 5 yrs MM S/L Residential rental property h ММ S/L 27.5 yrs. ММ S/L 39 yrs. Nonresidential real property ММ Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs S/L b 40-year 40 yrs MM S/L Part IV | Summary (See instructions.) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (q), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instru 354,220. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section B, and Section C if applicable.

	(a) through (c)														
	Section A -	- Depreciation	on and Other	Informa	tion (Ca	ution: S	See the	nstruc	tions for li	mits for j	basseng	er autoi	mobiles)	)	
24a	Do you have evidence to s	support the bu	siness/investme	nt use cla	imed?	<b>☐</b> Y	es L	□No	24b If "Y	es," is th	e evidei	nce writ	ten?	Yes	_ No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentai	Ot Ot	(d) Cost or her basis	Bas	(e) is for depr siness/inve use onl	eciation estment	(f) Recovery period	( Met	g) hod/ ention	Depre	(h) eciation uction		i) ited n 179
 25	Special depreciation alle	owance for q	ualified listed	property	placed	in servic	e durin	g the ta	ax year ar	ıd					
	used more than 50% in	a qualified b	usiness use								25			!	
	Property used more tha	<del></del>		ess use.										<u> </u>	
==-	<del></del>	T	<del>                                     </del>	6						Γ —					
				6											
		<del> </del>		<del>6</del> 1											
27	Property used 50% or I	less in a qual		<del>'</del>								L		<u> </u>	
	Troperty asca 50% or r	1 a qual	<del>,</del>	6						S/L·		г——		Γ	
		<del> </del> -				_+				S/L·				•	
		<del> </del>		6								<del> </del> -		ł	
	A d d			6]		<u> </u>			<u> </u>	S/L·	T 00			1	
	Add amounts in column						page i				28	L	<del></del>	<del></del>	
29	Add amounts in column	1 (I), line 26. E			7, page 3 - Intori								29	Щ	
	nplete this section for verous employees, first ans			on C to s	see if you	u meet a	an exce		complet	ng this s	ection fo	or those	vehicles	5 <del></del>	
	T-4-11		41		a)		b)	[ ,	(c)	1 '	1) - \-		(e)	(f)	
		otal business/investment miles driven during the		ver	ncle	ver	nicle	<del>                                     </del>	ehicle	Veh	icie	Vei	hicle	Vehicle	
	year (don't include commu	• ,		├				<del> </del>		<del> </del>		<u> </u>		<del> </del>	
	Total commuting miles	_	•	<b> </b>		ļ		}		<del> </del>				<u> </u>	
32	Total other personal (no driven	oncommuting	g) miles						<u> </u>						
33	Total miles driven durin	g the year											!		
	Add lines 30 through 32	2						<u> </u>						<u> </u>	
34	Was the vehicle availab	ole for person	nal use	Yes_	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u>No</u>
	during off-duty hours?							ļ		<u> </u>			<b>↓</b>	L	
35	Was the vehicle used p	orimarily by a	more				1					1			
	than 5% owner or relat	ed person?		<u> </u>		<u> </u>	<b>├</b>	↓		<b> </b>		<b>!</b>	<b>├</b> ─	<del>                                     </del>	
36	Is another vehicle availa	able for perso	onal	ļ 1		1		l_				<u> </u>			
		Section C	- Questions	or Empl	loyers W	/ho Pro	vide Ve	hicles	for Use b	y Their I	Employe	es			
Ans	swer these questions to	determine if	you meet an e	xception	n to com	pleting	Section	B for v	ehicles us	sed by er	nployee	s who a	ren't mo	re than 5	<b>5%</b>
owr	ners or related persons														
37	Do you maintain a writt	en policy sta	tement that pr	ohibits a	all persor	nal use o	of vehic	les, ınc	luding coi	nmuting	by you	r		Yes	No
	employees?														
38	Do you maintain a writte	en policy sta	tement that pr	ohibits p	ersonal	use of v	ehicles/	, ехсер	t commu	ing, by y	our				
	employees? See the in:	structions foi	r vehicles used	by corp	orate of	ficers, d	lirectors	s, or 1%	or more	owners					
39	Do you treat all use of v	vehicles by e	mployees as p	ersonal	use?										
40	Do you provide more th	nan five vehic	les to your en	ployees	, obtain i	informat	tion fron	n your	employee	s about					Γ
	the use of the vehicles,							•						ł	l
41	Do you meet the require					monstra	ation us	e?							
	Note: If your answer to	37, 38, 39, 4	10, or 41 is "Ye	s," don'	t comple	te Sect	ion B fo	r the co	overed ve	hicles.					
Pa	art VI Amortization													<del></del>	
	(a) Description of	of costs	Date	(b) amortization begins		(C) Amortizat amount	ole		(d) Code section		(e) Amortization period or percentage		Ar fc	(f) nortization or this year	
42	Amortization of costs th	hat begins di	uring your 201		ar.						Police Of PER			<del></del>	
<u></u>		u	, , , , , , , , , , , , , , , , , , , ,	,	<u> </u>			$\overline{}$				$\neg \tau$			_
	<del></del>		<del></del>					-		-+		-+			_
43	Amortization of costs th	hat began be	fore your 201	7 tax ves	<u></u> -							43		1.0	688.
	Total. Add amounts in	•	•	-		report						44		<del> / \</del>	688.
	rotan / 100 amounts in	Joint II O	<del>oo are mandel</del>	וטו פווטו	MILE E	FICHOIL						<del>''</del>		_ + / `	<u> </u>