



AMENDED RETURN - SECTION 512(a)(7)
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning and ending 12/31

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

Department of the Treasury Internal Revenue Service

A Check box if address changed

B Exempt under section
[X] 501(c)(3)
[] 408(e) [] 220(e)
[] 408A [] 530(a)
[] 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions)

YMCA OF GREATER OMAHA

Number, street, and room or suite no If a P O box, see instructions

430 S 20TH STREET

City or town, state or province, country, and ZIP or foreign postal code

OMAHA, NE 68102

D Employer identification number (Employees' trust, see instructions)

47-0376586

E Unrelated business activity code (See instructions)

713940

C Book value of all assets at end of year

F Group exemption number (See instructions)

G Check organization type [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust

H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here EMPLOYEE PARKING

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

J The books are in care of REBECCA DETERDING Telephone number (402) 930-4356

Table with 4 columns: Part I - Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total 13: 0.

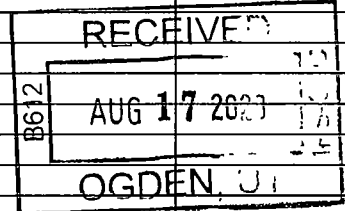


Table with 2 columns: Part II - Deductions Not Taken Elsewhere, 14-32. Total 29: 0.

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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 33 Total of unrelated business taxable income... 0.; 34 Amounts paid for disallowed fringes; 35 Deduction for net operating loss...; 36 Total of unrelated business taxable income before specific deduction...; 37 Specific deduction... 1,000.; 38 Unrelated business taxable income... 0.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 39 Organizations Taxable as Corporations... 0.; 40 Trusts Taxable at Trust Rates...; 41 Proxy tax...; 42 Alternative minimum tax...; 43 Tax on Noncompliant Facility Income...; 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies... 0.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 45a Foreign tax credit...; 45b Other credits...; 45c General business credit...; 45d Credit for prior year minimum tax...; 45e Total credits...; 46 Subtract line 45e from line 44... 0.; 47 Other taxes...; 48 Total tax... 0.; 49 2018 net 965 tax liability... 0.; 50a Payments...; 50b 2018 estimated tax payments...; 50c Tax deposited with Form 8868...; 50d Foreign organizations...; 50e Backup withholding...; 50f Credit for small employer health insurance...; 50g Other credits, adjustments, and payments... 441.; 51 Total payments... SEE STATEMENT 1... 441.; 52 Estimated tax penalty...; 53 Tax due...; 54 Overpayment... 441.; 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax... 441.

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

Table with 3 columns: Question, Yes, No. Rows include: 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account...; 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?; 58 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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.

Sign Here: Signature of officer [Signature], Date 7/22/2020, Title CEO. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name DEYNA C. ROUSE, Preparer's signature [Signature], Date 06/01/20, Check [] if self-employed, PTIN P00363036, Firm's name LUTZ AND COMPANY, P.C., Firm's EIN 47-0625816, Firm's address OMAHA, NE 68154-5336, Phone no 402-496-8800

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT

1

DESCRIPTION

AMOUNT

ORIGINAL TAX DUE

441.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

441.

Statement of Changes from Original Return

Pursuant to Repeal of Section 512(a)(7)

Taxpayer: YMCA of Greater Omaha

EIN: 47-0376586

Line 12:

Originally Filed: \$3,024

Amended: \$0

Reason for Change: Repeal of Section 512(a)(7)

Line 44:

Originally Filed: \$425

Amended: \$0

Reason for Change: Repeal of Section 512(a)(7)

Line 50g:

Originally Filed: \$0

Amended: \$441

Reason for Change: Repeal of Section 512(a)(7)

Line 55:

Originally Filed: \$0

Amended: \$441

Reason for Change: Repeal of Section 512(a)(7)