29	3 9	32910520)
2(a)(7)		4	_
x Return	\ \	OMB No 1545-0687	
1819	_	2018	
ion ion is a 501(c)(3)	ŀ	Open to Public Inspection for 501(c)(3) Organizations Only	
	D Emple	loyer identification number	
	instru	uctions)	
		7-0376586 lated business activity code	
		instructions)	
			•
	7 <u>13</u>	940	
401(a)	trust	Other trust ,	
e only (or first) uni			
omplete Parts I-V.	If more	e than one,	
A for each addition	al trade	e or	
> [Ye	es No	
e number 🕨 (402	3) 930-4356	
(B) Expenses		(C) Net	
		1	
• • •	•	1	
•	-		
	CE	11/5"	
RE		11/1	
2	<u></u>	7 2022	
ig At	G 1	7 2023	
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ncome)			
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_		68.A		xempt Orga			RN - SECTION		rn Í	, OMB I	No 1545-0687	
Ę	orm	9300	-100	(a	nd proxy tax und	er sec	tion 6033(e))	1817	'''	2	N1 8	
		•	For cal	endar year 2018 or other tax ye	ear beginning irs gov/Form990T for in		, and ending	motion		_	UIU	
		tment of the Treasury Il Revenue Service	•	Do not enter SSN number	•				(3)	Open to P	ublic Inspections Conganizations	an for
A		Check box if address changed		Name of organization (D Emp (Emp		fication number	
R	F	empt under section	Print	YMCA OF GRE	ATER OMAHA				4	7-03	376586	
	_]501(c)(3)	10	Number, street, and roor		x, see ins	tructions	**	E Unre		ness activity co	
j		408(e) 220(e)	Туре	430 S 20TH					(See	instruction	3)	
[408A 530(a)		City or town, state or pro		r foreign	postal code					
[]529(a)			68102				713	940		
C	Boo	ok value of all assets and of year		F Group exemption num	ber (See instructions)	▶						
_				G Check organization typ		oration	501(c) trust	401	(a) trust		Other trus	st
Н	En	ter the number of the o	organiza	tion's unrelated trades or	businesses 🕨		Describe	e the only (or first)	unrelated	İ		
				PLOYEE PARKI				e, complete Parts I			e,	
	des	cribe the first in the bl	lank spa	ce at the end of the previo	us sentence, complete Pa	arts I and	II, complete a Schedu	ile M for each addi	tional trad	e or		
_		siness, then complete										
ı				oration a subsidiary in an	_	nt-subsid	ary controlled group?	· •	· [] Y	es L	No	
-	_			ifying number of the pare			Talaa		/ 400		10 42E	_ _
				REBECCA DETE de or Business Inc			(A) Income	hone number (B) Expen	7	;) <u>9</u> 3	30 – 435 (C) Net	<u>o</u>
_				le or business in	Joine		(A) income	(B) Expen	565	-	(O) NEL	
		Gross receipts or sale			c Balance	,,				}		
2		Less returns and allov Cost of goods sold (S		A line 7)	j C Dalalice	1c		<u> </u>	<u>``</u>	 		
		Gross profit. Subtract			~	3				<u>† </u>		_
		Capital gain net incom		4	フ !	48						
				art II, line 17) (attach Forn		4b						
		Capital loss deduction	-	. , ,	,	4c						
		•		hip or an S corporation (a	ttach statement)	5		F	REC	IVE	T)	
6		Rent income (Schedul			,	6			· · · · · ·		1.7	
7	7	Unrelated debt-finance	ed incon	ne (Schedule E)		7		12	1	7 20	ارزا م	
8	В	Interest, annuities, roy	/alties, a	nd rents from a controlled	organization (Schedule F)	8) 	AUG 1	1 20:	$\omega + h$	
9		7		on 501(c)(7), (9), or (17) c	rganization (Schedule G)	9		T		 -		<u>. </u>
10	0	Exploited exempt activ	vity inco	me (Schedule I)		10		<u> </u>)GDI	ξN	ا ل	<u> </u>
1		Advertising income (S		•		11		<u> </u>				
12		Other income (See ins		•		12		. .	• •	.		
13		Total, Combine lines				13	0.	<u>.</u>		<u> </u>		
L	۲a			ot Taken Elsewhe itions, deductions mus								
_	_			· · · · · · · · · · · · · · · · · · ·			te difference busines	33 11001110)		T		—
14		Salaries and wages	icers, air	ectors, and trustees (Sch	edule K)				14			—
18 16		Repairs and mainten	2000						16	1		—
17		Bad debts	ance						17			—
18		Interest (attach sche	dule) (se	ee instructions)					18	<u> </u>		
		Taxes and licenses	00.07 (00	,					19	 		
2020	0		ons (See	instructions for limitation	rules)				20			
\approx	1	Depreciation (attach	•		,		21					
ರಾ 🤊	,			Schedule A and elsewhe	re on return		22a		22b			
○ 23	3	Depletion							23			
	4	Contributions to defe	erred cor	mpensation plans	•				24	ļ		
₹ 25	5	Employee benefit pro	grams						25			
a 26	6	Excess exempt expe	nses (Sc	chedule I)					26	ļ		
ANNE	7	Excess readership co	·-·	•					27	1		
€ 28	В	Other deductions (at							28			
\(\frac{7}{2}\)	9	Total deductions Ad		=	a land day of the Control	A loc - 00	frankling 40		29	 		<u>0.</u>
O_{30}	0			ncome before net operatin	•				30	 		0.
ഗൃ		•	-	oss arising in tax years be		ıy I, 201	០ (១៩៩ ៣១៣០០០០)		31	 	:	0.
32	<u> </u>			ncome Subtract line 31 fro					32	Form	990-T (2)	

Form 990-		7-03	76586	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	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		-	
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		x mins, stat	
	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	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \	/ Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		_	
b	Other credits (see instructions) 45b		_	
C	General business credit Attach Form 3800 45c]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	n 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	Payments. A 2017 overpayment credited to 2018 50a			
b	2018 estimated tax payments 50b		_	
C	Tax deposited with Form 8868 50c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		╛╏	
е	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f			
g	Other credits, adjustments, and payments: Form 2439		-	
	Form 4136 X Other 441. Total ▶ 50g	441.	<u>.</u>	
51	Total payments Add lines 50a through 50g SEE STATEMENT 1		51	441.
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	>	54	441.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunde		55	441.
Part \	/I Statements Regarding Certain Activities and Other Information (see instruction	ıs)		
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			'
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			
	here ▶			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?		<u> </u>
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my kno	owieage an	d belief, it is true,
Here	17/22/2020 270	N	May the IRS	discuss this return with
. 1616	Signature of officer Date CEO			shown below (see
				² X Yes No
	Print/Type preparer's name Preparer's signature Date Chec		ıf PTIN	
Paid	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	employed	1	10262026
Prepa	Irer DEYNA C. ROUSE 06/01/20			00363036
Use C	/ V	n's EIN 🕨	4.	7-0625816
	13616 CALIFORNIA ST. STE 300		400 4	106 0000
		one no 4	402-4	196-8800
823711 01	-09-19			Form 990-T (2018)

FORM 990-T	OTHER CREDI	TS AND PAYMENTS	STATEMENT 1
DESCRIPTION			AMOUNT
ORIGINAL TAX DUE			441.
TOTAL INCLUDED ON FOR	M 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)