

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

Form 990-T

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 1812, and ending

Department of the Treasury Internal Revenue Service

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

Form sections A through J: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type; H Enter the number of the organization's unrelated trades or businesses; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of SHERRIE ROVNAN Telephone number (443) 322-8067

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here DISALLOWED TRANSPORTATION FRINGE. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

J The books are in care of SHERRIE ROVNAN Telephone number (443) 322-8067

Table with 4 columns: Part I: Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 including Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, etc.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 2 columns: Deduction description, Amount. Rows 14-32 including Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Less depreciation claimed on Schedule A and elsewhere on return; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Deduction for net operating loss arising in tax years beginning on or after January 1, 2018; Unrelated business taxable income.

Internal Revenue Service Received US Bank - USB 303 NOV 13 2020 Ogden, UT

44 Received in Batching Ogden DEC 1 2020 SCANNED MAY 0 4 2021

Part III 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) STMT 3	35	0.
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 IV 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: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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 V 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)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8868 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 985-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	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	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other 4,445. Total <input type="checkbox"/> SEE STATEMENT 2	50g	4,445.
51	Total payments. Add lines 50a through 50g	51	4,445.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	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	4,445.
55	Enter the amount of line 54 you want credited to 2018 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	55	4,445.

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

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 (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 <input type="checkbox"/>	Yes	No
57	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. <input type="checkbox"/>		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

Sign Here

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.

Signature of officer: *[Signature]* Date: 11-9-2020 Title: CFO

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

Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JULIA FLANNERY, CPA	<i>[Signature]</i>	10/13/20		P00928918
	Firm's name <input type="checkbox"/> RSM US LLP	Firm's EIN <input type="checkbox"/> 42-0714325		Phone no. 410-246-9301	
	Firm's address <input type="checkbox"/> 100 INTERNATIONAL DRIVE, SUITE 1400				
	BALTIMORE, MD 21202				

FOOTNOTES

STATEMENT 1

2018 AMENDED FORM 990-T SUPPLEMENTAL STATEMENT

THE FURTHER CONSOLIDATED APPROPRIATION ACT OF 2020 WAS SIGNED INTO LAW ON DECEMBER 20, 2019, WHICH REPEALED IRC SECTION 512(A)(7) RETROACTIVELY TO THE DATE OF ORIGINAL ENACTMENT. YMCA OF CENTRAL MARYLAND, INC. UPDATED FORM 990-T, PART III, LINE 34 TO SHOW \$0 IN UNRELATED BUSINESS INCOME FROM TAXABLE FRINGE BENEFITS. THE FOLLOWING ADDITIONAL LINES WERE UPDATED ON THE AMENDED RETURN:

- PART II, LINE 19
- PART II, LINE 28
- PART II, LINE 29

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION		AMOUNT
PRIOR YEAR TAX ON TRANSPORTATION FRINGE		4,445.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G		4,445.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	674.	0.	674.	674.
NOL CARRYOVER AVAILABLE THIS YEAR			674.	674.