

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 and ending 1812

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

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

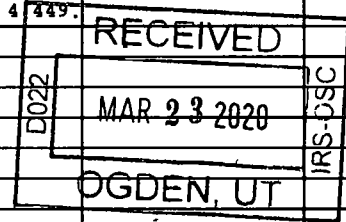
H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here SEE STATEMENT 1.

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 KRIS LAMBRIGHT Telephone number 206-490-4380

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Capital gain, etc. Total income 8,986.

Table for Part II: Deductions Not Taken Elsewhere. Rows include Compensation of officers, Charitable contributions, Depreciation, etc. Total deductions 832. Unrelated business taxable income 8,154.



SCANNED JUL 15 2020

JUN 16 2020

46 Received in Batching Ogden

Handwritten number 35

<b>Part III Total Unrelated Business Taxable Income</b>	
33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 8,154.
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 8,154.
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 7,154.

<b>Part IV Tax Computation</b>	
39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39 1,502.
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 1,502.

<b>Part V Tax and Payments</b>	
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 1,502.
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 8866 <input type="checkbox"/> Other (attach schedule)	47
48 Total tax. Add lines 46 and 47 (see instructions)	48 1,502.
49 2018 net 965 tax liability paid from Form 965-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 5,041.
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 type="checkbox"/> Other _____ Total	50g
51 Total payments. Add lines 50a through 50g	51 5,041.
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 3,539.
55 Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55 3,539.

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
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			X
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.			X
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: JWH Date: 13/6/2020 Title: CHIEF EXECUTIVE OFFICER

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

Print/Type preparer's name JENNIFER BECKER HARRIS	Preparer's signature JENNIFER BECKER HARRIS	Date 3/02/20	Check <input type="checkbox"/> if self-employed	PTIN P00183358
Firm's name <u>CLARK NUBER, PS</u> 10900 NE 4TH STREET, SUITE 1400 Firm's address <u>BELLEVUE, WA 98004</u>			Firm's EIN <u>91-1194016</u> Phone no. <u>425-454-4919</u>	

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY  
EIN 91-0482890  
TAX YEAR ENDED DECEMBER 31, 2018

AMENDED RETURN STATEMENT

FORM 990-T IS AMENDED DUE TO THE REPEAL OF CODE SEC. 512(A)(7). THE FOLLOWING LINES OF FORM 990-T CHANGED:

	ORIGINAL	AMENDED
<b>PART II, LINE 20, CHARITABLE CONTRIBUTIONS</b>	\$2,666	\$795
<b>PART III, LINE 33, UNRELATED BUSINESS TAXABLE INCOME FROM ALL UNRELATED TRADES OR BUSINESSES</b>	\$6,283	\$8,194
<b>PART III, LINE 34, DISALLOWED FRINGES</b>	\$18,722	\$0
<b>PART III, LINE 36, DEDUCTION FOR NET OPERATING LOSS</b>		
<b>PART III, LINE 38, UNRELATED BUSINESS TAXABLE INCOME</b>	\$24,005	\$7,154
<b>PART IV, LINE 44, TOTAL TAX</b>	\$1,134	\$1,502
<b>PART V, LINE 53, TAX DUE</b>	\$0	\$0
<b>PART V, LINE 51, TOTAL PAYMENTS</b>	\$5,300	\$5,041
<b>PART V, LINE 54, OVERPAYMENT</b>	\$259	\$3,539
<b>PART V, LINE 55, OVERPAYMENT APPLIED TO 2019 FORM 990-T</b>	\$0	\$0
<b>PART V, LINE 55, REFUND OF OVERPAYMENT</b>	\$259	\$3,539

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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UNRELATED INCOME FROM ALTERNATIVE INVESTMENT ACTIVITIES  
TO FORM 990-T, PAGE 1

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

- FOR TAX YEAR 2013
- FOR TAX YEAR 2014
- FOR TAX YEAR 2015
- FOR TAX YEAR 2016
- FOR TAX YEAR 2017

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS 76,674

TOTAL CONTRIBUTIONS AVAILABLE

76,674

TAXABLE INCOME LIMITATION AS ADJUSTED

795

EXCESS 10% CONTRIBUTIONS

75,879

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

75,879

ALLOWABLE CONTRIBUTIONS DEDUCTION

795

TOTAL CONTRIBUTION DEDUCTION

795