

AMENDED RETURN- SECTION 512(a)(7) REPEAL

OMB No. 1545-0687

2017

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning 2017, and ending 2017

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
501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization (Check box if name changed and see instructions.)
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE EAST BAY
Number, street, and room or suite no. If a P.O. box, see instructions.
2330 BROADWAY
City or town, state or province, country, and ZIP or foreign postal code
OAKLAND, CA 94612

D Employer identification number (Employees' trust, see instructions.)
94-1156635
E Unrelated business activity codes (See instructions.)

C Book value of all assets at end of year
98,754,288

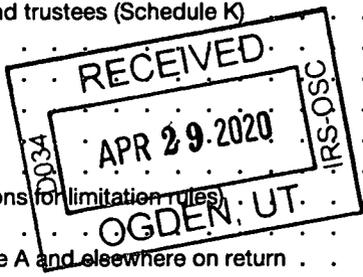
F Group exemption number (See instructions.)
G Check organization type: [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust

H Describe the organization's primary unrelated business activity. Employee transportation fringe benefits - 512(a)(7) repeal
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [] Yes [X] No

J The books are in care of: CHERI MEZZAPELLE Telephone number: (510) 318-7657

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction, Income (loss) from partnerships, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents, Investment income, Exploited exempt activity income, Advertising income, Other income, Total.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Charitable contributions, Depreciation, Less depreciation claimed, 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, Net operating loss deduction, Unrelated business taxable income before specific deduction, Specific deduction, Unrelated business taxable income.



SCANNED OCT 01 2020

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____			
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____			
c Income tax on the amount on line 34	35c		0
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36		
37 Proxy tax. See instructions	37		
38 Alternative minimum tax	38		
39 Tax on Non-Compliant Facility Income. See instructions	39		
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		0

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b Other credits (see instructions)	41b			
c General business credit. Attach Form 3800 (see instructions)	41c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e Total credits. Add lines 41a through 41d	41e			0
42 Subtract line 41e from line 40	42			
43 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)	43			
44 Total tax. Add lines 42 and 43	44			
45a Payments: A 2016 overpayment credited to 2017	45a			
b 2017 estimated tax payments	45b			
c Tax deposited with Form 8868	45c	18000		
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e Backup withholding (see instructions)	45e			
f Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	45g			
46 Total payments. Add lines 45a through 45g	46			18000
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47			
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48			
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49			18000
50 Enter the amount of line 49 you want. Credited to 2018 estimated tax ▶ 10451 Refunded ▶	50			7549

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

51 At any time during the 2017 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 ▶	Yes	No
52 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.		✓
53 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 ▶ Larry Kuechler Signature of officer Date 04/17/2020 Title VICE PRESIDENT / 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
	LARRY KUECHLER	LARRY KUECHLER	04/17/2020		P00233621
	Firm's name ▶ ARMANINO LLP	Firm's EIN ▶ 94-6214841		Phone no. (408)200-6400	
Firm's address ▶ 50 W. SAN FERNANDO ST. SUITE 500, SAN JOSE, CA 95113-2433					

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE EAST BAY

FEIN 94-1156635

Fiscal year 07/01/2017-06/30/2018

Amended Return Statement:

Form 990-T is being amended to Claim a Refund of Unrelated Business Income Tax (UBIT) for Qualified Transportation Fringe Amounts (Section 512(a)(7) Repeal). The amount reported on original 990-T line 12 was \$42,994 and it is now reduced to zero.