-	990-T	Ex	empt Organization E				x Return	ļ	OMB No 1545-0047
Fo	rm 990-1	For enlander year	(and proxy tax				1912		2019
•		1	ir 2019 or other tax year beginning _ o to <i>www.irs.gov/Form990T</i> fo				nformation		2015
Depart	ment of the Treasury I Revenue Service	3	enter SSN numbers on this form as i					87.	Open to Ruffic Inspection for Solid Control of Solid Cont
A	Check box if	30 1.00		<u>-</u>	hanged and see	<u> </u>			mployer identification number
BE	address changed cempt under section		YOUNG MEN'S CHRIST	IAN A	ASSOCIAT	ION OF		in	mployer identification number imployees' trust, see structions.)
	501(C) (O3)	or	ORANGE COUNTY					!	95-1644055
	408(e) 220((e) Type	13821 NEWPORT AVE.	#20	0				Inrelated business activity code See instructions)
	408A 530	(a)	TUSTIN, CA 92780					`	,
<u>_</u> _	529(a)		<u> </u>					!	532000
C Bo	ok value of all assets end of year		exemption number (See instruc			F-1			
	38,564,886	<u> </u>	k organization type ► X		<u> </u>		<u>``</u>	401(a)	
	nter the number of t ade or business he	-	's unrelated trades or businesse	S.	<u>1</u>	D	escribe the only i		unrelated ne, complete Parts I–V.
			t in the blank space at the en	d of the	previous se	entence, co			
fo	or each additional t	rade or busine	ess, then complete Parts III-V	<u>. </u>	·	•			·
	•	•	oration a subsidiary in an affili	_		rent-subsidi	ary controlled g	roup?	. ► Yes XNo
		· · · · · · · · · · · · · · · · · · ·	fying number of the parent co	rporation	on •		olonbono numb	orb 71	14 740 0600
Par	he books are in care	0010	E KIRCHHOFER Business Income		(A) In		(B) Expen:		14-549-9622 (C) Net
ASSESSED BY	Gross receipts or		ousiness income				(B) Expen	100	(C) NET
	Less returns and allow		c Balance	1c	RECEI	VED			
	Cost of goods sold		line 7)	12			ZIS ASA	7	
3	Gross profit. Subti	ract line 2 fron	n line 1¢	3	FEB 1 6		and the second s		
	Capital gain net in	•	· ·	Ф/4a				1 30	
	Net gain (loss) (Form 4	•	• •	46	OGDE	N. UT			
	Income (loss) from		r an S comoration	4c	0000				
3	(attach statement)		· · · · · · · · · · · · · · · · · · ·	. 5					
6	Rent income (Sch	edule C)		6					
7			(Schedule E)	7	1	<u>11,732.</u>	203	<u>,028.</u>	-91,296.
8		•	om a controlled organization (Schedule F)						
9 10			ı, (9), or (17) organization (Schedule G) e (Schedule I)	10	<u> </u>	/_	<u> </u>		<u> </u>
11	Advertising incom	-	· ·	11		- <i>f</i>			
12	_		attach schedule)					** **********************************	
	•	•	SEE STATEMENT 1	12		853.			853.
13	Total. Combine lin			. 13/	1	12,585.	203	,028.	-90,443.
Par			en Elsewhere (See instru			ations on	deductions.)	(Ded	uctions must be
14	Compensation of	officers direct	ith the unrelated busines ors, and trustees (Schedule K	s inco	ome.)			. 14	1
15	Salaries and wage	es	ors, and diastees (ochequie it	,				15	
16	Repairs and main	tenance	·····					16	
17	Bad debts							17	
18			nstructions)						
19	Taxes and license	s	<i>.f</i>					. 19	
20	Depreciation (atta	ch Form 4562)				20	219,314		-1
21	Less depreciation	claimed on So	chedule A and elsewhere on re	eturn .	•••••	21a		21 b	219,314.
22 23			ensation plans						
24									
25			dule I)						
26	Excess readership	costs (Sched	ule J)					26	
27	Other deductions	(attach schedu	ıle)					27	
28			through 27						219,314.
29 30	Deduction for net oper	is taxable inco atino loss arisino i	me before net operating loss (n tax years beginning on or after Janui	aeaucti arv 1. 201	on, Subtract 18 (see instruct	i iine 28 fro ions).	STATEMENT	2 30	-309,757.
			me. Subtract line 30 from line					. 31	-309,757.
			lotice see instructions	_					Form 990-T (2019)

Form	7 990-T	(2019) YOUNG MEN'S CHRISTIAN ASSOCIATION OF		95	-1644055	Page 2
Pa		Total Unrelated Business Taxable Income		•		
32		of unrelated business taxable income computed from all unrelated trades of			32	200 757
33		ctions)			33	-309,757.
34		table contributions (see instructions for limitation rules)			34	
		unrelated business taxable income before pre-2018 NOLs and specific dedu			34	
35	the si	m of lines 32 and 33		~	35	-309,757.
36	Deducti	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instr.)		SEE ST 3	36	303, 131.
	Total	of unrelated husiness toyable unema before specific deduction. Subtract lis	a 26 from line	25	37	-309,757.
37		of unrelated business taxable income before specific deduction. Subtract lin			38	-309, 737.
38		fic deduction (Generally \$1,000, but see line 38 instructions for exceptions) ated business taxable income. Subtract line 38 from line 37. If line 38 is gr			38	
33	enter	the smaller of zero or line 37			39	-309,757.
Pa		Tax Computation				
40		nizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		.	40	0.
		s Taxable at Trust Rates. See instructions for tax computation. Income tax				
		e 39 from: Tax rate schedule or Schedule D (Form 1041)			41	
42		tax. See instructions			42	
43		native minimum tax (trusts only)			43	
44		n Noncompliant Facility Income. See Instructions.			44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0.
		Tax and Payments				
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116) .	46a			
			46b			
		ral business credit. Attach Form 3800 (see instructions)	46 c			
		t for prior year minimum tax (attach Form 8801 or 8827)				
6	e Total	credits. Add lines 46a through 46d			46 e	0.
47	Subtr	act line 46e from line 45			47	0.
48		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form				
		Other (attach schedule)			48	
		tax. Add lines 47 and 48 (see instructions)			49	0.
50	2019	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k	(), line 3		50	
51 a	a Paym	nents: A 2018 overpayment credited to 2019	51 a			
		estimated tax payments	51 b			
		leposited with Form 8868	51 c			
		gn organizations: Tax paid or withheld at source (see instructions)	51 d			
		up withholding (see instructions)	51 e			
		t for small employer health insurance premiums (attach Form 8941) r credits, adjustments, and payments: Form 2439	51 f			
,		orm 4136 Other Total .	E1 -			
ro	_		51 g		52	0
52		payments. Add lines 51a through 51g		▶□	53	0.
53		lue. If line 52 is less than the total of lines 49, 50, and 53, enter amount ow	od		54	
54		· · · · · · · · · · · · · · · · · · ·			\longrightarrow	
5 5		payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount of line 55 is larger than the total of lines 49, 50, and 53, enter amount of line 55 is larger than the total of lines 49, 50, and 53, enter amount of lines 55 is larger than the total of lines 49, 50, and 53, enter amount of lines 49, enter amount of lines 4	ount overpaid	 Doğumalari	55	
56		the amount of line 55 you want: Credited to 2020 estimated tax	Alam /	Refunded►	56	
		Statements Regarding Certain Activities and Other Informa				- Iv
57		y time during the 2019 calendar year, did the organization have an interest in or a				Yes No
		cial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization of the foreign country of the foreign country.		to the Fincer	N FORM 114,	
		t of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign			- 	X
58		g the tax year, did the organization receive a distribution from, or was it the	grantor of, or	transferor to,	a foreign trust	17. X
		s,' see instructions for other forms the organization may have to file.				
_59	Enter	the amount of tax-exempt interest received or accrued during the tax year	Ş Idə ərd ətətərərət	0.	all air, barrandada a	
c:_		Under penalties of perjury, I declare that I have examined this return, including accompanying schelbelief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	information of which	n preparer has any	knowledge.	
Sig Her		1 2/5/2021 P	RESIDENT &	E CEO	May the IRS disci the preparer show	uss this return with
1161		Signature of difficer Date Tit	le		instructions)?	X Yes No
		Print/Type preparer's name Preparer's signature D	ate	Check 1	[PTIN	
Pai			0/27/2020			:no1
Pre		CHRISTINA M. WENK, CPA WHITE NELSON DIEHL EVANS LLP	1 LIJUE	self-employed	P01255	
par Use		WILLIE WEEDON DIZINE BYING ZZZ		FIIMSEIN	33-00003	01
On		Firm's address 2875 MICHELLE DRIVE, SUITE 300			/714\ 0	70_1200
BAA		IRVINE, CA 92606 TEEA0202L 02/21/20		Phone no.		978-1300 m 990-T (2019)
אט	•	ICEAUZUZL UZZZIZU			1.01	2202) 1 (2012)

Form 990-T (2019) YOUNG MEN'S CHRIS	STIAN ASSOCIATION	OF	95-1644055	Page 3
Schedule A - Cost of Goods Sold. Ent				
1 Inventory at beginning of year	1	~	nd of year 6	
2 Purchases	2	7 Cost of goods	s sold. Subtract e 5. Enter here	
3 Cost of labor	3	line 6 from lin	e 5. Enter here	
4 a Additional section 263A costs (attach schedule)		and in Part I,	line 2	
	4a			Yes No
b Other costs (attach sch)	4b		of section 263A (with respect to uced or acquired for resale) app	
5 Total. Add lines 1 through 4b.	5	to the organiz	ation?	" x
Schedule C — Rent Income (From Rea	Property and Person	al Property Leas	ed With Real Property) (se	e instructions)
1 Description of property				
(1)				
(2)				
(3)				
(4)		· ·		
	ed or accrued			
(a) From personal property (If the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and per (if the percentage of re property exceeds 50% based on profit of	ent for personal or if the rent is	3(a) Deductions directly cor the income in columns 2(a (attach schedule	i) and 2(b)
(1)				
(2)				
(3)				

Schedule E — Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to debt-financed property SEE ST 4 2 Gross income from 1 Description of debt-financed property or allocable to debt-(a) Straight line depreciation (attach sch) financed property (b) Other deductions (attach schedule) (1)13821 NEWPORT AVENUE, TUSTIN, CA 9278 216,381 393,185. (2)(3) (4) 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 6 Column 4 divided by column 5 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) 4 Amount of average acquisition debt on or allocable to debt-financed 7 Gross income reportable (column 2 x column 6) property (attach schedule) (1) 2,874,334 5,566,448 51.6368 111,732 203,028. क्र (2) 용 (3) 욯 (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B). 203,028. 111,732 Total dividends-received deductions included in column 8

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(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . .

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Total

(c) Total Income. Add totals of columns 2(a) and 2(b). Enter

here and on page 1, Part I, line 6, column (A) .

(4) Total

BAA

Schedule F – Interest, A	nnuiti	es, Royalti	es, a	nd Re	nts Fron	n (Controlled C)rga	nizations (s	see ins	tructions)	
**			Exem	pt Con	trolled Org	gar	nizations					
1 Name of controlled organization	ider	imployer ntification number	11	Net unr ncome (e instru		4	Total of specification payments made		5 Part of c that is inc the cont organiza gross in	luded i rolling ation's	n co	ductions directly onnected with ome in column 5
(1)												· · · · · · · · · · · · · · · · · · ·
(2)												
(3)									ļ			
(4)						L			<u> </u>			
Nonexempt Controlled Organiza	ations_											
7 Taxable Income	inc	et unrelated come (loss) instructions)			f specified its made	1	10 Part of or included in organization	the (controlling		connected	tions directly I with income Iumn 10
(1)						T		_				
(2)			1					•				
(3)												
(4)												
					·		Add columns here and on p 8, col	age 1	, Part I, line	Add here	and on p	6 and 11. Enter age 1, Part I, line umn (B).
Schedule G — Investmen	t Inco	ma of a Sa	ction	5016	··· · · · ·	بن	or (17) Organ	nizat	ion (see incl	ruetion)c)	
1 Description of income		2 Amount			3 direc	De	ductions connected schedule)		4 Set-asides attach schedu		5 Tota set-as	deductions and sides (column 3 us column 4)
(1)	-			-	<u> </u>		-					
(2)												
(3)												
(4)												
Totals	►	Enter here as Part I, line 9	, colui	mn (A).	her Tha	n /	Advertising	Inco		ruction	Part I, li	re and on page 1, ne 9, column (B).
1 Description of exploited a		2 Gros unrelate busines income fr trade of busines	s ed ss rom or	3 Exper conne pro of u	nses directly ected with duction inrelated ess income	fro or 2 r	Net income (loss) om unrelated trade business (column minus column 3). f a gain, compute umns 5 through 7.	5 Gro	ss income from only that is not lated business income	6 Exp	penses itable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)		1				Г					 	
(2)												
(3)						Г						
(4)		1				Г	-					
Totals		Enter her on page Part I, lin column	e 1, e 10,	on i	here and page 1, I, line 10, mn (B).							Enter here and on page 1, Part II, line 25.
Schedule J - Advertisin	a Inco	me (see ins	tructio	ins)		MEN	Market State of the State of S	T T AND STORE		00 men	agorec viet v t	Я
Part Income From Pe					nsolida	te	d Rasis					.
PARTIES MICOINE TIONITE	Houre	2 Gros			Direct	_	Advertising gain or	5.0	Circulation	6 Rea	dership	7 Excess readership
1 Name of periodical	l	advertis	ıng	adv	ertising osts	10	loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		income		osts	costs (col. 6 minus col. 5, but not more than col. 4).
(1)						-						
(2)				<u> </u>		IN IN		<u> </u>				
(3)				-				-				
(4)						186		<u> </u>				
Totals (carry to Part II, line (5))	•			CE 40004 I		1000					Parm 900 T (2010)

,					
Form,990-T (2019)	YOUNG	MEN'S	CHRISTIAN	ASSOCIATION	OF

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95-1644055

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Part III Income From Periodical 7 on a line-by-line basis.)				periodical listed in	Part II, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4) Totals from Part I	1	<u> </u>				
Totals, Part II (lines 1− 5) ►	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).		E.		Enter here and on page 1, Part II, line 26.
Schedule K — Compensation of	Officers, Dire	ctors, and Tri	u stees (see instr	ructions)	and the second second second	
1 Name			2 Title	3 Percent of time devote to busines	ed to unrela	ation attributable ated business
					%	
					%	
					क्ष	
					용	
Total. Enter here and on page 1, Part II	, line 14				>	

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019	FEDERAL STAT	- · · · · · ·	PAGE
LIENT YMC001	YOUNG MEN'S CHRISTIAN ORANGE COI		95-16440!
27/20		· · · · · · · · · · · · · · · · · · ·	12,29
	NE 12 S AND CASH INVESTMENTS		
STATEMENT 2 FORM 990-T, PART II, L NET OPERATING LOSS	INE 30 CEDUCTION		
LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
-	\$ 330,132. \$		
NET OPERATING LOSS TAXABLE INCOME NET OPERATING LOSS	AVAILABLE DEDUCTION (LIMITED TO TAXA	BLE INCOME)	\$ 330,132. \$ -309,757. \$ 0.
CTATEMENT 2			
STATEMENT 3 FORM 990-T, PART III, I NET OPERATING LOSS LOSS YEAR ENDING	ORIGINAL	LOSS PREVIOUSLY USED	LOSS AVATLABLE
FORM 990-T, PART III, I NET OPERATING LOSS LOSS YEAR ENDING	ORIGINAL LOSS	PREVIOUSLY USED	AVAILABLE
LOSS YEAR ENDING 12/31/17 NET OPERATING LOSS TAXABLE INCOME. NET OPERATING LOSS TAXABLE INCOME. NET OPERATING LOSS STATEMENT 4 FORM 990-T, SCHEDUI	ORIGINAL LOSS \$ 49,312. \$ AVAILABLE. DEDUCTION (LIMITED TO TAXA	PREVIOUSLY USED 0. \$	AVAILABLE 49,312. \$ 49,312. \$ -309,757.