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Depletion Contributions to deferred compensation plans Employee benefit programs Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Jecupic deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 from line 32, enter the smaller of zero or unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or unrelated business taxable income Subtract line 33 from line 32.	21 Depreciation (attach Form 4562)		21 2013			
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27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 31 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 32 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	25 Employee benefit programs				-	
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34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	Unrelated dusiness taxable income before net operating loss deduction. Subtr	ract line 29 fr		•		-2,604
34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	Net operating loss deduction (limited to the amount on line 30)	I from line 90		Ş		2 (2)
34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	official pushiess taxable income before specific deduction. Subtract line 31		,			
/ line 32	34 Unrelated husiness tayable income. Subtract line 33 from line 32 if line 32 if		in line 32 enter the cma	ller of zero or	"	1,000
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91

Form 990-1	(2017) INC.			31-099701	.7		F	Page 2
Part I	Tax Computation							
35	Organizations Taxable as Corporations. See instructions for tax computation.			-				
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See ins	tructions and:			1 1			
9	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets				1			
a	(1) \$ (2) \$ (3) \$	(1		1 1			
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				1			
U	The state of the s				ĺĺ			
	(2) Additional 3% tax (not more than \$100,000)			_	J			_
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							
	Tax rate schedule or 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 I	V Tax and Payments							
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	4	1a					
			1b		1			
		··· —	1c		1 1			
C		· · -	10		1 i			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	····· · · · · · · · · · · · · · · · ·			 			
е	Total credits. Add lines 41a through 41d	•••••			41e			
42	Subtract line 41e from line 40	<u>.,</u>			42			<u>0.</u>
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 8866	U Other	(attach schedule)	43			
44	Total tax. Add lines 42 and 43				44			0.
45 a	Payments: A 2016 overpayment credited to 2017	4	5a]]			
	2017 estimated tax payments		5b		1			
C	Tax deposited with Form 8868	4	5c		1			
ď	Foreign organizations: Tax paid or withheld at source (see instructions)	4	5d		1			
	Backup withholding (see instructions)		5e		1			
	Credit for small employer health insurance premiums (Attach Form 8941)	· · · · · 	15f		1			
	Other credits and payments: Form 2439	·· · F			1			
ę	Form 4136 Other	Total ▶ 4			1 1			
40		· -	5g					
46	Total payments. Add lines 45a through 45g				46			
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached				47			
48 -	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed \dots				48			0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount ove	rpaid			49			0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax			efunded 📂	50			
Part '	Statements Regarding Certain Activities and Other I	nformation	(see instr	uctions)				
51	At any time during the 2017 calendar year, did the organization have an interest in o	r a signature or	other autho	rity			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the	organization ma	y have to fi	le		Γ	$\neg \neg$	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the						l	1
	here >]~		X
52	During the tax year, did the organization receive a distribution from, or was it the gra	entor of, or trans	feror to a f	preion trust?			\neg	х
	If YES, see instructions for other forms the organization may have to file.			oroigii a oot.		· ····	$\neg \dashv$	 -,
53	Enter the amount of tax-exempt interest received or accrued during the tax year	¢						
	Under penalties of perary, I declare that I have examined this return, including accompanying		ements, and to	the best of my kno	wledge a	nd belief, it us tr	nue.	<u>'</u>
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information	of which preparer h	ias any knowl	edge.				
Here	10/1/19 Nov.	DITOR MICE	DDBATDEN		-	S discuss this r		with
11010		NIOR VICE	PRESIDEN			sr shown below		l
		; 			rstruction		<u> </u>	No :
	Print/Type preparer's name Preparer's signature	Date	ſ	Check	it PTI	N		
Paid	0. 201	M		self- employed				
Prepa	REBECCA L. PHILLIPS, CPA KELECAS. VL	Ne 05/06	/19		_ P	00024055		
Use (IC: A MON ODEO C EDUTOODO EED	3		Firm's EIN	2	7-1235638		
USE (462 S. FOURTH ST., SUITE 2600							
	Firm's address LOUISVILLE KY 40202-3445			Phone no. (502)7	49-1900		
				•		Form 99	0-T	(2017)

723711 01-22-18

Schedule A - Cost of Good	s Sold. Enter r	method of invent	tory v	aluation N/A				
1 Inventory at beginning of year	1_		T	Inventory at end of yea	r		6_	
2 Purchases	2		7	Cost of goods sold Su	ıbtract I	ine 6		
3 Cost of labor	3		1	from line 5. Enter here	and in f	Part I,	l	
4a Additional section 263A costs			1	line 2		,	7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		1	property produced or a	•	•		
5 Total. Add lines 1 through 4b	5		1	the organization?	•	,,		. - - '
Schedule C - Rent Income	(From Real	Property and	l Pe	rsonal Property	Leas	ed With Real Pro	pert	y)
(see instructions)								
1. Description of property								
(1)		 -						
(2)								
(3)								
(4)								
	2. Rent receive					0(-) 0		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a		attach schedule)
(1)								
(2)					_			
(3)								
(4)								
Total	0_	Total			0.			
here and on page 1, Part I, line 6, column	1 (A)	>			_0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)				
			2	. Gross income from		3 Deductions directly cor to debt-finance	nected ced prop	with or allocable perty
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) Schedule E - Unrelated Debt-Financed Incom 1 Description of debt-financed property				or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)							-	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to ced property schedule)	6	Column 4 divided by column 5	1	7 Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				<u> </u>
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		enter here and on page 1, Part I, line 7, column (B)
Totals				▶]				0.
Total dividends-received deductions in	cluded in column	8					•	0.
					-			Form 990-T (2017)

Form 990-T (2017)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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 (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.			<u> </u>	
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.	,	-		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title .	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

FORM 990-T		SS) FROM PARTNERS S CORPORATIONS	HIPS	STATEMENT	
DESCRIPTION				AMOUNT	
YEARLING FU	ND II LP TMENT LIMITED PAR!	TNERSHIP ANN P DA	VIS & ELIZABETH	-12,	523
M PRICE GEN				-	154 29
FOTAL TO FO	RM 990-T, PAGE 1,	LINE 5		-12,	648
FORM 990-T		OTHER INCOME	 	STATEMENT	
DESCRIPTION	•	•		AMOUNT	
DISALLOWED '	TRANSPORTATION FR	INGE BENEFITS		10,	044
FOTAL TO FO	RM 990-T, PAGE 1,	LINE 12		10,	044
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/17	18,076.	0.	18,076.	18,0	16.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	18,076.	18,07	16.