

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

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning OCT 1, 2017 and ending SEP 30, 2018

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

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); Name of organization: YOUTHLINK; Address: 41 NORTH 12TH STREET, MINNEAPOLIS, MN 55403; Employer identification number: 41-1341773; F Group exemption number: 480000; G Check organization type: 501(c) corporation.

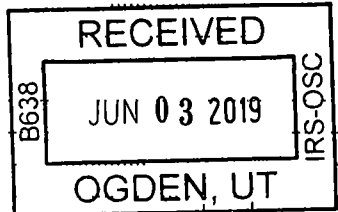
Section H: Describe the organization's primary unrelated business activity: QUALIFIED TRANSPORTATION FRINGE BENEFITS. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

The books are in care of CLIFTONLARSONALLEN LLP Telephone number (612) 859-2691

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1c Gross receipts or sales; 2 Less returns and allowances; 3 Cost of goods sold; 4a Net gain (loss); 12 Other income (STATEMENT 1); 13 Total. Total income: 5,186.

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 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions (0); 30 Unrelated business taxable income before net operating loss deduction (5,186); 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction (5,186); 33 Specific deduction (1,000); 34 Unrelated business taxable income (4,186).



Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here 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 SEE STATEMENT 2 35c 815.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) 36

37 Proxy tax. See instructions 37

38 Alternative minimum tax 88

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 44 40 815.

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 41c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d

e Total credits. Add lines 41a through 41d 41e

42 Subtract line 41e from line 40 42 815.

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43

44 Total tax. Add lines 42 and 43 44 815.

45a Payments: A 2016 overpayment credited to 2017 45a

b 2017 estimated tax payments 45b

c Tax deposited with Form 8868 45c

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: Form 2439 Form 4136 Other _____ Total 45g

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 48 815.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded 50

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 X

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. Yes No X

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: Signature of officer: *Karen Gries* Date: _____ Title: EXECUTIVE DIRECTOR

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

Paid Preparer Use Only: Print/Type preparer's name: KAREN GRIES Preparer's signature: *Karen Gries* Date: 4/8/2019 Check if self-employed PTIN: P00078514

Firm's name: CLIFTONLARSONALLEN LLP Firm's EIN: 41-0746749

Firm's address: 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402 Phone no.: 612-376-4500

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

QUALIFIED TRANSPORTATION FRINGE BENEFITS

5,186.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

5,186.

FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 2

1.	TAXABLE INCOME		4,186
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .		4,186
3.	LINE 1 LESS LINE 2		0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .		0
5.	LINE 3 LESS LINE 4		0
6.	INCOME SUBJECT TO 34% TAX RATE		0
7.	INCOME SUBJECT TO 35% TAX RATE		0
8.	15 PERCENT OF LINE 2		628
9.	25 PERCENT OF LINE 4		0
10.	34 PERCENT OF LINE 6		0
11.	35 PERCENT OF LINE 7		0
12.	ADDITIONAL 5% SURTAX		0
13.	ADDITIONAL 3% SURTAX		0
14.	TOTAL INCOME TAX		<u>628</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017		<u>879</u>
		DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	92	158
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	273	657
18.	TOTAL TAX PRORATED	<u>365</u>	<u>815</u>