AMENDED RETURN - SECTION 512(A)(7) REPEAL 2939322100107 OMB No. 1545-0687 **Exempt Organization Business Income Tax Return** Form 990-T (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning JULY 1 , 2017, and ending JUNE 30,20 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). A Check box if address changed D. Employer identification number (Employees' trust, see instructions) YOUNG AUDIENCES OF OREGON, INC. **B** Exempt under section **Print ☑** 501( c )( 3 ) Number, street, and room or suite no. If a P.O. box, see instructions 93-0521848 or E Unrelated business activity codes 408(e) 220(e) 1220 SW MORRISON ST STE 1000 Type (See instructions.) 1 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) PORTLAND, OR 97205 C Book value of all assets Group exemption number (See instructions.) ▶ G Check organization type ► 7 501(c) corporation ☐ 501(c) trust □ Other trust Describe the organization's primary unrelated business activity TRANSPORTATION BENEFITS During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . > \(\) Yes \(\) Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ BRETT KIMBALL Telephone number ▶ (503) 225-5900 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales b Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) . . . 2 3 Gross profit. Subtract line 2 from line 1c. RECEIVED Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b MAY 2 0 2020 Ò 4c Income (loss) from partnerships and S corporations (attach statement) 5 6 OGDEN LIT 7 Unrelated debt-financed income (Schedule E) . . . . . 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) . . . . . 10 11 Advertising income (Schedule J) . . . . . . . . . . . 11 12 Other income (See instructions; attach schedule) . . . . . 12 0 13 Total. Combine lines 3 through 12 13 0 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.) Compensation of officers, directors, and trustees (Schedule K) . . . 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 **Bad debts** 17 18 Interest (attach schedule) 18 19 Taxes and licenses . . . . . . . . . . . . . 19 20 Charitable contributions (See instructions for limitation rules) . . . 20 21 21 22 Less depreciation claimed on Schedule A and elsewhere on return. 22b 23 23 24 Contributions to deferred compensation plans 25 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 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 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30. ٥ 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . . 1000 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

Form 990-T (2017)

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Part !	Tax Computation					<del></del>
35 ≻	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group					
	members (sections 1561 and 1563) check here ▶ ☐ See instructions and:					
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
	(1)  \$   (2)  \$   (3)  \$					1
b		tional 5% tax (not more than \$11,750)	\$			
	*	(100,000)	\$	1		
C	•			<b>→</b>	35c	n
36		See instructions for tax computa				<del></del>
	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			•	38	
39	Tax on Non-Compliant Facility Income. See instructions			•	39	<del></del>
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies				40	0
	art IV Tax and Payments					
41a	Foreign tax credit (corporations attach Foreign tax credit (corporations attach Foreign tax)	orm 1118: trusts attach Form 1116)	41a	T		<del></del>
	Other credits (see instructions)		41b	<del> </del>		
c	General business credit. Attach Form		41c	<b></b>		
d	Credit for prior year minimum tax (atta	· · · · · · · · · · · · · · · · · · ·	41d	+-		ļ
	Total credits. Add lines 41a through 41d				41e	
42	Subtract line 41e from line 40				42	0
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				43	<del></del>
44	Total tax. Add lines 42 and 43				44	
	Payments: A 2016 overpayment credited to 2017					
ь	• •			+		;
C	Tax deposited with Form 8868		45c	+		
d	-		45d	<del> </del>		j
e	Foreign organizations: Tax paid or withheld at source (see instructions)					
f	Credit for small employer health insura		451	┼		
g		Form 2439 5		<del></del>		
9	☐ Form 4136 [7]	Other 410 Total >-				
46	Total payments. Add lines 45a through			<u> </u>	<b>¥</b> 6	430
47	Total payments. Add lines 45a through 45g Estimated tax penalty (see instructions). Check if Form 2220 is attached				47	410
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed				48	
49		the total of lines 44 and 47, enter amount	_	8	49	410
50	Enter the amount of line 49 you want: Cred		Refunde		<del></del>	410
Part					40	410
51						
<b>J</b> 1						ity Limited
	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 ▶		onto: the harrie of		oigii oodii	""
52	***************************************	eceive a distribution from, or was it the grant	for of or transferor to		uan toict?	···
V.	If YES, see instructions for other form:	<del>-</del>	tor or, or transferor to	, a luit	ayır trust?	·
53		•	aar 🕨 🤻			
	Enter the amount of tax-exempt interest received or accrued during the tax year   \$ Under penalties of penury, I declare that I have examined this return, including accompanying scheduler and statements, and to the best of my knowledge and belief, it is					
Sign	true, pagest, and compage. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Here						discuss this return parer shown below
11016	Signature of officer Date Title					
	Print/Type preparer's name	Preparer's signature	Date	7 ~		PTIN
Paid		i riahaisi a aigiiatula	Date		eck Lif	T T IN
Prepa	l C.—	l	_ 1	*	f-employed	L.
Use (	only it is a second of the sec			n's EIN ►		
	Firm's address ▶			I Pho	วกอ กอ	

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