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C Book-value of an assets at 19, 260, 753. G Check organization furner. (See instructions.) Femily 19, 260, 753. G Check organization type. PKS ALES OF ADVERTISING PRICE ON TRANSIT BUSES Describe the organizations primary unrelated business activity. SALES OF ADVERTISING PRICE ON TRANSIT BUSES During the tax year, was the corporation a subsidiary in an affidiated group or a parent-subsidiary controlled group? Pyes \(\bar{\text{NO}} \) The books are in care of PKELLEY WESSELS. Telephone number \$\bar{\text{541}}\$ + 492-3508. Part I Unrelated Trade or Business Income 1 G Gross receipts or sales 1 La Gross receipts or sales 2 La Gross receipts or sales	_	D(a)	{						
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22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 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 30 -8, 450 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 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 34 Unrelated business taxable income. Subtract line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32 34 -8, 450					1 2	ANE	IN UT		
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27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 29 Total deductions. Add lines 14 through 28 29 35, 308 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -8, 450 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 32 -8, 450 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 34 Unrelated business taxable income. Subtract line 32 from line 32 if line 33 is greater than line 32, enter the smaller of zero or line 32.	• •		dule ()						
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32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30. 32	30 Unrelated busine	ss taxable incor	me before net operating loss d	educti	on. Subtr <u>act l</u> ine	29 fror	n line 13		-8,450
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32. 34 -8,450	· -	-	-				MENT 3		
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 line 32. 34 -8,450						ne 30			~8,450
TO A PARTICULAR PORTUGE CAS INCOMISED SERVICE				greater				54	-8,450 Form 990-T (2016)

	ON (2010) UNITED COMMUNITY ACTION NETWORK		030	7130		ogc z
Part II	Tax Computation					
	ganizations Taxable as Corporations. See instructions for tax computation.		ГТ			
	ntrolled group members (sections 1561 and 1563) check here See instructions are constructions are constructions are constructions are constructions.	and.				
	ter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in the		1 1			
(1)		1	1 1			
	ter organization's share of (1) Additional 5% tax (not more than \$11,750)		1 1			
	Additional 3% tax (not more than \$100,000)		1 1			
	ome tax on the amount on line 34		35 c			0.
	ists Taxable at Trust Rates. See instructions for tax computation. Income tax on the air	mount	1 336			_ :
		inount -	36			
			37			
	bxy tax. See instructions					
	ernative minimum tax		38			
	x on Non-Compliant Facility Income. See instructions		39			
40 To	tal. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40			0.
Part IV	Tax and Payments					
	reign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 41a		Г			
	ner credits (see instructions)		1			
	neral business credit Attach Form 3800 (see instructions) 41 c		1 1			
	edit for prior year minimum tax (attach Form 8801 or 8827)		 			
	tal credits. Add lines 41a through 41d		41 e			٥
	btract line 41e from line 40		42			0.
	her taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8866		1-42			_ :
			1 00 1			
	Other (attach schedule)		43			
	tal tax. Add lines 42 and 43		44			0.
	yments A 2015 overpayment credited to 2016 45a		1 1			
	6 estimated tax payments		1 1			
	deposited with Form 8868		1 1			
	reign organizations Tax paid or withheld at source (see instructions) 45 d		} }			
	ckup withholding (see instructions) 45e		1 {			
	edit for small employer health insurance premiums (Attach Form 8941) 45f) }			
g Oth	ner credits and payments Form 2439		1 1			
	Form 4136 Other Total ► 45 g		1 1			
46 To	tal payments. Add lines 45a through 45g		46			0.
47 Es	timated tax penalty (see instructions) Check if Form 2220 is attached	▶ []	47			
	k due. If line 46 is less than the total of lines 44 and 47, enter amount owed	□	48			
	erpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	49			
			<u> </u>			
	ter the amount of line 49 you want Credited to 2017 estimated tax	Refunded >	50			
Part V					,	
	any time during the 2016 calendar year, did the organization have an interest in or a signatur				Yes	No
fina	ancial account (bank, securities, or other) in a foreign country? If YES, the organization may	have to file FinCEN	l Form	114,	} {	
Re	port of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign co-	untry here ►				X
52 Du	ring the tax year, did the organization receive a distribution from, or was it the grantor	of, or transferor to.	a forei	an trust?		X
	ES, see instructions for other forms the organization may have to file			9	 	 -
	er the amount of tax-exempt interest received or accrued during the tax year > \$	0			1 1	
		0.	of my kno	wledge and	لــــا	
Sign	Under penalties of perjury, I decise that I have examined this return, including accompanying schedules and st belief, it is true, correct, and complete Declaration of predarer (other than taxpayer) is based on all information					
Here	Mulla Vulla 5/14/18 EXECUT	IVE DIRECTOR	May the	RS discuss to parer shown be	his returr elow (see	i with ≥
11010	Signature of officer Date Title		instruct	ions)? XY	-	No
	Providing granatal's name			IIN Z		
Paid	Print/Type preparer's name Preparer's fignature Date	Check I if	,			
Pre-	ROBERT W. HAGUE, CPA	self-employed		0064607		
parer	Firm's name KDP CERTIFIED PUBLIC ACCOUNTANTS, LLP	Firm's EIN	93-	0745639		
Use	Firm's address 640 SUPERIOR CT					
Only	MEDFORD, OR 97504-6181	Phone no	(5	41) 773	-663	3
BAA	TEEA0202L 09/19/16			Form 9		
	1 1 10 10 10 10 10 10 10 10 10 10 10 10				· · · · · ·	,

Schedule A - Cost of Goods	Sold. Enter	method of inve	entory valuati	on 🎙							
1 Inventory at beginning of year.				6	Invento	ry at e	end of year	6			
2 Purchases		2		7	Cost of	of goods sold. Subtract					
3 Cost of labor		3					ne 5. Enter here				
4 a Additional section 263A costs (attach s	schedule)				and in f	an i,	iine ∠ .	7	L	Lv.	
		la	i	_	-					Yes	No
b Other costs (attach sch)	<u> </u>	ъ					of section 263A (wit luced or acquired fo				
5 Total. Add lines 1 through 4b		5			to the o	organization?					X
Schedule C - Rent Income (From Real P	roperty and	Personal	Pro	perty	Leas	ed With Real P	rope	rty) (see II	nstruct	ions)
1 Description of property											
(1)											
(2)											
(2) (3) (4)											
(4)							,				
2	Rent received	or accrued					3(a) Deduction	c dira	ctly conner	tod wit	h
(a) From personal propers (if the percentage of rent for property is more than 10% bit more than 50%)	ersonal	(if the perce	eal and perso entage of ren ceeds 50% or on profit or i	t for r ıf th	persona ne rent i	ıi	the income in	ı colu	mns 2(a) a chedule)	nd 2(b)	
(1)											
(2)											
(3)											
(4)							<u></u>				
Total	To	tal					(h) Takal daduakana	- Lator			
(c) Total income. Add totals of columbere and on page 1, Part I, line 6, c		(b) Enter ►					(b) Total deductions. here and on page 1, Par 1, line 6, column (B)	t t			
Schedule E — Unrelated Deb	t-Financed I	ncome (see	instructions)								
1 Description of debt-fit	nanced propert	,	2 Gross inc			3 De	ductions directly co debt-final	nnect	ed with or property	allocat	ole to
r Description of dept-in	папсец ргорегі	У	financed p			depr	(a) Straight line eciation (attach sch	,	(b) Other d (attach so		
(1)								1			
(2)		_ 									
(3)								7			
(4)						,		7			
4 Amount of average acquisition debt on or	5 Average adju or allocable to o property (attac	debt-financed	6 Colu dıvıde colun	ed by	, 		7 Gross income ortable (column 2 x column 6)	[]	Allocable ((column 6 olumns 3(a	x total	of
(1)					%			\perp			
(2)					%						
(3)					- %	<u> </u>					
(4)					ક						
						Enter Part	here and on page I, line 7, column (A	1, En Pa	ter here an rt I, line 7,	d on pa colum	age 1, n (B)
Totals					>						
Total dividends-received deduction	s included in c	olumn 8						>			
BAA		TE	EA0203L 09/19/	/16					Form	990-T	(2016)

Scredule F - Interest, A					trolled Or			- 941				<u></u>	
organization iden		Employer ntification number	ınd	3 Net unrelated income (loss) (see instructions)			Total of speci payments mad	fied de	5 Part of colulate that is include the controll organization gross incore		in co	ductions directly innected with ime in column 5	
(1)													
(2)						Π							
(3)						Γ							
(4)													
Nonexempt Controlled Organiz	ations												
inco		et unrelated come (loss) instructions)	9 To	9 Total of specified payments made		1	10 Part of column 9 that is included in the controlling organization's gross income				connected	tions directly I with income Iumn 10	
(1)						\Box							
(2)													
(3)	<u> </u>									<u> </u>			
(4)	L		<u> </u>			1				1			
Totals								age 1 lumn (, Part I, line (A).	here	e and on pa 8, col	6 and 11. Enter age 1, Part I, line umn (B)	
Schedule G - Investmen	nt Inco	me of a Sec	ction	501(c)(7), (9)), o	r (17) Orgai	nizati	on (see ins	truction	ns)		
1 Description of income)	2 Amount o			direc	Deductions ctly connected ach schedule)		4 Set-asides (attach schedule		le) set-ası		deductions and sides (column 3 us column 4)	
(1)											 		
(1) (2) (3)													
(3)													
(4)		· 						L			<u> </u>		
Enter he Part I, I		Enter here and Part I, line 9,	nd on page 1, , column (A)						Enter here and on page Part I, line 9, column (
Totals	<u> </u>				L						<u> </u>		
Schedule I – Exploited E	xemp			e, Oth	ner Thai	n A	dvertising l			ruction	ns)		
1 Description of exploited a	activity	2 Gross unrelate business income fro trade or business	d s om	conne prod of u	ses directly ected with duction nrelated ess income	fror or b 2 m	let income (loss) in unrelated trade ousiness (column linus column 3). a gain, compute inns 5 through 7.	activ	s income from ity that is not ated business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)						├						 	
(2)		+				 			}			 	
(3)		 				 						 	
(4)		1				t						 	
		Enter here on page Part I, line column (1,	on p Part I	here and page 1, , line 10, mn (B)			-				Enter here and on page 1, Part II, line 26	
Totals.	_ 1					L						L	
Schedule J - Advertisin					:- -								
Part I Income From Pe	riodic							r = -				T==	
1 Name of periodical	! 	2 Gross advertisir income		adve	Direct ertising osts	(10	Advertising gain or oss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7		irculation ncome		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col. 4)	
(1)			\longrightarrow			-		} -				4	
(2)			}			1		}				-{	
(3) (4)		+				1		 				†	
(7)		+	\dashv			+		 					
Totals (carry to Part II, line (5))	-			EA0204 L	00/11	2/16					orm 990-T (2016)	
				15	AU2U4 L (לו ועט	7/10				,	OHH 3301 (2010)	

% % % e ▶

93-0587136 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.) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 2 Gross 3 Direct 5 Circulation 6 Readership 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4). advertising advertising income costs 1 Name of periodical ıncome costs (1) (2) (3) (4) Totals from Part I ► Enter here and Enter here and Enter here and on page 1, Part II, line 27. on page 1, Part I, line 11, column (A) on page 1, Part I, line 11, column (B). Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4 Compensation attributable to unrelated business 3 Percent of 2 Title 1 Name time devoted to business

Total. Enter here and on page 1, Part II, line 14 BAA

TEEA0204 L 09/19/16

Form 990-T (2016)

2016 ·	FEDERAL ST	ATEMENTS		PAGE 1				
CLIENT 919150 UNITED COMMUNITY ACTION NETWORK								
STATEMENT 1 FORM 990-T, PART I, LINE 1 OTHER INCOME			ć	12.25PM				
TRANSIT ADVERTISING STATEMENT 2			TOTAL \$	26,858. 26,858.				
FORM 990-T, PART II, LINE OTHER DEDUCTIONS EXPENSES ATTRIBUTABLE F3B CONSTRUCTION			\$ TOTAL <u>\$</u>	30, 961. 3, 391. 34, 352.				
STATEMENT 3 FORM 990-T, PART II, LINE NET OPERATING LOSS DEI	31 DUCTION							
LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	L AVA	OSS LLABLE				
	\$ 5,184. S		. \$ <u>\$</u>	5,184. 5,184.				