, tr- Form	. 990-T	E	xempt Organization Bus	sine	ss Income T	ax Beturr	_	OMB No 1545-0687	_
ر المحمد المحمد			(and proxy tax und lendar year 2018 or other tax year beginning JUL 1,	er se	ction 6033(e))	1906		2018	
·	•	For ca	► Go to www irs gov/Form990T for in				<u>. </u>	2010	
	rtment of the Treasury al Revenue Service	•	Do not enter SSN numbers on this form as it may				<u>. </u>	Open to Public Inspection f 501(c)(3) Organizations Only	or y
ΑĹ	Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		Emp	oyer identification number loyees' trust, see actions)	
ВЕ	xempt under section	Print	WOODWARD YOUTH CORPORA	OIT	N		4	2-1459832	
X] 501(c)(0.3_)	Of	- Number, street, and room of selection in a rise box, see metablishes.					ated business activity code nstructions)	_
	408(e)220(e)	Type	1251 334TH STREET		·	<u></u>		·	
	408A 530(a) 529(a)		City or town, state or province, country, and ZIP o WOODWARD, IA 50276	r foreig	n postal code		812	900	_
C_at	ok value of all assets end of year		F Group exemption number (See instructions.)						—
2	8,846,1		G Check organization type X 501(c) corp	_) trust	Other trust	
		-		1		the only (or first) u			
			VING COMPANY			complete Parts I-V.			
الا			ice at the end of the previous sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each addition	nai trade	or	
	siness, then complete i		-v. poration a subsidiary in an affiliated group or a parei	nt-cuhei	idiary controlled group?		T Y	es X No	
			tifying number of the parent corporation.	าเ-อนบอเ	diary controlled group.		· ا ـــــــــــــــــــــــــــــــــــ	55 <u>44</u> 140	
<u> </u>	ne books are in care of				Telepho	one number 🕨 5	515-	437-3481	_
	rt I Unrelated	Trac	le or Business Income		(A) Income	(B) Expense		(C) Net	\overline{z}
Ua	Gross receipts or sale	s	· 19,872.					- /	
Sp	Less returns and allov		c Balance ▶	1c	19,872.				_
2	Cost of goods sold (S	chedule	A, line 7)	2					
3	Gross profit. Subtract	line 2 fi	rom line 1c	3	19,872.	- -		19,872	<u>•</u>
	Capital gain net incom			4a		<u> </u>	_/		_
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b	<u> </u>				_
C	Capital loss deduction			4c					_
. 5			ship or an S corporation (attach statement)	5		/_			_
6	Rent income (Schedul			6					_
7	Unrelated debt-finance		,	7					_
8			nd rents from a controlled organization (Schedule F)	8					_
9	Exploited exempt active		on 501(c)(7), (9), or (17) organization (Schedule G)	10		-			-
10	Advertising income (S	-	, ,	11			-		_
11 12	Other income (See ins		•	12				-	_
13	Total. Combine lines		•	13	19,872.			19,872	-
	rt II Deduction	ns Na	t Taken Elsewhere (See instructions for	r limits	tions on deductions)				_
	(Except for c	ontribu	utions, deductions must be directly connected	with t	he unrelated business	meame)			
14	Compensation of offi	cers, di	rectors, and trustees (Schedule K)			70	14		
15	Salaries and wages				90 JUL 2 0 2	2020 80	15		
16	Repairs and maintena	ance			B JUL 202		16	1,060	•
17	Bad debts				<u> </u>		17		_
18	Interest (attach sche	dule) (s	ee instructions)		OGDEN.	UT	18		
19	Taxes and licenses						19	1,708	<u>•</u>
20			e instructions for limitation rules)				20		_
21	Depreciation (attach		· /		21				
22	•	imed or	n Schedule A and elsewhere on return		22a		22b		_
23	Depletion		/				23		_
24	Contributions to defe		ppensation plans				24	918	_
25	Employee benefit pro	. /	hadula IX				25	310	<u>-</u>
26	Excess exempt exper						26		_
27	Excess readership co				SEE STAT	EMENT 1	27	31,561	_
28 20	Other deductions (att				DIG DIAL	28		35,247	
29 30	/		14 arrough 26 ncome before net operating loss deduction. Subtract	t line 20) from line 13	•	30	-15,375	
30 31			oss arising in tax years beginning on or after Janual			ઝ ું	31		٦
32 /			ncome. Subtract line 31 from line 30	., .,	(000	31	32	-15,375	-
			work Reduction Act Notice, see instructions			111		Form 990-T (201	
/			1			$\cup 1$,	٠

58	Enter the amount of tax-exempt interest received	ved or accrued during the tax year >\$				<u> </u>
gn ere		amined this return, including accompanying schedules her than taxpayer) is based on all information of which provided the schedules of the schedules.		nowledge	May the IRS discuss this the preparer shown below instructions)?	s return w
	Print/Type preparer's name	Preparer's signature / . /	Date	Check	ıf PTIN	- ا

1 Javide Stelle self- employed Paid 06/26/20 P01480921 DAVID LITTLE DAVID LITTLE Preparer Firm's name ► CLIFTONLARSONALLEN LLP 41-0746749 Firm's EIN Usè Only 600 3RD AVE. SE, STE. 319-363-2697 CEDAR RAPIDS, 52401 Phone no.

823711 01-09-19

Schedule A - Cost of Goods	s Sold. Enter m	ethod of inven	itory va	luation N/A					
1 Inventory at beginning of year	1			Inventory at end of year	ar		6		
2 Purchases	2		7	Cost of goods sold. S	ubtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in l	Part I,]	
4a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	acquired	l for resale) apply to			
5 Total Add lines 1 through 4b	5	_		the organization?				<u></u>	
Schedule C - Rent Income (see instructions)	(From Real Pr	operty and	l Pers	onal Property L	.ease	d With Real Prop	erty)		
(See Histractions)							-	.	
1 Description of property									
(1)				-					
(2)			_						
(3)			_						
						•			
	2 Rent received		_			3(a) Deductions directly	connec	ted with the income	ın
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal p	nal property (if the percenta roperty exceeds 50% or if d on profit or income)	ge	columns 2(a) a	nd 2(b) (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0. T	otal			0.	1			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed In	icome (see	ınstruc	tions)			_		
			2	Gross income from		3. Deductions directly con to debt-finance			
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average ad of or alloo debt-finance (attach so	cable to d property	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	olumns
(1)				%			Ì		
(2)	-			%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals				•		0	.		0.
Total dividends-received deductions in	cluded in column 8					<u> </u>			0.
							_		

Schedule F - Interest, A	Annuities, Roya					tions	(see ins	tructions	s)	
•		Exempt	Controlled O	rganızatı T	ons				-	
1 Name of controlled organizat	identi		3 Net unrelated income (loss) (see instructions)		ments made included in				Deductions directly connected with income in column 5	
(1)										
(2)										
(3)						-				
(4)										
Nonexempt Controlled Organi	zations	•								
7. Taxable Income	8 Net unrelated incol (see instruction	me (loss) 9 Tota	I of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 that is ng organiza s income	included ation's		fuctions directly connected income in column 10	
(1)										
(2)										
(3)										
(4)										
					Enter here and	nns 5 and 1 on page 1, column (A)		Enter h	d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B)	
Totals				▶			0.		0	
Schedule G - Investme (see insti		Section 501(c)(7), (9), or (17) Org	ganization					
1. Desc	ription of income	· ·	2. Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4. Set-	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)					· · ·		-			
(2)										
(3)			1		-					
(4)										
			Enter here and o Part I, line 9, co			~ ' •	2		Enter here and on page Part I, line 9, column (B)	
Totals		<u> </u>	·	0.					0	
Schedule I - Exploited (see instru		Income, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4 Net incomfrom unrelated business (cominus columingain, compute through	I trade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)	-									
(3)			1						1	
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			· · · · · · · · · · · · · · · · · · ·				Enter here and on page 1, Part II, line 26	
[otals ▶	0.	0.	ŀ					-	0	
Schedule J - Advertisir										
Part I Income From I	Periodicals Rep	orted on a Con	solidated	Basis						
1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)										
-										
otals (carry to Part II, line (5))	•	0. 0	<u>. </u>						0 Form 990-T (201	

Part II	Income Fi	rom Periodicals	Reported on a	Separate Basis	(For each periodical	listed in Part II, fill in
	columne 2 th	rough 7 on a line-by-li	ino bacie)			

1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (cot 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>	0
	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.	ļ	<i>7</i>		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	<u> </u>	D	0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER OPERATING EXPENSES ADVERTISING FUEL MEALS & ENTERTAINMENT SUPPLIES MANAGEMENT FEES		349. 3,669. 1,077. 3,212. 1,516. 21,738.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	31,561.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/11	40,578.	30,575.	10,003.	10,003.
06/30/12	42,247.	0.	42,247.	42,247.
06/30/13	26,128.	0.	26,128.	26,128.
06/30/14	17,080.	0.	17,080.	17,080.
06/30/15	10,604.	0.	10,604.	10,604.
06/30/16	14,775.	0.	14,775.	14,775.
06/30/18	16,608.	0.	16,608.	16,608.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	137,445.	137,445.