	•	į	1.6%	\sim								יט	OMB No 1545-0687
	Form	990-T		/ Excilipt Vigaliiz	оху	tax under s	ectic	n 6033	(e))	1	815		2017
	•	rtment of the Treasury al Revenue Service		endar year 2017 or other tax year begon to www.irs.gov/intercent on the not enter SSN numbers on the	Form	990T for instruc	tions a	ind the lat	est informati	on.)1(c)(3).		to Public Inspection for c)(3) Organizations Only
	A	Check box if address changed		Name of organization (Check	box if name change	d and se	e instruction	s)		nployer iden mployees' trus		
		Exempt under section K 501(C)(3)	Print	Young At Art	Ωf	Browar	d	Inc.		'			,
	<u>ב</u>	408(e) 220(e)	or	Number, street, and room or suite no						ب إ	59-28	329	971
		408A 530(a)	Туре	751 SW 121st_	Av	enue							ctivity codes
		529(a)		City or town, state or province, cour	ntry, ar	nd ZIP or foreign po				1 '	ee instruction	-	1
	C B	look value of all assets		Davie			FL	33325	5	;	<u>54180</u>	0	<u> </u>
	а	t end of year		roup exemption number (See									7 01 1 1
				heck organization type	X	501(c) corpora	ation	5	01(c) trust	40	1(a) trust		Other trust
		Describe the organization ► Advertisir	•	ary unrelated business activit	y								
	1 0	During the tax year, was	the corp	poration a subsidiary in an aff ntifying number of the parent			arent-s	ubsidiary	controlled gi	oup?	•	•	Yes X No
		-	. N	lindy Change					T-1			0.5	4-424-0085
		he books are in care of		lindy Shrago e or Business Income		······································		(A)	Income	phone n	Expenses		(C) Net
•	1a	Gross receipts or sale		e or business income		-		(^)	IIICOIIIO	(6)	CAPONOCO	_	(0) 1101
	b	Less returns and allow		c Ba	aland	e •	1c						
	2	Cost of goods sold (Se					2						
	3	Gross profit Subtract					3						
	4a	Capital gain net incom	ne (attacl	n Schedule D)			4a					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	b	Net gain (loss) (Form 479	7, Part II,	line 17) (attach Form 4797)			4b						
	С	Capital loss deduction	for trust	s			4c						
	5	Income (loss) from partnerships			5		<u> </u>	<u> </u>					
	6	Rent income (Schedul		6				· · · · · · · · · · · · · · · · · · ·					
	7	Unrelated debt-finance	(Cabadula 5)										
	8 9	Interest, annuities, royaltic Investment income of a se		8			 						
	10	Exploited exempt activ			CHEUL	ile G)	10					\dashv	
2019	11	Advertising income (S	•	, ,			11		1,250		1,6	00	-350
2	12	Other income (See ins		•			12						
ಛ	13	Total. Combine lines 3					13		1,250		1,6		-350
FEB 1	Pa	deduction	<u>s must</u>	Taken Elsewhere (Se be directly connected v	<u>with</u>	structions for the unrelate	r limi d bus	tations o	on deducti ncome.)	ons) (E			ontributions,
			ers, dire	ctors, and trustees (Schedule	K)_							14	
SCANNED	15	Salaries and wages				RECE	!VE	D			<u> </u>	15	
Z	16 47	Repairs and maintena Bad debts	nce					၂၁				16 17	
Z	18	Interest (attach schedu	ule)		200	NOV 2	3 201	100				18	
Š	19	Taxes and licenses	uic,			140.4 2 8	, 20					19	
0)	20	Charitable contributions (S	See instru	ctions for limitation rules)	•	OGDE	\	7				20	
	21	Depreciation (attach F	orm 456	2)	<u> </u>	CODE	₹, 0		21				
	22	Less depreciation clair	med on S	Schedule A and elsewhere or	n retu	ırn			22a		2	2b	0
	23	Depletion										23	
	24	Contributions to deferr	•	pensation plans								24	
	25	Employee benefit prog									<u> </u>	25	
	26 27	Excess exempt expens	•	•							<u> </u>	26	
	27 28	Excess readership cos Other deductions (atta									<u> </u>	27 28	
	20 29	•		•							⊢	29	
	29 30	Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13										30	-350
	31		Net operating loss deduction (limited to the amount on line 30)									31	
	32			ome before specific deductio		ubtract line 31	rom lır	ne 30				32	-350
	33			\$1,000, but see line 33 instru								33	1,000
	34	Unrelated business t	axable i	ncome. Subtract line 33 from	ı line	32 If line 33 is	great	er than lin	ne 32,				
		enter the smaller of ze										34	
	DAA	For Panerwork Redu	ction Ac	t Notice, see instructions.							151		Form 990-T (2017)

Form	1990-1 (2017) Young At Art OI Broward, Inc. 59-28329	<u>/ </u>		Page 2
<u>Pa</u>	art III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group			
	members (sections 1561 and 1563) check here ▶			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			
	(1) [\$ (2) [\$			
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	•	35c	
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		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	
Pa	nt IV Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a]]	
b	Other credits (see instructions)]	
C	General business credit Attach Form 3800 (see instructions) 41c			
đ	Credit for pnor year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	-31
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.)		43	
44	Total tax. Add lines 42 and 43		44	0
45a	Payments A 2016 overpayment credited to 2017 45a			
b	2017 estimated tax payments 45b		7	
С	Tax deposited with Form 8868 45c		7 1	
d	Foreign organizations Tax paid or withheld at source (see instructions) 45d		7 1	
е	Backup withholding (see instructions) 45e		1 1	
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f	_	7	
g	Other credits and payments Form 2439		1	
	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	
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 ▶ Ref	unded >	50	
Pa	rt V Statements Regarding Certain Activities and Other Information (see instruction	ons)		•
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other author	ity		Yes No
	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	y		
	here ▶			<u> </u>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?	•	X
	If YES, see instructions for other forms the organization may have to file			
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 of penalties of perjury.	dge and belief,	ıt ıs	
Sigi	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			May the IRS discuss this return with the preparer shown below (see instructions)?
Her	e			
	Signature of officer Date Title			X Yes No
	Print/Type preparer's name Preparer's signature	Date	Check	ıf PTIN
Paid	Michael J Robbins	1/02/18	self-emp	loyed P01210648
Prep	arer Firm's name ROBBINS & MORONEY, PA	Firm's	EIN 🕨	65-0356804
Use (
	Firm's address Fort Lauderdale, FL 33316	Phone	o no	954-467-3100

	1 990-T (2017) Young						<u>59-2</u>	832971			Pa	<u>age 3</u>
1	Inventory at beginning of y		meand	Ju oj irive	6	Inventory at end of y	oar .		6			
2	Purchases	2					goods sold. Subtract					
3	Cost of labor	3			•	line 6 from line 5 En						
3 4a	Additional sec 263A costs				•	in Part I. line 2	itei neie	allu	7	1		
-	(attach schedule)	40		1			262A	(with respect to			Yes	No
b	Other costs	4a			8	Do the rules of section		•		ŀ	162	140
_	(attach schedule)	4b				property produced or	r acquire	ed for resale) apply				
	Total. Add lines 1 through		<u> </u>	tu and De		to the organization?		Mith Deal Press		·····		
	edule C – Rent Incon	ne (From Real F	roper	ty and Pe	erse	onai Property Le	ased	with Real Prope	rty	,		
	· -											
							'					
(1)	N/A									-		
(2)												
(3)	•											
(4)			-									
	•	2. Rent receiv	red or accr	neq								
	(a) From personal property (if the	, ,				i personal property (if the				y connected with the i		
	for personal property is more th			percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				ın columns 2(a	a) an	d 2(b) (attach schedul	(0)	
	more than 50%)	·	ļ	50% or it the r	ent is	based on profit or income)						
<u>(1)</u>												
(2)		· 										
(3)									.,	 		
(4)						**				···		
Total			Total					(b) Total deductions	5.			
	otal income. Add totals of o		o). Enter	. (Enter here and on pag				
	and on page 1, Part I, line 6					<u> </u>		Part I, line 6, column (B) ▶	<u> </u>		
<u>Sch</u>	<u>edule E – Unrelated l</u>	<u>Debt-Financed</u>	<u>Incom</u>	e (see inst	truc	tions)						
				٠, ,	Grace	s income from or		3 Deductions directly co			to	
	1. Description of debt-f	financed property			-	to debt-financed		debt-finar	nced	property		
	·							traight line depreciation		(b) Other deductions		
		···-						(attach schedule)	1	(attach sched	dule)	
(1)	N/A								\bot			
(2)									1			
(3)									\perp	*****		
(4)									\perp		_	
	4. Amount of average	5. Average adjusted			6	. Column				8. Allocable ded	uctions	
	acquisition debt on or allocable to debt-financed	of or altocable to debt-financed prop				divided		ross income reportable column 2 x column 6)		(column 6 x total o		ns
	property (attach schedule)	(attach schedule			ьу	column 5		Statist 2 x soldini 1 sy		3(a) and 3(i	D))	
(1)	"" '					. %						
(2)						%						
(3)			•			%						
(4)						%		· · · · ·	Τ			
		•					Enter	here and on page 1,		Enter here and o	n pag	e 1,
								line 7, column (A).		Part I, line 7, col		
Tota	Is					•						
	l dividends-received dedu	ictions included in c	olumn 8			`		>	I			

Schedule F – Interest, Annu	ities, Royalt	ies, and Ren	ts Fron	Controll	ed Org	ganiz	ations	(see	nstructio	ns)		
_		•	Exemp	t Controlled	Organ	nizatio	ns		_			
1 Name of controlled organization	ıdeı	2 Employer ntification number		related income e instructions)		, .		5. Part of column 4 that included in the controllin organization's gross incon		olling	ng connected with income	
(1) N/A				<u> </u>								
(2)												
(3)												
(4)												
Nonexempt Controlled Organizat	tions											
7. Tauchia lacema		Net unrelated income oss) (see instructions)	payments made inc			10. Part of column 9 that is included in the controlling irganization's gross income			11. Deductions directly connected with income in column 10			
(1)												
(2)												
(3)												
(4)												
Totals					•	Er P	Add column iter here an art I, line 8,	nd on pag column (e 1, (A)	Ente	d columns 6 and 11 r here and on page 1, t I, line 8, column (B)	
Schedule G – investment in	come of a S	ection 501(c)(7), (9)	, or (17) O	rganiz	ation	ı (see ir	nstruct	tions)			
1. Description of income		2. Amount of in	ncome	directly	ductions connected schedule)			4. Set-as			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A						_						
(2)	b									1		
(3)												
(4)												
Totals	>	Enter here and o Part I, line 9, col	lumn (A)		<u> </u>						ter here and on page 1, irt I, line 9, column (B)	
Schedule I – Exploited Exer	npt Activity	income, Oth	<u>er i nan</u>	Advertisi	ng ind	come	(see in	structi	ons)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expen directl connected productio unrelate business in	y I with in of ed	4. Net income (from unrelated or business (co 2 minus column if a gain, compacols 5 throught	trade lumn n 3) oute	from is no	oss income activity that t unrelated ess income		6. Expens attributable column	e to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A				~								
(2)	-										١	
(3)					ĺ							
(4)												
Totals •	Enter here and o page 1, Part I, line 10, col (A)	n Enter here a page 1, P line 10, co	art I,		•	, ,		, ,		····	Enter here and on page 1, Part II, line 26	
Schedule J – Advertising In	come (see in	structions)										
Part I Income From P			Consc	lidated Ba	asis							
1 Name of periodical	2. Gross advertising income	3 Directions	ct	4. Advertisin gain or (loss) (2 minus col 3 a gain, compi cols 5 through	col te		irculation ncome		6. Readers	ship	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) Fashion Show-Journa	. 1,2	50 1	1,600								_	
(2)					L						4	
(3)					L			_			4	
(4)								-				
Totals (carry to Part II, line (5))	1,2	50 1	1,600	_	-350							

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising 7. Excess readership 2. Gross costs (column 6 gain or (loss) (col 3. Direct 5. Circulation 6. Readership advertising minus column 5, but 2 minus col 3) If -1 Name of periodical costs advertising costs income ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A (2) (4) 1,250 1,600 Totals from Part I ▶ Enter here and on Enter here and Enter here and on page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) 1,250 1,600 Totals, Part II (lines 1-5)

Schedule K – Compensation of Officers, Direct	ors, and Irustees (see instructions)		
1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2017)

Net Operating Loss Carryover Worksheet

Form 990-T For calendar year 2017, or tax year beginning

06/01/17

, ending 05/31/18

2017

Name

Young At Art Of Broward, Inc

Employer Identification Number 59-2832971

	- .	Prior Year		Current Year		
Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	Next Year Carryover	
20th 05/30/98						
19th 05/30/99						
18th 05/31/00						
17th 05/31/01						
16th 05/31/02				1	<u> </u>	
15th 05/31/03						
14th 05/31/04		•				
13th 05/31/05						
12th 05/31/06					(
11th 05/31/07						
10th 05/31/08						
9th 05/31/09						
8th 05/31/10					·	
7th 05/31/11						
6th 05/31/12		3 10	•			
5th 05/31/13		· · · ·				
4th 05/31/14					····	
3rd 05/31/15	•		•			
2nd 05/31/16	,					
1st 05/31/17	-536		536	5	536	
NOL carryover available	to current year		536	5		
Current year	-350				350	
NOL carryover available	to next year		•		886	