

Form **990-T**

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

**2017**

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning 06/01/17, and ending 05/31/18

Go to [www.irs.gov/Form990T](http://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

**A**  Check box if address changed

**B** Exempt under section:  
 501(c)(3)  220(e)  
 408(e)  530(a)  
 408A  529(a)

**C** Book value of all assets at end of year: 15,177,476

**D** Employer identification number (Employees' trust, see instructions): 59-2832971

**E** Unrelated business activity codes (See instructions): 541800

**F** Group exemption number (See instructions)

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

Name of organization (  Check box if name changed and see instructions )  
 Young At Art Of Broward, Inc.  
 Number, street, and room or suite no. If a P O box, see instructions  
 751 SW 121st Avenue  
 City or town, state or province, country, and ZIP or foreign postal code  
 Davie FL 33325

**H** Describe the organization's primary unrelated business activity  
 Advertising Income

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  
 If "Yes," enter the name and identifying number of the parent corporation  
 Yes  No

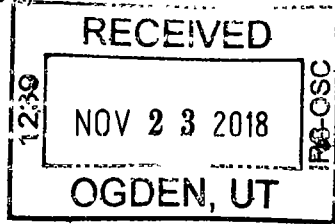
**J** The books are in care of: Mindy Shrago Telephone number: 954-424-0085

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a			
b			
2			
3			
4a			
b			
c			
5			
6			
7			
8			
9			
10			
11	1,250	1,600	-350
12			
13	1,250	1,600	-350

**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.)

14		
15		
16		
17		
18		
19		
20		
21		
22a		0
22b		
23		
24		
25		
26		
27		
28		
29		
30		-350
31		
32		-350
33		1,000
34		-350



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Part III Tax Computation

Table with 4 columns: Line number, Description, Amount, and Total. Rows include 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Tax on Non-Compliant Facility Income, and 40 Total.

Part IV Tax and Payments

Table with 4 columns: Line number, Description, Amount, and Total. Rows include 41a Foreign tax credit, 42 Subtract line 41e from line 40, 43 Other taxes, 44 Total tax, 45a Payments, 46 Total payments, 47 Estimated tax penalty, 48 Tax due, 49 Overpayment, and 50 Enter the amount of line 49 you want credited to 2018 estimated tax.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Questions 51, 52, and 53 regarding foreign interests, distributions, and tax-exempt interest.

Sign Here

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. Signature of officer: [Signature] Date: 11/6/18 Title: Executive Director

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

Table with 4 columns: Field name, Value, Field name, Value. Fields include Pnn/Type preparer's name (Michael J Robbins), Preparer's signature, Date (11/02/18), Check self-employed, PTIN (P01210648), Firm's name (ROBBINS & MORONEY, PA), Firm's address (222 S.E. 10th Street, Fort Lauderdale, FL 33316), Firm's EIN (65-0356804), and Phone no (954-467-3100).

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract		
<b>3</b> Cost of labor	<b>3</b>		line 6 from line 5. Enter here and		
<b>4a</b> Additional sec 263A costs	<b>4a</b>		in Part I, line 2	<b>7</b>	
(attach schedule)					
<b>b</b> Other costs	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to		<b>Yes</b>
(attach schedule)			property produced or acquired for resale) apply		<b>No</b>
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>		to the organization?		

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

<b>1</b> Description of property		
(1) <u>N/A</u>		
(2)		
(3)		
(4)		
<b>2. Rent received or accrued</b>		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1) <u>N/A</u>				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)
<b>Total dividends-received deductions</b> included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 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 income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(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

Totals

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 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) Fashion Show-Journal	1,250	1,600				
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	1,250	1,600	-350			

**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)

-1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 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) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	1,250	1,600				
	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
<b>Totals, Part II (lines 1-5)</b>	1,250	1,600				

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			

## Net Operating Loss Carryover Worksheet

Form **990-T**

**2017**

For calendar year 2017, or tax year beginning 06/01/17, ending 05/31/18

Name

Young At Art Of Broward, Inc.

Employer Identification Number  
59-2832971

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	
20th 05/30/98					
19th 05/30/99					
18th 05/31/00					
17th 05/31/01					
16th 05/31/02					
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					
5th 05/31/13					
4th 05/31/14					
3rd 05/31/15					
2nd 05/31/16					
1st 05/31/17	-536		536		536
NOL carryover available to current year			536		
Current year	-350				350
NOL carryover available to next year					886