2939324200640

Open to Public Inspection for 501(c)(3) Organizations Only

Other trust

X No

(C) Net

Form 990-T (2017

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Exempt Organization Business Income Tax Return

💽 AMENDED RETURN - SECTION 512(A)(7) REPEAL

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29

30 31 32

33

34

line 32

Advertising income (Schedule J)

Total. Combine lines 3 through 12

Other income (See instructions; attach schedule)

(Except for contributions, deductions must be direct	y connected with the unrelated	d business income)		
Compensation of officers, directors, and trustees (Schedule K)	RECEIVED	10	14	
Salaries and wages	N 2020	101	15	
Repairs and maintenance	JUL 0 6 2020	161	16	
Bad debts		7 <u>~</u>	17	
Interest (attach schedule)	OGDEN, UT		18	
Taxes and licenses	OGDETT		19	
Charitable contributions (See instructions for limitation rules)			20	
Depreciation (attach Form 4562)		21		
Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
Depletion			23	
Contributions to deferred compensation plans			24	
Employee benefit programs			25	
Excess exempt expenses (Schedule I)			26	
Excess readership costs (Schedule J)			27	
Other deductions (attach schedule)			28	
Total deductions Add lines 14 through 28			29	0.
Unrelated business taxable income before net operating loss deduce	ction. Subtract line 29 from line 13		30	0.
Net operating loss deduction (limited to the amount on line 30)			31	
Unrelated business taxable income before specific deduction. Subt	ract line 31 from line 30	0.	32	0.

11

12

13

0.

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

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Part I	ii i	Tax Computation								
35	Orgai	nizations Taxable as Corporations See	instructions for tax computation.							
	•		d 1563) check here 🕨 🔲 See instructio	ns and			İ			
а		• .	\$9,925,000 taxable income brackets (in that							
		\$ (2) \\$	(3) [\$	•	i					
b		organization's share of: (1) Additional 5								
_		dditional 3% tax (not more than \$100,00	•							
•	• •	ne tax on the amount on line 34	Σ) <u>Ψ</u>			•	35c	1		0.
36			ns for tax computation. Income tax on the am	ount on lin	e 34 from:		1	 		
30	HUSE		D (Form 1041)	iouni on ini			36	1		
97	Drova) (1 01111 104 1)				37	 		
37	_	tax See instructions					38	+		
38		native minimum tax	netruetiene					 		
39		n Non-Compliant Facility Income See					39	+		0.
40 Part I		. Add lines 37, 38 and 39 to line 35c or 3 Fax and Payments	5, Willchever applies				40			
		· · · · · · · · · · · · · · · · · ·	110: trusta attach Form 1116\	144			T	Т		
		gn tax credit (corporations attach Form 1	118, trusts attach Form 1116)	418			-			
		credits (see instructions)		411			-			
C		ral business credit. Attach Form 3800	0004 0007)	410			┥			
đ		t for prior year minimum tax (attach Forn	1 8801 or 8827)	410	1			-}		
е		credits Add lines 41a through 41d					41e	 		
42		act line 41e from line 40		_			42	+		0.
43	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	rm 8866 L	Other	(attach schedule)	43	 		
44	Total	tax Add lines 42 and 43		1	1		44	 		0.
45 a	Paym	ents: A 2016 overpayment credited to 2	J17	45			4			
b	2017	estimated tax payments	_	451			_			
C	Tax d	eposited with Form 8868	>	1c 450		2,277	-			
d	Foreig	gn organizations: Tax paid or withheld at	source (see instructions)	450						
е	Backı	up withholding (see instructions)		450			_			
f	Credi	t for small employer health insurance pre	miums (Attach Form 8941)	45						
9	Other	credits and payments:	Form 2439							
		Form 4136	Other Total	▶ 45	1			_		
46	Total	payments. Add lines 45a through 45g		•			46		2,2	<u>77.</u>
47	Estim	ated tax penalty (see instructions). Chec	k if Form 2220 is attached 🕨				47			
48	Tax d	lue. If line 46 is less than the total of line	s 44 and 47, enter amount owed			>	48			
49	Over	payment If line 46 is larger than the tota	l of lines 44 and 47, enter amount overpaid			<i>55</i> ▶	49		2,2	77.
50	Enter	the amount of line 49 you want: Credite	d to 2018 estimated tax		Re	funded 26	50	I	2,2	77.
Part \		Statements Regarding Cert	ain Activities and Other Inform	ation (see instru	ctions)				
51	At an	y time during the 2017 calendar year, dic	the organization have an interest in or a sign	ature or otl	ner authori	ty			Yes	No
			ther) in a foreign country? If YES, the organiz							
		• • • • • • • • • • • • • • • • • • • •	Financial Accounts. If YES, enter the name o							
	here		,		,					X
52		· ————————————————————————————————————	ve a distribution from, or was it the grantor of	f or transfe	ror to a fo	reian trust?				х
JŁ		S, see instructions for other forms the or		, 01 (1411510	10. 10, 4.10	loigh traot				
53		the amount of tax-exempt interest receiv	=							
	_		mined this return, including accompanying schedules	and statemen	ts, and to the	best of my knowle	edge and	belief, it is tru	ле,	
Sign	co	rrect, and complete Declaration of preparer (other	er than taxpayer) is based on all information of which p	reparer has a	ny knowledg	e .				
Here		(MAMILION)	MANAGE MANAGE	GING :	DTRFC	TOR !		RS discuss thi		vith
		Signature of officer	Date Title	GING .	DINDO		ne prepa nstructio	ner shown belons)? X Y		No
									<u>es</u>	NU
		Print/Type preparer's name	Preparer's signature	Date			1	TIN		
Paid			Jana Win	EMAI	امممرا	self- employed		000544	1000	
Prepa	ırer	SANG AHN		3/ 14/	2020	I S		P00540		
Use C	nly		ACOBS, P.C.			Firm's EIN	<u> </u>	93-090	<u>/ CU/</u>	<u> </u>
	-	520 SW Y	•				, .			0.1
		Firm's address PORTLANI	OR 97204			Phone no.	(50)	3) 227	-05	RΤ

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N	I/A		
1 Inventory at beginning of year	1		6 Inventory at end of	of year		6
2 Purchases	2	·	7 Cost of goods sol	d Subtract	line 6	
3 Cost of labor	3		from line 5. Enter	here and in	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of se	ction 263A (with respect to	Yes No
Other costs (attach schedule)	4b	·	property produced	d or acquire	d for resale) apply to	<u> </u>
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Proper	ty Lease	d With Real Prope	erty)
1. Description of property						
(1)						
(2)						
(3)	· · · · · · · · · · · · · · · · · · ·					
(4)					- " - "	
	2 Rent receive	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the per personal property exceeds 50% ent is based on profit or income)	centage or if	3(a) Deductions directly of columns 2(a) and	connected with the income in I 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)					·	 -
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	nstructions)			
			2 Gross income from or allocable to debt-		3 Deductions directly connected to debt-finance	d property
Description of debt-fi	nanced property		financed property	(a,	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)					-	
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%		
(2)				%		
(3)		 -		%		
(4)				%		
					Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals					0.	0.
Total dividends-received deductions	ncluded in column	1.8		·	<u> </u>	1 0.

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`									00.44	- 406	-
Form 990-T (2017) PORTLA Schedule F - Interest, A	ND CE	NTER S	TAGE	1 Dents	From Co	ntrolle	d Organiza		93-11		
Schedule F - Interest, F	Annuiues	s, noyali	ies, and		Controlled O			tions	(see ins	struction	IS)
4		0						E 0-	t of column 4		6 Deductions directly
Name of controlled organizat	ion	identific			related income a instructions)		al of specified nents made	includ	ed in the contraction's gross	rolling	connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		nrelated incomi ee instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgar s income	nization's		eductions directly connected h income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here and line 8, c		1, Part I,	1	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme	nt Incon	ne of a S	ection	501(c)(7	7) (9) or (17) Ord	anization			l .	
(see insti		0. 4 0		001(0)(1	,,, (0), 0. (, ৩.૬	,a.m.zation				
1 Desc	cription of inco	me			2 Amount of	income	3 Deduction directly connections (attach schedu	cted	4 Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)							-				
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals				<u> </u>		0.					0.
Schedule I - Exploited	Exempt	Activity	Income	, Other	Than Adv	ertisin/	g Income	-			
(see instru	uctions)	··									
1. Description of exploited activity	2 G unrelated incom trade or t	e from	3 Exp directly consists of unre- of unre- business	onnected duction elated	4 Net incomfrom unrelated business (cominus columgain, comput through	f trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attribut colu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	Enter her page 1 line 10,	Part I, col (A)	Enter her page 1, line 10,	Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals		0.		0.	<u> </u>						0.
Schedule J - Advertising Part I Income From			nstruction		solidatod	Pacie					.
Part I Income From I	Periodic	ais nepo	rtea or	i a Con	sondated	Dasis					
1. Name of periodical		2. Gross advertising income		3 Direct irtising costs	or (loss) (c		5 Circulat e income		6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)]
(3)]
(4)											

0.

0.

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Totals (carry to Part II, line (5))

							_
Part II	Income Fr	om Periodicals	Reported on a	Separate Basis	(For each periodical	al listed in Part II	, fill ır
	columns 2 thr	rough 7 on a line-by-l	ine 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)			•				
(2)							
(3)							
(4)		-					
Totals from Part I	>	0.	0.				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.				0.

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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	-		0.

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