

Form 990-T

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

OMB No 1545-0687

For calendar year 2017 or other tax year beginning DEC 1, 2017, and ending NOV 30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to 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

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 1,493,831; D Employer identification number 39-1354038; E Unrelated business activity codes; F Group exemption number; G Check organization type 501(c) corporation.

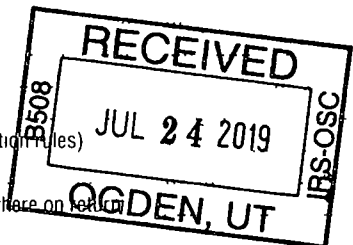
H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of JEANNE MYER Telephone number 715-392-9896

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 5 Income (loss) from partnerships; 12 Other income (See instructions; attach schedule) STATEMENT 1; 13 Total. Combine lines 3 through 12.

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)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest (attach schedule); 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed on Schedule A; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.



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Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).			
(1) \$	(2) \$	(3) \$	
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		SEE STATEMENT 2	35c 454.
36 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:			
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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		44	40 454.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a		
b Other credits (see instructions)	41b		
c General business credit Attach Form 3800	41c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e Total credits Add lines 41a through 41d	41e		
42 Subtract line 41e from line 40	42	46	454.
43 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	48	
44 Total tax Add lines 42 and 43	44		454.
45a Payments: A 2016 overpayment credited to 2017	45a		
b 2017 estimated tax payments	45b		
c Tax deposited with Form 8868	45c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
e Backup withholding (see instructions)	45e		
f Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g Other credits and payments <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 <u>3,856.</u> <input type="checkbox"/> Other _____ Total	45g	50	3,856.
46 Total payments. Add lines 45a through 45g	46	51	3,856.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	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	54	3,402.
50 Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded	50	55	3,402.

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
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 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

Sign Here: X Michael J Peterson | 7.12.19 | EXECUTIVE DIRECTOR
 Signature of officer | Date | Title

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

Paid Preparer Use Only: Print/Type preparer's name: MICHAEL J PETERSON, CPA; Preparer's signature: MICHAEL J PETERSON, CPA; Date: 07/09/19; Check if self-employed; PTIN: P01833529; Firm's name: WIPFLI LLP; Firm's address: 1502 LONDON ROAD, SUITE 200 DULUTH, MN 55812; Firm's EIN: 39-0758449; Phone no: 218.722.4705

<u>FORM 990-T</u>	<u>OTHER INCOME</u>	<u>STATEMENT 1</u>
<u>DESCRIPTION</u>		<u>AMOUNT</u>
QUALIFIED TRANSPORTATION FRINGE		3,217.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		3,217.

FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 2

1.	TAXABLE INCOME		2,217
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .		2,217
3.	LINE 1 LESS LINE 2		0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .		0
5.	LINE 3 LESS LINE 4		0
6.	INCOME SUBJECT TO 34% TAX RATE		0
7.	INCOME SUBJECT TO 35% TAX RATE		0
8.	15 PERCENT OF LINE 2		333
9.	25 PERCENT OF LINE 4		0
10.	34 PERCENT OF LINE 6		0
11.	35 PERCENT OF LINE 7		0
12.	ADDITIONAL 5% SURTAX		0
13.	ADDITIONAL 3% SURTAX		0
14.	TOTAL INCOME TAX		<u>333</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017		<u>466</u>
		DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	31	28
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	334	426
18.	TOTAL TAX PRORATED	<u>365</u>	<u>454</u>