723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

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Form **990-T** (2017)

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Form 990-	(2017) AMHERST H. WILDER FOUNDATION 4	<u>1-069</u>	93889)	Pa	ge 2
Part I	II Tax Computation					
35	Organizations Taxable as Corporations See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here See instructions and:					
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
	(1) \$ (2) \$ (3) \$					
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$					
·	(2) Additional 3% tax (not more than \$100,000)					
	Income tax on the amount on line 34	•	35c		i	0.
	Trusts Taxable at Trust Rates See instructions for tax computation, Income tax on the amount on line 34 from:		330			<u>• •</u>
36			36			
	Tax rate schedule or Schedule D (Form 1041)		1			—
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			<u>O.</u>
Part I	V Tax and Payments		1 .			
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 41c		_			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 41d					
е	Total credits. Add lines 41a through 41d		41e			
42	Subtract line 41e from line 40		42		į	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	schedule)	43		-	
. 44	Total tax. Add lines 42 and 43	,	44			0.
-	Payments: A 2016 overpayment credited to 2017		111			• •
	2017 estimated tax payments 45b .		-			
	' '		-			
	•		-			
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d		-			
	Backup withholding (see instructions) 45e		-			
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f		_			
g	Other credits and payments: Form 2439					
	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			<u>0.</u>
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	>	49		1	<u>0.</u>
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunde	d 🕨	50			
Part \	Statements Regarding Certain Activities and Other Information (see instruction)	s)				
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority			Y	es M	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file				T.	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country					·
	here >					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?				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 >\$					1
- 55		st of my kno	owledge an	d belief, it is true		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		g			
Here	Y NOW LAW DEED 15/11/19 NO PRESIDENT AND CE	_	•	discuss this ret		,
	Signature of officer Dath PRESIDENT AND CEO			shown below (s	_	
	P Signature of officer Date P Title		nstructions)			No
	Print/Type preparer's name Preparer's signature Date Check		If PTIN			
Paid		employed				
Prepa	irer KAREN GRIES			007851		
Use (Only Firm's name ► CLIFTONLARSONALEN LLP Firm	ı's EIN ▶	· 41	L-07467	49	`
	220 SOUTH SIXTH STREET, SUITE 300					
	Firm's address ► MINNEAPOLIS, MN 55402 · Pho	ne no. 🏻 (<u> 512-3</u>	376-450		
_				- 000	T (00	

Form 990-T (2017) AMHERST H	. WILDER	R FOUNDAT	TON		41-069	3889	F	Page 3
Schedule A - Cost of Good								
1 Inventory at beginning of year	1	mound of arrow	6 Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold St		•			
3 Cost of labor	3		from line 5. Enter here					
4a Additional section 263A costs			line 2	and mir are	,	7		
(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	•	•			
5 Total Add lines 1 through 4b	5		the organization?		,			
Schedule C - Rent Income		Property and		Leased	With Real Pro	perty)		
(see instructions)	` <u> </u>							
1. Description of property								
(1) WILDER CENTER -	CONVENII	NG						
(2)		_						
(3)								
(4)								
	2 Rent receiv	ed or accrued			0/-3-0 / / / /			_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for pe	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	age	3(a) Deductions directly columns 2(a) a SEE STAT	nd 2(b) (attach sche		n
(1)			237,204.			41,6	97.	
(2)								
(3)								
(4)								
Total	0.	Total	237,2	04.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -	237,2	Ènt	Total deductions. er here and on page 1, t I, line 6, column (B)	> 2	41,6	97.
Schedule E - Unrelated Del	bt-Financed	I Income (see	nstructions)					
			2. Gross income from	3	Deductions directly cor to debt-finance		cable	
1 Description of debt-fi	nanced property		or allocable to debt- financed property		ght line depreciation ttach schedule)	(b) Other	deduction	ns
				,,,,	naon sonouaro,	STATEM	•	7
(1) 451 LEXINGTON AV	ENTE NO	RTH, ST.				DIALEM	C14 T	<u> </u>
(2) PAUL, MN	ENGE NOI	XIII, DI.	413,124.			4	21,3	35.
(3)			±13,144.	 			<u> , J</u>	<u> </u>
(4)				-				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property	6. Column 4 divided by column 5	rep	Gross income ortable (column 2 x column 6)	8. Allocat (column 6 x 3(a)		
STATEMENT 8	STATE	MENT [®] 9						
(1)			%					

Form 990-T (2017)

421,335.

0.

Enter here and on page 1,

Part I, line 7, column (B)

421,335.

413,124

413,124

Enter here and on page 1,

Part I, line 7, column (A)

(2) (3)

(4)

Totals

23,870,000.

Total dividends-received deductions included in column 8

100.00%

%

23,360,731.

Schedule F - Interest,	Annuitie	es, Roya	lties, a	nd Rent	s From C	ontrolle	ed Organiz	atio	ns (see in:	structio	ons)	
				Exempt (Controlled O	rganizati	ons					
Name of controlled organizat	ion	2 Em identifi num	cation		related income e instructions)		al of specified nents made	เทตในต	rt of column 4 fed in the cont zation's gross	trolling		Deductions directly onnected with income in column 5
		 		1								
(2)				 		,						
(3)						-						
(4)					<u>.</u>							· · · · · ·
Nonexempt Controlled Organi	zations	1		I		l		1,,		<u> </u>		
7 Taxable Income	8 Net u	unrelated incorsee instruction		9 Total	of specified pay- made	ments	10. Part of column the controll		nization's			ctions directly connected come in column 10
(1)			···· -									
(1)				 								······
(2)												
(3)	•											
(4)				<u> </u>								
							Add colun Enter here and line 8, c		e 1, Part I.		r here	eolumns 6 and 11 and on page 1, Part I, a 8, column (B)
Totals									0.			0.
Schedule G - Investme		me of a	Section	1 501(c)(7), (9), or	(17) Or	ganization	1		·	•	1
1 Descri	ription of inco	ome			2. Amount of	ıncome	3. Deduction directly connected (attach scheduler)	cted	4. Set-	asides schedule)	,	5 Total deductions and set-asides (col 3 plus col 4)
(1)				······································			•					
(2)												
(3)						Ì						
(4)		······································										
		<u> </u>			Enter here and Part I, line 9, co				J			Enter here and on page 1, Part I line 9, column (B)
Totals				•		0.						0.
Schedule I - Exploited (see instru	•	Activity	Incom	e, Othe	r Than Ad		ng Income	•				
•	•				4 Net incon	ne (loss)					П	7 .
1 Description of exploited activity	unrelated incom	Gross I business ne from business	directly of uni	penses connected oduction related is income	from unrelated business (co minus colum gain, comput through	I trade or slumn 2 n 3) If a e cols 5	 Gross inco from activity to is not unrelate business inco 	hat ed	attribut	penses able to mn 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)											\Box	
(3)												
(4)												
	page 1	re and on I, Part I, . col (A)	page 1	re and on 1, Part I, , col (B)					<u> </u>			Enter here and on page 1, Part II, line 26
Totals -		0.		0.								0.
Schedule J - Advertision												
Part I Income From I	Periodic	als Rep	orted o	n a Con	solidated	Basis						
1. Name of periodical		2 Gross advertising income		3 Direct ertising costs			5 Circulate income		6. Read			7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-						
(2)												
(3)												
(4)											1	
Totals (carry to Part II, line (5))	•		0.	0								0.

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. Gr advert inco	ısıng	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 page 1, line 11, c	Part I,	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)	<u> </u>	0.	0.				0.

Schedule K -	 Compensation of 	Officers, Directors,	and Trustees	(see instructions)
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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		•	0.

Form 990-T (2017)

		
FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
UNRELATED INCOME FROM PARTNERSHIP INVESTMENTS, RENTAL INCOME		
TO FORM 990-T, PAGE 1		
FOOTNOTES	STATEMENT	2
DEBT FINANCED RENTAL INCOME CALCULATIONS		
AVERAGE ACQUISITION INDEBTEDNESS		
BEGINNING OF YEAR INDEBTEDNESS END OF YEAR INDEBTEDNESS	24,260,0 23,480,0	
TOTAL AVERAGE ACQUISITION INDEBTEDNESS	23,870,0	00.
AVERAGE ADJUSTED BASIS		
BEGINNING OF YEAR ADJUSTED BASIS END OF YEAR ADJUSTED BASIS	23,792,9 22,928,5	
TOTAL AVERAGE ADJUSTED BASIS	23,360,7	31.

FORM 990-T	<u> </u>	OTHER INC	OME		STATEMENT	3			
DESCRIPTIO	ON				AMOUNT				
QUALIFIED	ESCRIPTION UALIFIED TRANSPORTATION FRINGE BENEFITS OTAL TO FORM 990-T, PAGE 1, LINE 12								
TOTAL TO F	FORM 990-T, PAGE 1,	LINE 12			10,5	07.			
FORM 990-T	י	OTHER DED	UCTION	ıs ·	STATEMENT	4			
DESCRIPTIO	ON				AMOUNT				
ACCOUNTING	 G FEES				7	50.			
		00							
TOTAL TO F	OTAL TO FORM 990-T, PAGE 1, LINE 28 ORM 990-T NET OPERATING LOSS DEDUCTION					50.			
FORM 990-T	1		SS DED	DUCTION	STATEMENT	50.			
	1			LOSS REMAINING					
FORM 990-T TAX YEAR 06/30/08	LOSS SUSTAINED 4,208.	OPERATING LOSS PREVIOUSLY APPLIED		LOSS REMAINING	STATEMENT AVAILABLE THIS YEAR 4,20	8.			
FORM 990-T TAX YEAR 06/30/08 06/30/09 06/30/10 06/30/11	LOSS SUSTAINED 4,208. 3,068. 50,661. 125,426.	OPERATING LOS LOSS PREVIOUSLY APPLIED		LOSS PREMAINING 4,208. 3,068. 50,661. 125,426.	AVAILABLE THIS YEAR 4,206 3,066 50,666 125,426	8. 8. 1.			
TAX YEAR 06/30/08 06/30/10 06/30/11 06/30/12 06/30/13	LOSS SUSTAINED 4,208. 3,068. 50,661. 125,426. 87,002. 106,747.	LOSS PREVIOUSLY APPLIED	0. 0. 0. 0.	LOSS, REMAINING 4,208. 3,068. 50,661. 125,426. 87,002. 106,747.	AVAILABLE THIS YEAR 4,200 3,060 50,660 125,420 87,000 106,74	8. 8. 1. 6. 2.			
FORM 990-T	LOSS SUSTAINED 4,208. 3,068. 50,661. 125,426. 87,002.	LOSS PREVIOUSLY APPLIED	0. 0. 0. 0.	LOSS, REMAINING 4,208. 3,068. 50,661. 125,426. 87,002.	AVAILABLE THIS YEAR 4,200 3,060 50,660 125,420 87,000	8. 8. 1. 6. 2. 7. 5. 8.			

FORM 990-T	DEDUCTIONS CONNECTED WIT	TH RENTAL	INCOME	STATEMENT	6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DIRECT RENTAL	EXPENSES - SUBTOTAL -	1	241,697.	241,69	97.
TOTAL TO FORM	990-T, SCHEDULE C, COLUMN 3	3	,	241,69	97.
FORM 990-T	SCHEDULE E - OTHER	DEDUCTION	NS	STATEMENT	7
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DIRECT RENTAL	EXPENSES - SUBTOTAL -	1	421,335.	421,33	35.
TOTAL OF FORM	990-T, SCHEDULE E, COLUMN 3	3(B)	-1	421,33	35.
FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FINA			STATEMENT	8
DESCRIPTION	,	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUIS	ITION INDEBTEDNESS - SUBTOTAL -	1	23,870,000.	23,870,00	00.
TOTAL OF FORM	990-T, SCHEDULE E, COLUMN 4	Į.		23,870,00	00.

FORM 990-T	AVERAGE ADJUSTE ALLOCABLE TO DEBT-	STATEMENT	9		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED	BASIS - SUBTOTAL	- 1	23,360,731.	23,360,73	31.
TOTAL OF FORM 99	0-т, schedule e, colum	N 5		23,360,73	31.