-184,506.

Form **990-T** (2018)

A TO SERVICE STATE OF THE SERV			2,0	N	$\mathcal{I}_{\mathcal{M}}$	
Form <b>990-T</b>	Exempt Organization Bus			ax Returi	n	OMB No 1545-0687
	(and proxy tax und					2018
en e	For calendar year 2018 or other tax year beginning JUL 1,				<u> 19</u>	2010
Department of the Treasury	► Go to www irs gov/Form990T for ir ► Do not enter SSN numbers on this form as it may				,	Open to Public Inspection for 501(c)(3) Organizations Only
Internal Revenue Service				C)(U) IS & SU (U)(U		oloyer identification number
A Check box if address changed	Name of organization ( L] Check box if name of	nangeo	and see instructions.)		(Em	ployees' trust, see ructions)
B Exempt under section	Print AMHERST H. WILDER FOUN	IDAT:	ION		4	11-0693889
X 501(c)(3 05)	or Number, street, and room or suite no. If a P.O. bo	x, see in	structions.			elated business activity code instructions)
408(e)220(e)	Type 451 LEXINGTON PARKWAY	NOR'	PH		]`	·
408A 530(a)	City or town, state or province, country, and ZIP of	or foreigi	n postal code			
529(a)	ST. PAUL, MN 55104		-		525	5990
C Book value of all assets at end of year	F Group exemption number (See instructions.)  46. G Check organization type ► X 501(c) cor	<u> </u>		1 4044		
174,349,1	46. G Check organization type ► X 501(c) cor	poration			) trust	Other trust
	organization's unrelated trades or businesses.			e only (or first) u		
	► RENTAL INCOME	orto Lan		omplete Parts I-V.		
business, then complete	lank space at the end of the previous sentence, complete Pa	ai is i aii	u II, complete a Schedule r	witor each additio	iiai ii at	ie oi
	the corporation a subsidiary in an affiliated group or a pare	nt-suhsi	diary controlled group?		П	es X No
	and identifying number of the parent corporation.	0000	alary controlled group			
	DAWN MUELLER	-	Telephon	ne number 🕨 (	551-	280-2419
	d Trade or Business Income		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale	s				,	
_b Less returns and allow	wances c Balance	1c				
Cost of goods sold (S	schedule A, line 7)	2		•		
Gross profit. Subtract	line 2 from line 1c	3				
· -	ne (attach Schedule D)	4a				
	4797, Part II, line 17) (attach Form 4797)	4b				
Capital loss deduction		4c		<del></del>		
`	partnership or an S corporation (attach statement)	5	214 202	203,6	500	10,692.
Rent income (Schedu Unrelated debt-financ Interest, annuities, roj Investment income of		7	214,292. 86,447.	280,8		
Unirelated debt-illiand	ed income (Schedule E) yalties, and rents from a controlled organization (Schedule F)	8	00,447.	200,0		174,440.
interest, armunes, ro	f a section 501(c)(7), (9), or (17) organization (Schedule G)	<del></del>				
	vity income (Schedule I)	10				
11 Advertising income (S		11				-
,	structions; attach schedule)	12				
13 Total. Combine lines		13	300,739.	484,4	195.	_183,756.
Part II Deductio	ns Not Taken Elsewhere (See instructions for					
(Except for e	contributions, deductions must be directly connecte	d with t	the unrelated business i	income )		
14 Compensation of off	icers, directors, and trustees (Schedule K)				14	<del> </del>
15 Salaries and wages			_		15	<del></del>
16 Repairs and mainten	ance			\	16	<del> </del>
17 Bad debts	dida ( fan i makurakanan)		- ENED O	.)	17	<del> </del>
	dule) (see instructions)	- P	FEB 10 2020	<b>ś\</b>	19	<del> </del>
<ul><li>19 Taxes and licenses</li><li>20 Charitable contributi</li></ul>	ons (See instructions for limitation rules)	<u>``</u>	1 0 3050 1	ώ <b>/</b>	20	<del></del>
21 Depreciation (attach	1	اي	FEB 21	);= \	1	<u> </u>
	aimed on Schedule A and elsewhere on return		222   222		22b	
23 Depletion		12	0.40		23	
•	erred compensation plans	\	The same areas		24	
25 Employee benefit pro	•	سدا			25	
26 Excess exempt expe	nses (Schedule I)				26	
27 Excess readership c	osts (Schedule J)				27	<u> </u>
28 Other deductions (al	•		SEE STATE	MENT 1	28	750.
	dd lines 14 through 28				29	750.
	axable income before net operating loss deduction. Subtrai				30	-184,506.
31 Deduction for net op	erating loss arising in tax years beginning on or after Janua	ary 1, 20	i i & (see instructions)		31	<del> </del>

Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

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Form	7-099	(2018)	

Part I	I Total Unrelated Business Taxab	le Income							_
33	Total of unrelated business taxable income compute	d from all unrelated trades or businesses	(see instri	uctions)		33	-184,	506	•
34	Amounts paid for disallowed fringes					34			
35	Deduction for net operating loss arising in tax years	beginning before January 1, 2018 (see in	structions	STMT 2		35		0	<u>.</u>
36	Total of unrelated business taxable income before sp			•					_
	lines 33 and 34					36	-184,	506	
37	Specific deduction (Generally \$1,000, but see line 37	7 instructions for exceptions)				37		000	
38	Unrelated business taxable income. Subtract line 3		ne 36			<del>"</del>		-	÷
30	enter the smaller of zero or line 36	77 HOM line 30. If time 37 is greater than in	110 00,			38	-184,	506	
Part I		<del></del>				30	104/	<del>500</del>	<u>•</u>
	- · · · · · · · · · · · · · · · · · · ·	20 by 219/ (0.21)				39		0	_
39	Organizations Taxable as Corporations. Multiply lin			00 fun ma		39		Ų	•
40	Trusts Taxable at Trust Rates. See instructions for t		int on line	38 from:		·I			
	Tax rate schedule or Schedule D (Forr	m 1041)				40			_
41	Proxy tax See instructions					41			_
42	Alternative minimum tax (trusts only)					42			_
43	Tax on Noncompliant Facility Income. See instructi					43			_
44	Total Add lines 41, 42, and 43 to line 39 or 40, which	chever applies				44	<del>_</del>	0	•
Part \	Tax and Payments								_
45 a	Foreign tax credit (corporations attach Form 1118; to	rusts attach Form 1116)	45a						
b	Other credits (see instructions)		45b						
C	General business credit. Attach Form 3800		45c						
d	Credit for prior year minimum tax (attach Form 8801	or 8827)	45d						
е	Total credits Add lines 45a through 45d					45e			
46	Subtract line 45e from line 44				- 1	46		0	•
47		form 8611	8866	Other (attach sched	dule)	47			
- 48	Total tax. Add lines 46 and 47 (see instructions)				. ,	48		0	_
49	2018 net 965 tax liability paid from Form 965-A or Fo	orm 965-B. Part II. column (k). line 2			Ì	49		0	
	Payments: A 2017 overpayment credited to 2018	orm 500 B, rare n, column (ky, mio 2	50a	i					·
	2018 estimated tax payments		50b			. 1			
					-				
	Tax deposited with Form 8868	(	50c			. 1			
	Foreign organizations: Tax paid or withheld at source	e (see instructions)	50d			p. 115 to c			
	Backup withholding (see instructions)		50e			. 1			
f	Credit for small employer health insurance premium:		50f			.			
g		m 2439				.			
	Form 4136	ner Total	► 50g						
51	Total payments. Add lines 50a through 50g	<u></u>				51			_
52	Estimated tax penalty (see instructions) Check if For				-	52			_
53	Tax due. If line 51 is less than the total of lines 48, 4	9, and 52, enter amount owed				53			_
54	Overpayment. If line 51 is larger than the total of line	es 48, 49, and 52, enter amount overpaid		1		54			_
55	Enter the amount of line 54 you want: Credited to 20			Refunded		55			_
Part \	I Statements Regarding Certain A	Activities and Other Informa	ition (se	e instructions)					
56	At any time during the 2018 calendar year, did the or	rganization have an interest in or a signati	ure or othe	er authority			Ye	s No	<u> </u>
	over a financial account (bank, securities, or other) ii	n a foreign country? If "Yes," the organiza	tion may h	ave to file					ı
	FinCEN Form 114, Report of Foreign Bank and Finan	cial Accounts. If "Yes," enter the name of	the foreign	country					_ i
	here >							X	
57	During the tax year, did the organization receive a dis	stribution from, or was it the grantor of, o	r transfero	r to, a foreign trust	,			Х	_
	If "Yes," see instructions for other forms the organiza	· · · · · · · · · · · · · · · · · · ·		-					_
58	Enter the amount of tax-exempt interest received or a	-							ļ
-	Under penalties of perjury, I declare that I have examined	this return, including accompanying schedules a	nd statemen	ts, and to the best of m	y know	/ledge an	d belief, it is true,		
Sign	correct, and complete Declaration of preparer (other than	taxpayer) is based on all information of which pre	eparer has ar	ny knowledge .ESIDENT &	. —				_
Here	Touthand of Heurt	1/31/2070 CEO			ма	•	discuss this retu shown below (se		1
	Signature of officer	Daté Title		<del></del>	- 1	tructions)		No	, I
	Print/Tuna pranarar's name	Proparar's consture	Date	Check	ıf	PTIN			┙,
	Print/Type preparer's name	Preparer's signature	Daic			FIIN			
Paid	WADEN OPTEG	ZADENI CDIDO	11/20	self- empl	Jyeu	חר	1007051	1	
Prepa	C + OT TEMONIT AD CON		01/2		A1 🏊		007851		_
Use C	nly Firm's name ► CLIFTONLARSON		7 200	Firm's EI	N -	41	L-07467	47	_
		SIXTH STREET, SUITE	2 200	_		10 1	76 450	^	
	Firm's address  MINNEAPOLIS	S, MN 55402		Phone no	<i>.</i> 0	<u> 14-3</u>	376-450		_
823711 01	09-19						Form <b>990-</b>	1 (201)	ଧ)

Schedule A - Cost of Goods	<b>s Sold.</b> Enter	method of invent	tory va	luation 🕨 N/	A				
1 Inventory at beginning of year	1_1_		6	nventory at end of ye	ear		6		
2 Purchases	2		7 (	Cost of goods sold. S	Subtract I	ine 6			
3 Cost of labor	3	` `	] 1	from line 5. Enter her	e and in f	<sup>o</sup> art I,			
4a Additional section 263A costs				ine 2			7	L	
(attach schedule)	4a		8	Do the rules of sectio	n 263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b		] ,	property produced or	r acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		]	the organization?					
Schedule C - Rent Income	(From Real	Property and	Pers	sonal Property	/ Leas	ed With Real Pro	pert	y)	
(see instructions)									
1. Description of property									
(1) WILDER CENTER -	CONVENI	1G							
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued				2/0) Dadications discott		atadth the .access	
<ul> <li>(a) From personal property (if the per rent for personal property is more</li> </ul>	centage of	(b) From real ar	nd persor	nal property (if the percer roperty exceeds 50% or	ntage If		nd 2(b)	(attach schedule)	
10% but not more than 50%				on profit or income)		SEE STAT	EME		
(1)		*		214,	<u> 292.</u>			203,60	<u>)0.</u>
(2)									
(3)									
(4)						1			
Total	0.	Total		214,	<u> 292.</u>				
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions  Enter here and on page 1,			
here and on page 1, Part I, line 6, column				214,	<u> 292.</u>	Part I, line 6, column (B)		203,60	<u>)0.</u>
Schedule E - Unrelated Deb	t-Financed	Income (see	instruct	tions)	- <del></del>				
			,	Gross income from		3 Deductions directly cor to debt-finant			
1 Description of debt-fir	anneed areasety		0	r allocable to debt-	(a)	Straight line depreciation	Ť	(b) Other deductions	
i Description of debt-in	lanced property			financed property		(attach schedule)		(attach schedule)	_
· = - · · ·							SI	ATEMENT 6	)
(1) 451 LEXINGTON AV	ENUE NOI	RTH, ST.					+		
(2) PAUL, MN		·· <del>····</del>		86,447	•		+	280,89	<del>)</del> 5.
(3)							+		
(4)		· <del></del>	ļ				+		
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6.	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deductio (column 6 x total of colu 3(a) and 3(b))	
(1)				%					
(2) 23,075,000.	22,	796,980.		100.00%		86,447		280,89	<del>)</del> 5.
(3)				%					
(4)				%					
STATEMENT 3	STATI	EMENT 4			l l	nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (B	
Totals				•	•	86,447		280,89	}5.
Total dividends-received deductions in	cluded in column	. 8		•		, <u>, , , , , , , , , , , , , , , , , , </u>			0.

Schedule F - Interest,	Annuitie	s, Roya	lties, an					zatio	ns (see ins	truction	ns)
· • • • • • • • • • • • • • • • • • • •				Exempt	Controlled O	rganızatı	ons				
Name of controlled organization	lion	2. Emp identifi num	cation		related income a instructions)		tal of specified ments made	includ	t of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(2)											
(3)											
(4)										_	
Nonexempt Controlled Organi	zations							<u> </u>			**
7 Taxable Income		related incom	na (lance)	0 Total	of specified pay	monto	10. Part of colu	ma O tha	t io ingluded	11 0	eductions directly connected
, Taxable income		e instructions		<b>3.</b> 70tai	made	nenta	in the controlli		nization's	wit	h income in column 10
(1)											
(2)											
(3)											
(4)			_								
(1)	<u> </u>						Add colun	nno 6 on	d 10		dd columns 6 and 11
						•	Enter here and		1, Part I,		here and on page 1, Part I, line 8, column (B)
Totals						<b></b>			0.		0.
Schedule G - Investme		ne of a	Section	501(c)(	7), (9), or	(17) Or	ganization	)			0.
	ription of incor	ne			2 Amount of	ıncome	3. Deduction directly conne (attach sched	ected	4 Set-		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				<b>&gt;</b>		0.					0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ad	lvertisi	ng Income	•	•		
			2 -		4. Net incom	ne (loss)					7.5
1. Description of exploited activity	2. Gr unrelated l income trade or b	ousiness from	3. Exp directly co with pro of unre business	onnected duction elated	from unrelated business (co minus colum gain, comput through	I trade or dumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	that led	6. Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)				-							
(3)											
(4)											
	Enter here page 1, line 10, c	Part I,	Enter her page 1, line 10,	Part I,	,						Enter here and on page 1, Part II, line 26
Totals -	L <u>.</u>	0.		0.	L						0.
Schedule J - Advertisi											· · · · ·
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	or (loss) (co	ain, comput			6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											7
(2)		•			_]						]
(3)					Ι,				•		]
(4)											<u> </u>
Totals (carry to Part II, line (5))	<b>&gt;</b>	(	0.	0					<u></u>		0.

Form 990-T (2018) AMHERST H. WILDER FOUNDATION 41-06938

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)

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)		-			7	
(2)						
(3)						
(4)						
Totals from Part I	0.	0.		,		0.
	Enter here and on page 1, Part I, Inne 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	n of Officers.	Directors, and	Trustees (see in	structions)		

¹ 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		<b>&gt;</b>	0.

Form 990-T (2018)

TOTAL TO FORM 990-T, PAGE 1, LINE 28  FORM 990-T  NET OPERATING LOSS DEDUCTION  STATEMENT  LOSS PREVIOUSLY TAX YEAR LOSS SUSTAINED APPLIED REMAINING O6/30/08 4,208. 0. 4,208. 0. 3,068. 3,068. 0. 3,068. 3,068. 0. 6/30/10 50,661. 0. 50,661. 50,661. 50,661. 50,661. 66/30/11 125,426. 0. 125,426. 125,426. 0. 6/30/12 87,002. 0. 87,002. 87,002. 06/30/13 106,747. 0. 106,747.	FORM 990-T	1 -1		OTHER DEI	DUCTIC	ONS	STATEMENT	
TOTAL TO FORM 990-T, PAGE 1, LINE 28  FORM 990-T  NET OPERATING LOSS DEDUCTION  STATEMENT  LOSS PREVIOUSLY TAX YEAR LOSS SUSTAINED APPLIED REMAINING THIS YEAR  06/30/08 4,208. 0. 4,208. 0. 3,068. 3,068. 0. 3,068. 3,068. 0. 6/30/10 50,661. 0. 50,661. 50,661. 50,661. 06/30/11 125,426. 0. 125,426. 125,426. 06/30/12 87,002. 06/30/12 87,002. 07,002. 08,002. 06/30/13 106,747. 07,003. 06/30/14 106,747. 08,003. 06/30/15 107,835. 08,003. 06/30/16 96,778. 08,003. 096,778.	DESCRIPTIO	N					AMOUNT	
FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT    LOSS	ACCOUNTING	- FEES		•			75	50.
LOSS PREVIOUSLY APPLIED REMAINING THIS YEAR  06/30/08 06/30/09 3,068. 06/30/10 50,661. 06/30/11 125,426. 06/30/12 87,002. 06/30/12 87,002. 06/30/13 106,747. 06/30/14 41,225. 06/30/15 107,835. 06/30/16 96,778.  LOSS REMAINING THIS YEAR  4,208 0. 4,208. 3,068. 3,068 0. 50,661. 50,661 50,661 125,426. 125,426 125,426 125,426 126,747 106	TOTAL TO F	'ORM 990	-Т, PAGE 1,	LINE 28			75	50.
TAX YEAR LOSS SUSTAINED APPLIED REMAINING THIS YEAR  06/30/08 4,208. 0. 4,208. 4,208 06/30/09 3,068. 0. 3,068. 3,068 06/30/10 50,661. 0. 50,661. 50,661 06/30/11 125,426. 0. 125,426. 125,426 06/30/12 87,002. 0. 87,002. 87,002 06/30/13 106,747. 0. 106,747. 106,747. 06/30/14 41,225. 0. 41,225. 41,225 06/30/15 107,835. 0. 107,835. 107,835. 06/30/16 96,778. 96,778	FORM 990-T	• • • • • • • • • • • • • • • • • • •	NET	OPERATING LO	OSS DE	DUCTION	STATEMENT	2
06/30/09       3,068.       0.       3,068.       3,068.         06/30/10       50,661.       0.       50,661.       50,661.         06/30/11       125,426.       0.       125,426.       125,426.         06/30/12       87,002.       0.       87,002.       87,002.         06/30/13       106,747.       0.       106,747.       106,747.         06/30/14       41,225.       0.       41,225.       41,225.         06/30/15       107,835.       0.       107,835.       107,835.         06/30/16       96,778.       0.       96,778.       96,778.	TAX YEAR	LOSS	SUSTAINED	PREVIOUSLY	Z			
06/30/17 57,819. 0. 57,819. 57,819 06/30/18 2,947. 0. 2,947. 2,947								

FORM 990-T	7	SCHEDULE E - UNRELA	TED DEBT-FINANCED	INCOME	STATEMENT	3
·		AVERAGE AC	OUISITION DEBT			

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
451 LEXINGTON AVENUE NORTH, ST. PAUL, MN	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH		23,480,000. 23,480,000. 23,480,000. 23,480,000. 23,480,000. 23,480,000. 22,670,000. 22,670,000. 22,670,000. 22,670,000. 22,670,000. 22,670,000.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		276,900,000.
AVERAGE AQUISITION DEBT	,	23,075,000.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T SCHEDULE E - UNRELAT AVERAGE ADJU		OINCOME	STATEMENT	4
DESCRIPTION OF DEBT-FINANCED PROPERT	YY	ACTIVITY NUMBER	Y	
451 LEXINGTON AVENUE NORTH, ST. PAUL	, MN	1	AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY F AVERAGE ADJUSTED BASIS OF PROPERTY L		₹	22,928,50 22,665,4	
AVERAGE ADJUSTED BASIS OF PROPERTY F	OR THE YEAR		22,796,98	80.
TOTAL TO FORM 990-T, SCHEDULE E, COL	LUMIN 5			
FORM 990-T DEDUCTIONS CONNECTE	D WITH RENTAL IN	1COME	STATEMENT	 5 
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DIRECT RENTAL EXPENSES - SUBTOT		203,600.	203,60	00.
TOTAL TO FORM 990-T, SCHEDULE C, COL	JUMN 3		203,60	00.
FORM 990-T SCHEDULE E - O	THER DEDUCTIONS		STATEMENT	6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DIRECT RENTAL EXPENSES - SUBTOT	'AL - 1	280,895.	280,89	95.
TOTAL OF FORM 990-T, SCHEDULE E, COL	JUMN 3(B)	•	280,85	95.