^	***	QQA-T	Ex	empt Organization B	usin	ess Incom				OMB No 1545-06	87
2/6/	Forn			(and proxy tax ui	ng	7/1/2017 , an	d ending 6/30/			2017	7
5		artment of the Treasury		Go to www.irs.gov/Form990T for						n to Public Inspecti	
1	Inter	nal Revenue Service Check box if	ро по	t enter SSN numbers on this form as it i						(c)(3) Organizations identification num	
-	<u> </u>	address changed		_		e changed and see in:	structions)			trust, see instructions	
S		Exempt under section		Minneapolis American Indian Ce				4			
		X 501 (C)(03)	Print	Number, street, and room or suite no. If a	PO box	, see instructions		F 11=		-0966005	
•		408(e) 220(e)	or	1530 E Franklin Ave					reiateo e instruct	business activity ions)	codes
,		408A 530(a)	Туре	City or town	State		ZIP code				
-	ļ	529(a)		Minneapolis	MN		55404-2136	4		:	
				Foreign country name F	-oreign p	rovince/state/county F	oreign postal code	7	22513		
		Book value of all assets at	F Grou	p exemption number (See instruc	ctions)	•		<u> </u>	22010		
	•			ck organization type ► X 501		noration 50	1(c) trust	☐ 401(a) trust	Other tr	rust
	Н			mary unrelated business activity	1(0) 001	poration oo	1(0) 11 001	<u> </u>	,		
	''-			oration a subsidiary in an affiliated	aroup o	r a naront cubcidia	ny controlled are	un2		Yes X	No
	'			tifying number of the parent corpora		a parent-subsitia	iry contitolied gro	up,		Yes X	7 140
	J	The books are in care		Minneapolis American Indian Ce		Telen	hone number	▶ 61	2-879-	-1700	
	P			Business Income		(A) Income		xpenses		(C) Net	
	1			90,075	\top			<u> </u>			Ti
		b Less returns and allowa		c Balance ►	1c	90,075					
	2	Cost of goods sold	(Schedule	e A, line 7)	2	39,759					
	3	Gross profit Subtra	ct line 2 f	rom line 1c	3	50,316				50,316	3
	4				4a						
		b Net gain (loss) (Form	4797, Pa	rt II, line 17) (attach Form 4797)	4b						
		c Capital loss deducti			4c						<u> </u>
	5		•	d S corporations (attach statement)	5 6						+-
	6	Rent income (Scher								 	
oc	7	Unrelated debt-finar		•	7						+
2018	8	· · · · · · · · · · · · · · · · · · ·		from controlled organizations (Schedule F)	8				\dashv		+-
~	10	Exploited exempt a		(7), (9), or (17) organization (Schedule G)	. 10			-			+
0 4	11	Advertising income			11				-+		+-
_	12	_	-	ns, attach schedule)	12						+-
E(13	Total. Combine line		•	13	50,316		o	<u> </u>	50,316	3
				ken Elsewhere (See instructi	ons fo		deductions.)	(Excer	t for o		
				directly connected with the ur			•				,
SCANNED	14			ectors, and trustees (Schedule K			· · · · · ·	1	14		
3	15	Salaries and wages						[15	32,020	
Ç	16	Repairs and mainte	nance					L	16		<u> </u>
S	17	Bad debts		101	20	. 0	•		17		↓
	18	Interest (attach sche	edule)	100		10 .	•		18		
	19	Taxes and licenses	(0		•		•	·	19	5,919	'
0	20			e instructions for limitation rules)		ایما		ıŀ	20		┼──
990	21 22	Depreciation (attach		ooz) o Schedule A and elsewhere on re	atura	21 22a		+	22b		
6	23	Depletion .	aimed on	Schedule A and elsewhere on re	starri	224			23		+
	24	Contributions to def	erred con	nnensation plans				1	24		+-
5	25	Employee benefit pr				•	•	ŀ	25		\dagger
toca	26	Excess exempt exp	-	chedule I)		÷		ļ	26		T
	27	Excess readership of	•	•			•		27		
,	28	Other deductions (a	-	· · · · · · · · · · · · · · · · · · ·					28	23,191	
\$	29	Total deductions.		· · · · · · · · · · · · · · · · · · ·		•	•	[29	61,130	
\mathscr{L}	30			ncome before net operating loss of		on Subtract line	29 from line 13	. [30	-10,814	<u> </u>
1	31			(limited to the amount on line 30)					31		<u> </u>
	32			ncome before specific deduction			e 30		32	-10,814	4
	33			\$1,000, but see line 33 instruction				_	33		
	34			income. Subtract line 33 from lir	ne 32. l	t line 33 is greate	er than line		_	40.04	.[
		32, enter the smalle						L	34	-10,814	



Pa	ırt	Т	ax Computation	on												
35		Organiz	ations Taxable as	s Corporat	ions. See ins	structions	for tax com	putation	Cont	rolled group	p					
			s (sections 1561 a				See instru									
	а	Enter yo	ur share of the \$5	0,000, \$25,	000, and \$9,	925,000 t	axable incor	ne brack	kets (ır	n that order	·)					
		(1) \$		(2) \$			(3) \$									
	b	Enter org	ganization's share	of (1) Add	itional 5% tax	(not moi	re than \$11,7	'50)	\$		- 1	Ì				
		-	ional 3% tax (not			·			\$							
	С	Income t	ax on the amount	on line 34								ightharpoons	35c		1,126	
36		Trusts T	axable at Trust F	Rates. See	instructions fo	or tax con	putation Inc	come ta	x on th	he						
		amount o	on line 34 from	Tax r	ate schedule	or	Schedule [(Form	1041))			36			
37		Proxy ta	x. See instruction	ıs									37			
38	Alternative minimum tax										ļ	38				
39			ion-Compliant F	-			•			•			39			
40			id lines 37, 38 and		35c or 36, wh	nichever a	applies						40		0	L
Pa			ax and Payme													
41		_	tax credit (corpora		n Form 1118,	trusts atta	ach Form 11	16)	41a							
			edits (see instructi	•		•		-	41b							
			business credit A		•		•	-	41c							
			r prior year minim			01 or 8827	7)	L	41d							
			edits. Add lines 41	•	41d	•	•					-	41e		0	
42			line 41e from line	,		<u></u> г						<u>.</u> .	42		0	
43			s Check if from		Form 8611	Form	8697 FG	orm 8866	L	Other (attach	scneau	ile)	43			<u> </u>
44	_				tod to 2017		•		45a	i	1	ŀ	44		0	
45		-	ts A 2016 overpay imated tax payme		led to 2017	•			45a 45b							
			sited with Form 8			• •	•	H	45c							
			organizations Tax		hheld at sour	ra (saa ir	netructions)	-	45d							
		_	withholding (see in			Ce (See II	isti uctions)	- H	45e				1			
		-	r small employer l	-		ns (Attac	h Form 8941	,	45f							
			edits and paymen		Form 2439	no (rittao	111 01111 00-1	' t	70.		_					
	9		1 4136	"	Other		Tota	-	45		0					
46	I		yments. Add lines	L				ai 🕨 L	45g		υĮ		46		0	
46 47			d tax penalty (see	7		Orm 2221	n is attached		•	•	▶[┑┟	47		\dashv	
48			. If line 46 is less t									┛┢	48		0	
49			ment. If line 46 is						overn	oaid			49		0	
50			amount of line 49 y	-				u	10.0.5	Refur	nded		50		0	
Pa			atements Rega					ormati	on (se							
51			me during the 201									hor a	ithority		Yes	No
31		-	nancial account (b		-	-				_						
			Form 114, Report												1 1	
		here ►	romi 174, iteport	or r oreign	Darik and Til	ianciai Ac	wunts ii re	-0, c/itc	i tile i	iame or the	10101	gii w	unitry			X
52			e tax year, did the o	organization	receive a distr	ribution fro	m or was it t	he oranto	or of o	or transferor	to a f	oreiar	trust?			X
-		-	ee instructions for	•				_	o. o., o	,	.0,	o. o.g.				
53		-	amount of tax-ex		•	-				\$						
		Under	r penalties of perjury, I dec	dare that I have o	examined this return	n, including ac	companying sche	dules and s	tatement		t of my	knowled	ge and belief	f, it is true,	correct,	
Sig	ın	and co	omplete Declaration of p	reparer (other the	an taxpayer) is base	ed on all infor	mation of which pr	eparer has a	any know	vledge		f				
He			1 But	ran		1/3/16	118	Contro	ller				May the IRS the prepare			with
116		Siar	nature of officer	1		Date	, <u> </u>	itle				_	instructions			No
		<u> </u>	Print/Type preparer's	name			s signature			Date		<u></u>	, 🖂 ,	PTIN		
Pai	id		/\	<i>J</i>								Chec self-e	k if employed			
Pre	p	arer	Sumb along								-+		EIN >	<u> </u>		
	-	Only	Firm's address								-	Phone				
		-	229100E 2 mus									- none	1103			

Form	990-T	(2017)

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Page	

Form **990-T** (2017)

10111 550-1 (2011) IVII	illieapons Amen	Call Illulali C	Jeniei				030000	<u> </u>	Page 3
Schedule A—Cost of Goo	ds Sold. Enter	r method c	of invento	ry valuati	on▶				
1 Inventory at beginning of					nventory at er	nd of year	6		
2 Purchases	. 2	2	39,759	7 (Cost of goods	s sold. Subtract			
3 Cost of labor .	3	3			ine 6 from line	5 Enter here			
4 a Additional section 263A	costs				and in Part I, li	ne 2	7	39,7	59
(attach schedule)	4	a		8	Do the rules of	section 263A (wit	h respe	ct to Y	es No
b Other costs (attach sched	dule) 4	b			property produ	iced or acquired fo	r resale	:)	لَــــاــــــــــــــــــــــــــــــــ
5 Total. Add lines 1 throug			39,759		apply to the or				
Schedule C—Rent Income (see instructions)	e (From Real F	Property a	ind Pers	onal Pro _l	perty Lease	d With Real Pro	perty)		
Description of property								·	
(1)									
(2)									
(3)									
(4)									
	2 Rent receive	ed or accrued							
for personal property is more than 10% but not percenta-			ge of rent for	personal prope personal prop ased on profit	erty exceeds	3(a) Deductions dii in columns 2(a		nected with the i (attach schedu	
(1)									
(2)									
(3)									
(4)									
Total	0	Total			0				
(c) Total income. Add totals of colhere and on page 1, Part I, line 6, or	column (A)	<u> </u>			0	(b) Total deduct Enter here and o Part I, line 6, colu	n page 1		0
Schedule E—Unrelated De	ebt-rmanced	income (s	ee instruct T	ions)		Dadinationa disaatii aas		hllbl-	
				ncome from o	r	Deductions directly con to debt-finance			
1. Description of debt-	financed property			o debt-finance operty	(a) Straight	t line depreciation th schedule)	Other deduction		
(1)									
(2)									
(3)									
(4)			<u> </u>						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sch	ble to property	4 d	Column livided olumn 5		(column 2 x column 6) (column 6 x f		llocable deduction 6 × total of co 3(a) and 3(b))	
(1)				(%	0			0
(2)					%	0			0
(3)				-	%	0			0
(4)					%	0			0
						and on page 1, e 7, column (A)		nere and on p	
Totals .				. •	•	0			0
Total dividends-received deduct	iana makudad ma	olumn 0							

Schedule F—Interest, Annuit	ies, Royalties,		Controlled			inizations (se	e instru	ictions)		
Name of controlled organization	2. Employer identification number		related incom ee instructions		4. Total of specifie payments made		controlli	ng conn	eductions directly ected with income in column 5	
(1)										
(2)										
(3)				_						
(4)								L_		
Nonexempt Controlled Organization	าร		·							
7. Taxable Income	8. Net unrelated i (loss) (see instru		9		of specified ents made	10. Part of colu included in the organization's g	controlling conne		Deductions directly ected with income in column 10	
(1)	<u></u>									
(2)										
(3)										
(4)										
					_	Add columns Enter here and Part I, line 8, 6	l on page	1, Enter i	columns 6 and 11 here and on page 1, , line 8, column (B)	
Totals .		=0.4.4	\(=\) (0\	- 14	<u> </u>	<u> </u>		0	0	
Schedule G—Investment Inco	ome of a Section	on 501(c				tion (see instru	ctions)			
1. Description of income	2. Amount of income		dır		onnected chedule)	4 Set-aside (attach schedu	and se		Total deductions set-asides (col 3 plus col 4)	
(1)									0	
(2)	<u> </u>								0	
(3)									0	
Totals .	Enter here and c Part I, line 9, coli	. •					i		re and on page 1, e 9, column (B)	
Schedule I—Exploited Exemp	ot Activity Inco	me. Oth	er Than A	Adve	ertisina Inco	me (see instruc	ctions)			
Description of exploited activity	2 Gross unrelated business incom from trade or business	3 E conn prod ur	expenses lirectly ected with duction of irelated ess income	4. N from or b 2 m	let income (loss) n unrelated trade usiness (column linus column 3) gain, compute ls 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)					0				0	
(2)					0				0	
(3)					0		I		0	
(4)					0				0	
7	Enter here and page 1, Part I line 10, col (A	, page) line 1	nere and on a 1, Part I, 0, col (B)						Enter here and on page 1, Part II, line 26	
Totals	<u> </u>	0]	0	<u> </u>					<u> </u>	
Schedule J—Advertising Inco										
Part I Income From Perio	odicals Reporte	ed on a c	onsolia	lated	Basis		Τ		ı	
1. Name of periodical	2 Gross advertising income		Direct	gar 2 r a	I. Advertising in or (loss) (col minus col 3) If gain, compute is 5 through 7	5. Circulation income		eadership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)									[
(3)										
(4)										
Totals (carry to Part II, line (5))	•	0	0		0	0		0	0	
	 		<u>_</u>		<u> </u>				om 990-T (2017)	

Part II Income From Peri columns 2 through	iodicals Reported 7 on a line-by-line	•	Basis (For each	periodical liste	ed in Part II, f	ıll in
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)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
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, Direct	tors, and Trus	tees (see instructio	ns)		
		-		2 Domont of		

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)

Line 28 (990-T) - Other Deductions

w	ne zo_tee i/_ ether beddetiene	 	 		
1	Automobile and truck expenses			1	201
2	Consulting fees			2	12,640
3	Office expenses		 	3	1,286
4	Sales and promotion expenses			4	120
5	Administrative	 		5	8,944
6	Total other deductions .			6	23,191
7	Total deductions less expenses for offsetting credits			7	23,191