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Form	990-T	Exempt Organization Business Income Tax Return)	OMB No 1545-0687			
	_		(and proxy tax un-	der se	ction 6033(e))		l	0040	
	266	For calendar year 2018 or other tax year beginning, and ending					_ 1	2018	
	ment of the Treasury	 ▶ 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) 				ł	Open to Public Inspection for 501(c)(3) Organizations Only		
Α	Check box if address changed	Name of organization (Check box if name changed and see instructions.)				D Employer identification number (Employees' trust, see instructions)			
<u>—</u>	cempt under section	- -					41-1280596		
] 501(c)(3 03] 408(e) [] 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.					E Unrelated business activity code (See instructions)	
F	408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55407					930	
C Boo	Book value of all assets								
at e	2,965,9	62.	G Check organization type ► X 501(c) co	rporatio	n 501(c) tr	ust 401(a) trust	Other trust	
H Ent	ter the number of the	organiza	tion's unrelated trades or businesses.	1	Desc	cribe the only (or first) ui	nrelated		
trac	de or business here	► S	EE STATEMENT 1		If only	one, complete Parts I-V.	. If more	e than one,	
des	cribe the first in the b	lank spa	ce at the end of the previous sentence, complete l	Parts I ar	nd II, complete a Sch	edule M for each addition	nal trade	e or	
_ bus	iness, then complete	Parts III	-V						
I Du	ring the tax year, was	the corp	oration a subsidiary in an affiliated group or a par	ent-subs	idiary controlled grou	up? ► [Y	es 🗓 No	
			ifying number of the parent corporation.						
			AUL MCCLUSKEY			elephone number 🕨 6			
Pa	rtija Unrelated	Trac	le or Business Income		(A) Income	(B) Expense	s	(C) Net	
	Gross receipts or sale								
	Less returns and allow		c Balance	1c		120220392	Total	Marie Control	
	Cost of goods sold (S			2					
	Gross profit. Subtract			3		SECOND COLUMN			
	Capital gain net incom			4a				 	
			art II, line 17) (attach Form 4797)	4b	-	2014111402 2014111402			
	Capital loss deduction			4c		TATION TO			
	• •		thip or an S corporation (attach statement)	5		DAMES LONDING TA	MILITED T		
	Rent income (Schedu		an (Cabadula E)	7					
		lated debt-financed income (Schedule E)							
	•		nd rents from a controlled organization (Schedule F		 				
	9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 . 0 Exploited exempt activity income (Schedule I) 10						 		
				10	-			 	
	Advertising income (Schedule J) Other income (See instructions; attach schedule) STATEMENT 2			12	1 62	6. 25.46.75.20.21	MPats		
	Total. Combine lines		-, -, -, -, -, -, -, -, -, -, -, -, -, -	13	1,62		2,-6774684	1,626.	
Pai			ot Taken Elsewhere (See instructions					1,020.	
<u> </u>			itions, deductions must be directly connected						
14	Compensation of off	icers. di	ectors, and trustees (Schedule K)				14	1	
15	Salaries and wages		(,				15		
16	Repairs and mainten	ance	<u> </u>		The same ways		16		
17	Bad debts		RECE	:://⊏	n		17		
18	Interest (attach sche	dule) (s			—¬Q[18		
19	Town and business [197]						19		
20	Charitable contributions (See instructions for limitation rules) NDV 19 2019 1916						20		
21	Depreciation (attach		1 1	777	21		16.10		
22	Less depreciation cla	aimed or	Schedule A and elsewhere on returnOGDE	NH	22a		22b		
23	Depletion						23		
24	Contributions to defe	erred co	mpensation plans				24		
25	Employee benefit pro	ograms					25		
26	Excess exempt exper	nses (So	hedule I)				26		
27	27 Excess readership costs (Schedule J)						27		
28	Other deductions (at	tach sch	edule)			٠,	28		
29	Total deductions Add lines 14 through 28						29	0.	
30	· · · · · · · · · · · · · · · · · · ·					30	1,626.		
31	· ·	-	oss arising in tax years beginning on or after Jani	Jary 1, 2	018 (see instructions))	31	PRINCIPLE OF THE PRINCI	
<u>32</u>	Unrelated business t	<u>axable ır</u>	come Subtract line 31 from line 30				32	1,626.	
823701	1 01-09-19 LHA Fo	r Paper	work Reduction Act Notice, see instructions				\neg	Form 990-T (2018)	

Date ıf PTIN Print/Type preparer's name Preparers signature Check self- employed Paid ROZALYN Z. ALLYSON **ガ**7/09/19 P00234621 Preparer Firm's name MAHONEY, ULBRICH CHRISTIANSEN & RUSS P.A Firm's EIN ▶ 41-1647057 Use Only 10 RIVER PARK PĽAZA, SUITE 800 Firm's address ► SAINT PAUL, MN 55107 Phone no. (651)227-6695 Form 990-T (2018) FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
QUALIFIED TRANSPORTATION FRING	E BENEFITS	1,626.
TOTAL TO FORM 990-T, PAGE 1, L	INE 12	1,626.