

Form 990-T

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

AMENDED

OMB No 1545-0687

2016

For calendar year 2016 or other tax year beginning and ending

Information about Form 990-T and its instructions is available at www.irs.gov/form990.

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

Department of the Treasury Internal Revenue Service

Check box if address changed

Exempt under section

501(c)(3)

408(e)

220(e)

408A

530(a)

529(a)

Book value of all assets at end of year

718,872

Name of organization (Check box if name changed and see instructions)

LAKES CENTER FOR YOUTH & FAMILIES

Number, street, and room or suite no. If a P.O. box, see instructions

20 N LAKE STREET, SUITE 103

City or town, state or province, country, and ZIP or foreign postal code

FOREST LAKE MN 55025

Employer identification number (Employees' trust, see instructions)

41-1322058

Unrelated business activity codes (See instructions)

713200 511110

Group exemption number (See instructions)

Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust

Describe the organization's primary unrelated business activity

YOUTH PAGE ADVERTISING & PULLTAB GAMBLING

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation

Yes No

The books are in care of LINDA MADSEN

Telephone number 651-464-3685

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (1,137,475), Total (1,138,225), and Advertising income (750).

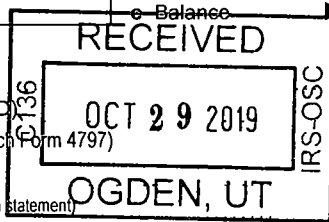


Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers (11,856), Total deductions (1,157,280), and Unrelated business taxable income (-19,760).

See Statement 2

Part III Tax Computation

AMENDED

35	<b>Organizations Taxable as Corporations.</b> 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) \$
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		35c
36	<b>Trusts Taxable at Trust Rates</b> 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	<b>Proxy tax.</b> See instructions		37
38	Alternative minimum tax		38
39	<b>Tax on Non-Compliant Facility Income.</b> See instructions		39
40	<b>Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40

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 (see instructions)	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	<b>Total credits.</b> Add lines 41a through 41d		41e
42	Subtract line 41e from line 40		42
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 (att sch)		43
44	<b>Total tax.</b> Add lines 42 and 43		44
45a	Payments. A 2015 overpayment credited to 2016	45a	
b	2016 estimated tax payments	45b	10,560
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 type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	45g	
46	<b>Total payments.</b> Add lines 45a through 45g		46
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47
48	<b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed		48
49	<b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49
50	Enter the amount of line 49 you want credited to 2017 estimated tax		50

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

51	At any time during the 2016 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
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		\$

**Sign Here** 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.

*Ginlu M. Markson* 10/22/19 **EXECUTIVE DIRECTOR**

Signature of officer Date Title

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

<b>Paid Preparer Use Only</b>	Pnn/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	NICHOLE FAIRBANKS	<i>Nichole Fairbanks</i>	10/22/19		P00967515
	Firm's name	Firm's EIN			
	HARRINGTON LANGER & ASSOCIATES	41-1532347			
	Firm's address	Phone no			
	563 PHALEN BLVD SAINT PAUL, MN 55130	651-481-1128			

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional sec 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1 Description of property		
(1)	<b>N/A</b>	
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	<b>N/A</b>			
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) ►	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

**UNREVIEWED**

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross inc	6 Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	

Totals

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Totals

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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) YOUTH PAGE ADVERTIS	750	705				
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	750	705	45			

**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 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) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>750</b>	<b>705</b>				
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A) <b>750</b>	Enter here and on page 1, Part I, line 11, col (B) <b>705</b>				Enter here and on page 1, Part II, line 27

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			

**Statement 1 - Form 990-T - Explanation for Amending**Description

DURING A MINNESOTA DEPARTMENT OF REVENUE AUDIT OF UNRELATED BUSINESS INCOME, THE ORGANIZATION BECAME AWARE THAT IT COULD DEDUCT CONTRIBUTIONS MADE TO LAKES CENTER FOR YOUTH & FAMILIES FROM ITS GAMBLING FUND AS LONG AS THE CONTRIBUTIONS WERE SPENT WITHIN THE FISCAL YEAR OF THE CONTRIBUTION ACCORDING TO IRC SECTION 162.

THIS RETURN HAS BEEN AMENDED TO INCLUDE A DEDUCTION FOR LAWFUL GAMBLING CONTRIBUTIONS OF \$83,000.

**Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
Travel	\$ 500
STATE UBIT TAX	4,430
LAWFUL PURPOSE CONTRIBUTI	83,000
Cash Prizes	956,183
Rent and Facility Costs	35,846
Other Direct Fundraising/Gaming	62,943
Total	<u>\$ 1,142,902</u>