Form 990-T	`	E	exempt Organization Bus			ax Returr	ı þ	OMB No 1545-0687
			(and proxy tax und	er se			Į	0040
		Car	► Information about Form 990-T and its instru	ctions is	, and ending	70/fo000t	-	2016
Department of the Tre Internal Revenue Serv		▶	Do not enter SSN numbers on this form as it may		_			Open to Public Inspection for 501(c)(3) Organizations Only
A Check bo address of			Name of organization (Check box if name of	changed	and see instructions.)		(Emp	oyer identification number loyees' trust, see actions)
B Exempt under	section Pri	nt	AEON				4	1-1558711
X 501(c)(3	1 T.	or	Number, street, and room or suite no. If a P.O. bo			_		ated business activity codes instructions)
408(e)]220(e) Typ	"	901 NORTH THIRD STREET				1	
408A 529(a)	530(a)		City or town, state or province, country, and ZIP of MINNEAPOLIS, MN 55401		n postal code		531	310
C Book value of all a	ssets F Gr	oup	exemption number (See instructions.)					
56,345,5			organization type X 501(c) corporation		501(c) trust	401(a) trust	[Other trust
H Describe the or	ganization's pr	rıma	ry unrelated business activity. > PROPERT	Y M	ANAGEMENT			
-		-	oration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	>	Ye	es X No
			fying number of the parent corporation.					
			AROLINE HORTON			one number)341-3148
4,00 100 0000		rad	e or Business Income	_	(A) Income	(B) Expense	S messons	(C) Net
1a Gross receip			40,206.		40.006			
	and allowance		c Balance	1c	40,206.	1.33 PM 482 PM	1927	200 2 20 - 24 0E
	ds sold (Sched		•	2	40,206.	STATE STATE STATE	SPECIAL SE	40 206
·	. Subtract line			3	40,200.	August 1877 California		40,206.
	net income (at			4a		3.374.743.834.743	HELDER	
b Net gain (los Capital loss			art II, line 17) (attach Form 4797)	4b		331 245 7 545 5		
¿ Capital 1000			ps and S corporations (attach statement)	4c 5		C TOTAL TELL STA	15.17	
,	e (Schedule C)		ps and 5 corporations (attach statement)	6		Lin april Commenter Line	MARINE M	
			ne (Schedule E)	7				
			nd rents from controlled organizations (Sch. F)	8	12,474.	<u> </u>		12,474.
			n 501(c)(7), (9), or (17) organization (Schedule G		22/2/11			12/1/11
			me (Schedule I)	10		 		
	income (Sched			11		 		
-	•		s; attach schedule)	12				
	bine lines 3 thi		· ·	13	52,680.			52,680.
			t Taken Elsewhere (See instructions f	or limita				<u> </u>
			tions, deductions must be directly connecte					
14 Compensat	ion of officers	, dır	ectors, and trustees (Schedule K)	_			14	
15 Salaries and	d wages						15	41,828.
16 Repairs and	d maintenance						16	
17 Bad debts							17	
18 Interest (att	tach schedule))					18	
19 Taxes and I	icenses					4	19	
	,		instructions for limitation rules)		RECEIVED		20	
	n (attach Form			ł r-			107	
	ciation claimed	d on	Schedule A and elsewhere on return	E1-223	22a	SC	22b	
23 Depletion				12	OCT 02 2017	PS-O	23	
			npensation plans	Im	<u> </u>] <u>@</u>	24	
	enefit progran			. 4	OGDEN. U	Ţ	25	
	mpt expenses	•					26_	
	dership costs (COD CON	DESCRIPTION 1	27	2 740
	ctions (attach				SEE STAT	rement 1	28	3,749. 45,577.
	ctions Add Irr			ah luan 00) from top 40		29	7,103.
			come before net operating loss deduction. Subtract	ut iine 29		rement 2	30	7,103.
			(limited to the amount on line 30) come before specific deduction. Subtract line 31 f	rom lina		. 17111111 4	31	7,103.
			\$1,000, but see line 33 instructions for exception		UU		33	1,000.
	-		ncome. Subtract line 33 from line 32. If line 33 is		than line 32 enter the or	maller of zero or	33	1,000.
line 32				g. 04101			34	0.

	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN
aid		Λ \wedge α		self- employed	
reparer	LANCE J. BROCK	torn Stoves	09/12/17		P01919631
Jse Only	Firm's name MAHONE	Y, ULBRICH, CHRISTIAN	SEN & RUSS P.A	Firm's EIN	41-164705
oc Omy		IVER PARK PLAZA, SU	ITE 800		

Phone no.

Form 990-T (2016)

instructions)? X Yes

(651)227-6695

Signature of officer

Firm's address > SAINT PAUL, MN 55107

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/	A		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6
2 Purchases	2		7 Cost of goods sold.	Subtract	line 6	a*
3 Cost of labor	3		from line 5. Enter her		1	
4 a Additional section 263A costs			line 2		,	7
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	d for resale) apply to	
5 Total Add lines 1 through 4b	5		the organization?	•	, ,	
Schedule C - Rent Income	(From Real	Property and		Lease	d With Real Prope	erty)
(see instructions)						
Description of property	····					
_(1)						
(2)			_			
(3)						
(4)						··
		ed or accrued			2/a) Doductions directly s	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	and personal property (if the percen personal property exceeds 50% or i nt is based on profit or income)	tage f	columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)					1	
Total	0.	Total		0.		
(c) Total income. Add totals of columns		ter			(b) Total deductions. Enter here and on page 1.	_
here and on page 1, Part I, line 6, colum				0.	Part I, line 8, column (B)	<u>0.</u>
Schedule E - Unrelated Del	ot-Financed	income (see	instructions)			
			2. Gross income from		3. Deductions directly connut to debt-finance	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				ļ	·	
(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	reportable (column (column		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	 		%	-		
(2)	 		%			
(3)			%			
(4)			%			
	·				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
						1
Totals		•	,	-	<u>0</u> .	0.

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|Pairtill | 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. Girculation income	6 Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	>	0.	0.	TE ST. T. T.	The state of the s		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.	المنطقة المناقدة		CLE CE FULLING	0.

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

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 (2016)

FORM 990-1	<u>. </u>	OTHER I	DEDUCTIO	ONS	STATEMENT :
DESCRIPTIO	ON				AMOUNT
OFFICE AND	O OTHER OPERATING				3,74
TOTAL TO E	FORM 990-T, PAGE 1,	LINE 28			3,74
FORM 990-1	r net	OPERATING	LOSS D	EDUCTION	STATEMENT :
FORM 990-1	LOSS SUSTAINED	OPERATING LOSS PREVIOUS	SLY	EDUCTION LOSS REMAINING	STATEMENT : AVAILABLE THIS YEAR
		LOSS PREVIOU	SLY	LOSS	AVAILABLE