	Form	990-T	E	Exempt Organization Bus	sine	ess income 1	Гах Return	ĺ	OMB No 1545-0687
		,	ŀ	(and proxy tax und	der se	ection 6033(c))		1	0040
			For ca	lendar year 2018 or other tax year beginning		, and ending	_	2018	
Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it ma									Open to Public Inspection for 501(c)(3) Organizations Only
	Α [Check box if address changed		Name of organization (Check box if name	change	d and see instructions.)		(Emp	loyer identification number ployees' trust, see uctions)
	R Fx	kempt under section	Print	AEON				4	1-1558711
] 501(c) 3)	or	Number, street, and room or suite no. If a P.O. bo	OY SEE	instructions		E Unre	lated business activity code
		408(e) 220(e)	Type	901 NORTH THIRD STREET				(See	instructions)
	\vdash	408A 530(a)		City or town, state or province, country, and ZIP					
	-	529(a)		MINNEAPOLIS, MN 55401		gn postal code		812	930
	υ.	ok value of all assets		F Group exemption number (See instructions.)	>			·	
9	ate	62,053,4	11.	G Check organization type ► X 501(c) co	rporatio	n 501(c) trust	401(a)	trust	Other trust
2	uH Ent	ter the number of the	organiza	G Check organization type ► X 501(c) contion's unrelated trades or businesses. ►	2		e the only (or first) un		
ဇာ		de or business here		<u> </u>			e, complete Parts I-V.		
~		•		ice at the end of the previous sentence, complete P	Parts I a				
>		iness, then complete I				, ,			
<u> </u>	1 Dur			poration a subsidiary in an affiliated group or a pare	ent-subs	sidiary controlled group?	▶ [es X No
$\overline{}$			•	tifying number of the parent corporation.		, g			
IJ				CAROLINE HORTON		Telep	hone number 🕨 (612)341-3148
Ş				de or Business Income		(A) Income	(B) Expenses		(C) Net
Z	1a	Gross receipts or sale	S				FOR BUNGALOW	沙林	
S	٠.,	Less returns and allov		c Balance	1c				
U	,	Cost of goods sold (S			2		· 1000000000000000000000000000000000000	7	
		Gross profit. Subtract			3			200	
		Capital gain net incom			4a		NAME OF TAXABLE PARTY.		
		• •		art II, line 17) (attach Form 4797)	.4b			670	
		Capital loss deduction			4c		KENSE SECTION	4	
	5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5		3年38年1	党出	
		Rent income (Schedul			6				
		Unrelated debt-finance		ne (Schedule E)	7				
	8 1	Interest, annuities, roy	alties, ai	nd rents from a controlled organization (Schedule F)	8				
	9	Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G	i) 9_				
	10	Exploited exempt activ	vity inco	me (Schedule I)	10				
	11	Advertising income (S	Schedule	: J)	11				
	12	Other income (See ins	struction	ns; attach schedule)	12	29,233.	學是那些學家		29,233.
	13	Total. Combine lines	3 throu	gh 12	13_	29,233.			29,233.
	!Par			t Taken Elsewhere (See instructions					
		(Except for c	contribu	utions, deductions must be directly connected	d with	the unrelated busines	suncome)		
	14	Compensation of offi	cers, dır	rectors, and trustees (Schedule K)	<u> </u>		[X	14	
	15	Salaries and wages			രി	OCT 2 2 2019	[9]	15	
	16	Repairs and mainten	ance		269	001 = = =	181	16	
	17	Bad debts					-= <u> </u>	17	
	18	Interest (attach sche	dule) (se	ee instructions)	!	OGDEN, UT		18	
	19	Taxes and licenses			i			19	<u> </u>
	20	Charitable contribution	ons (See	e instructions for limitation rules)				20	
	21	Depreciation (attach	Form 45	562)		21		٠. ، ر	.]
	22	Less depreciation cla	imed on	n Schedule A and elsewhere on return		22a	·	22b	
	23	Depletion						23	
	24	Contributions to defe		mpensation plans				24	
	25	Employee benefit pro	•					25	
	26	Excess exempt exper						26	-
	27	Excess readership co						27	
	28	Other deductions (att						28	
	29	Total deductions Ad		-				29	0.
	30			ncome before net operating loss deduction. Subtra				30	29,233.
	31			oss arising in tax years beginning on or after Janu	iary 1, 2	018 (see instructions)		31	20 222
•				ncome, Subtract line 31 from line 30				32	29,233.
	922701	01 00 10 IHA FO	r Panen	work Reduction Act Notice see instructions					Form 990-T (2018)

Form 990-	(2016) AEON		41-12	20/11	rage z
Part	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33	29,233.
34`	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	uctions)		35	23,170.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s				
	lines 33 and 34			36	6,063.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line	36.			
•	enter the smaller of zero or line 36			38	5,063.
Partil	·			1.00	- 1,
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			- 39	1,063.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 from:		*	
40	Tax rate schedule or Schedule D (Form 1041)	on line 30 hom.		40	
44					
41	Proxy tax. See instructions			41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	1,063.
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	1,063.
	Tax and Payments	T T		35500	
45 a	Foreign tax credit (corporations attach Form 1118; trusts 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			
e	Total credits Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	1,063.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	366 [] Other	(attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	1,063.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b			
C	Tax deposited with Form 8868	50c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
	Backup withholding (see instructions)	50e		200	
	Credit for small employer health insurance premiums (attach Form 8941)	50f			
	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total	50g		表記	
51	Total payments. Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	1,063.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•		- 54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	l Re	efunded	- 55	
Rantil				1.00	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				Yes No
					135
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	: Toreign country			19/6/7 /2/19/7
	here >				- X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or t	ransieror to, a to	reign trust?		Vinst of 4:Cox
	If "Yes," see instructions for other forms the organization may have to file.				3 4 5 7
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$. h	dadaad bt.d	1.42 S.AV.
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st correct, and complete Declaration of expeparer (other than taxpayer) is based on all information of which prepare	atements, and to the er has any knowledg	e pest of my know e	riedge and belief, i	t is true,
Here	((()) () () () () () ()			May the IRS discu	ss this return with
11010	9-18-11 PRESIDE	SNT.		the preparer show	
	Signature of officer Date Title			instructions)?	Yes No
	Print/Type preparer's name Preparer's signature D	ate	Check	ıf PTIN	
Paid	1 min Change	J	self- employe	1	
Prepa	C	9/12/19			19631
Use C	INIV Firm's name MAHONEY, ULBRICH, CHRUSTIANSEN & R	USS P.A	Firm's EIN	▶ 41-1	647057
	10 RIVER PARK PLAZA, SUITE 800				 _
	Similardana - CATNO DAIL MN 55107		Dhana no	/651\22	7-6605

<u> </u>			<u> </u>			
Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A	7		
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold S	ubtract l	line 6	
3 Cost of labor	3		from line 5. Enter here	and in l	Part I,	
4 a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	1 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	6345 持续是
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income	(From Real	Property and	l Personal Property l	_ease	d With Real Prope	rty)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	2 Rent receiv	ed or accrued				
(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 percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly or columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns	2(a) and 2(b). Er	nter			(b) Total deductions.	
here and on page 1, Part I, line 6, column				0.	Enter here and on page 1, Part I, line 6, column (B)	O.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)			
			2. Gross income from		Deductions directly conne to debt-finance	
Description of debt-fit	nanced property		or allocable to debt- financed property) (a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h 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)			%			
				E	Inter here and on page 1,	Enter here and on page 1,
					Part I, line 7, column (A)	Part I, line 7, column (B)
Totals				·	0.	0.
Total dividends-received deductions in	ncluded in colum	n 8			>	0.

				Exempt C	Controlled O	ganizatio	ons	,			
1. Name of controlled organization		2 Emp identific numb	ation		elated income instructions)	4 Tota payπ	al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		olling	Deductions directly connected with income in column 5
[1]											
2)											
(3)			_								
4)		<u> </u>						<u></u>			
onexempt Controlled Organi	1					-·1			1		
7. Taxable Income		nrelated income see instructions)		9. Total	of specified payn made	nents	10. Part of colu in the controll gross	mn 9 tha: ing organ s income	t is included lization's	11. Dede with i	uctions directly connecte ncome in column 10
1)	<u> </u>	-									
2)						[
(3)		-				ĺ					
(4)	†										
	•						Add colur Enter here and Irne 8,		1, Part I, A)	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
otals	· · · · · · · · · · · · · · · · · · ·					<u> </u>			0.		(
chedule G - Investme	ent Incor	ne of a S	ection	501(c)(7	'), (9), or (17) Org	janization				
(see inst	ructions)										
1. Desc	cription of inco	me			2. Amount of	ıncome	 Deduction directly connected (attach scherolar) 	ected	4. Set-a (attach s		5. Total deduction and set-asides (col 3 plus col 4
1)											
2)											
3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on pag Part I, line 9, column (i
_{otals} Schedule I - Exploited	Exempt	Activity	Income	, Other	Than Adv		g Income	E C-C-K		·	<u> </u>
(see instri											
Description of exploited activity	unrelated incom	Gross business e from business	directly c with pro of unit		4. Net incon from unrelated business (co minus colum gain, comput through	I trade or dumn 2 n 3) If a a cols 5	5. Gross inc from activity is not unrela business inco	that ted	6 . Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
3)	†								1		1
	 	-			 				 		1
(4)	page 1	re and on , Part I, col (A)	Enter her page 1 line 10,	, Part I,			RESTRUCTION OF THE PARTY OF THE	经营			Enter here and on page 1, Part II, line 26
otals >	<u> </u>	0.		0.	學的學習	74	在全国人们。	,	11.7 10 4 12	TO SECTION	<u> </u>
Schedule J - Advertisi											
Part I) Income From	Periodic	als Repo	orted or	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct stising costs	or (loss) (c		5. Circula incom		6 Read		7 Excess readership costs (column 6 minus column 5, but not mor than column 4)
1)					4 5 12 73			-			,
(2)											••
(3)	-				156 - 156		<u> </u>		<u> </u>	——- ·	,
					$\dashv \neg \gamma \neg \gamma$	٠ ৯ ٠	· 		 		4
(4)			-+-		 -				 		····
otals (carry to Part II, line (5))	•	(<u>. </u>	0							
											Form 990-T (2

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) (2) (3) (4) Totals from Part I 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 I, line 11, col (B) Enter here and on page 1, Part I, line 11, col (B)	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)
(3) (4) Totals from Part 1 Enter here and on page 1, Part I page 1, Part I.	(1)						
(4) Totals from Part I Enter here and on page 1, Part I page 1,	(2)						
Totals from Part I O. O. Enter here and on page 1, Part I page	(3)						
Enter here and on page 1, Part I pag	(4)						
page 1, Part I page 1, Part I, on page 1,	Totals from Part I	0.	0.	AND SERVICE	OPEN LARGE	然 中世 的	0.
Totals, Part II (lines 1-5)	Total Distillation of Co.	page 1, Part I	page 1, Part I, line 11, col (B)				on page 1,

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 (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

QUALIFIED TAXABLE FRINGE BENEFITS - PARKING PROPERTY MANAGEMENT

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
QUALIFIED TRANSPORTATION FRINGE BENEFITS	29,233.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	29,233.

FORM 990-T	NE	T OPERATING LOS	S DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	3,628.	3,628	. 0.	0.
12/31/14	6,997.	3,475	. 3,522.	3,522.
12/31/15	9,930.	0	9,930.	9,930.
12/31/17	9,718.	O	9,718.	9,718.
NOL CARRYOV	ER AVAILABLE THI	S YEAR	23,170.	23,170.

SCHEDULE M (Form 990-T)

Department of the Treasury

Internal Revenue Service (99)

. .

mreiated business	raxable income for
Unrelated Trad	le or Business

► 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)

For calendar year 2018 or other tax year beginning

OMB No 1545-0687

ENTITY

2

Open to Public Inspection for 5

Name of the organization AEON						Employer identification number 41-1558711			
	inrelated business activity code (see instructions) 53131	0				<u> </u>			
	escribe the unrelated trade or business PROPERTY		AGEMEN'	r					
					(0) 5		(0) 11-4		
Ran	tোর Unrelated Trade or Business Income		(A) In	come	(B) Expens	ses	(C) Net		
1 a	Gross receipts or sales 31,433.								
b	Less returns and allowances c Balance ▶	1c	3	1,433.	THE RESERVE				
2	Cost of goods sold (Schedule A, line 7)	2			至西巴斯特	製が掘			
3	Gross profit Subtract line 2 from line 1c	3_	3	<u>1,433.</u>	The state of the s		31,433.		
4 a	Capital gain net income (attach Schedule D)	4a			到面就是"智能 应				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b							
С	Capital loss deduction for trusts	4c			WHAT I STORY				
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5				医外腺			
6	Rent income (Schedule C)	6			 				
7	Unrelated debt-financed income (Schedule E)	7			ļ				
8	Interest, annuities, royalties, and rents from a controlled					ì	į		
	organization (Schedule F)	8					<u> </u>		
	Investment income of a section 501(c)(7), (9), or (17)								
	organization (Schedule G)	9					·		
	Exploited exempt activity income (Schedule I)	10			 				
	Advertising income (Schedule J)	11			THE LANGE TO SERVICE THE PARTY OF THE PARTY	THE KADAME	·		
	Other income (See instructions; attach schedule)	12		1 422	新加州	16-12-13-19-19-19-19-19-19-19-19-19-19-19-19-19-	21 422		
<u>13</u>	Total. Combine lines 3 through 12	13	3	1,433.	<u> </u>		31,433.		
	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the understanding the connected with the connected with the connected with the connected with the understanding the connected with the understanding the connected with the co					 _	or contributions,		
	Compensation of officers, directors, and trustees (Schedule K)	•	•	• •		14	22 041		
	Salaries and wages		•			15	33,941.		
	Repairs and maintenance			• ••	•	16	· · · · · · · · · · · · · · · · · · ·		
	Bad debts	••	•	-	•	17			
	Interest (attach schedule) (see instructions)					18			
	Taxes and licenses		•			19			
	Charitable contributions (See instructions for limitation rules)	•		اما		20			
	Depreciation (attach Form 4562)			21					
22 23	Less depreciation claimed on Schedule A and elsewhere on return			22a		22b 23			
	Depletion	-	• •			1 7			
	Contributions to deferred compensation plans Employee benefit programs	•	• •	7		24			
	Excess exempt expenses (Schedule I)			•	•	25 26			
	Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)		•		•	27			
	Other deductions (attach schedule)		•	••		28			
	Total deductions. Add lines 14 through 28	•	•			29	33,941.		
	Unrelated business taxable income before net operating loss dedu	ction :	 Subtract line	29 from line	e 13	30	-2,508.		
	Deduction for net operating loss arising in tax years beginning on o					77.	2,500.		
	instructions)	, uitei	canaday 1, 2	23.0 (300		31	· 2 3		
	Unrelated business taxable income Subtract line 31 from line 30					32	-2,508.		
					"		le M (Form 990-T) 2018		