23

| . 1 | | | | - 0 |
|-----------------|--|------------------|---------------------|---|
| Form 990-T (201 | 1 1111111111111111111111111111111111111 | 41-16 | 49502 | Page 2 |
| Part W | Total Unrelated Business Taxable Income | | | |
| 33 Tota | al of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) |) | 33 | <u> </u> |
| | ounts paid for disallowed fringes | , | 34 | 24,775. |
| | luction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | | 35 | |
| 36 Tota | a) of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | 111 | |
| line | s 33 and 34 | . 00 | ₂ 36 | 24,775. |
| 37 Spe | cific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 1 38 | 3 37 | 1,000. |
| | elated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, | 70 7 | | |
| 11 | er the smaller of zero or line 36 | 1 39 | 38 | 23,775. |
| | Tax Computation | 1 | 1 | |
| | anizations Taxable as Corporations Multiply line 38 by 21% (0 21) | LUKD | - 39 | 4,993. |
| - | sts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from | The same | | |
| 40 110 | Tax rate schedule or Schedule D (Form 1041) | ′ ⊾ | - 40 | |
| 44 D | • | | 41 | |
| | xy tax See instructions | | | |
| 3.4 | rnative minimum tax (trusts only) | | 42 | |
| | on Noncompliant Facility Income See instructions | 100 | 43 | 4 000 |
| | at Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 14 |) 44 | 4,993. |
| | Tax and Payments | | . | |
| 45a For | eign lax credit (corporations attach Form 1118; trusts attach Form 1116) | | _ | |
| b Oth | er credits (see instructions) 45b | | _ | |
| c Ger | neral business credit Attach Form 3800 45c | | | |
| d Cre | dit for prior year minimum tax (attach Form 8801 or 8827) | | _ . | |
| e Tot | al credits Add lines 45a through 45d | | 45e | |
| 46 Sut | otract line 45e from line 44 | | 46 | 4,993. |
| | er taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (a | attach schedule) | | |
| | al tax. Add lines 46 and 47 (see instructions) | 4 10 | 6 48 | 4,993. |
| | 8 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 1 7 | 1 /20 | 0. |
| | ments: A 2017 overpayment credited to 2018 | | 79 | |
| | 100 F 1 | 4,562 | ⊣ | |
| | 8 estimated tax payments | 4,302 | '- | |
| | deposited with Form 8868 | | | |
| | eign organizations. Tax paid or withheld at source (see instructions). | | | |
| | kup withholding (see instructions) | | _} | |
| | dit for small employer health insurance premiums (attach Form 8941) 50f | | ⊣ 1 | |
| g Oth | er credits, adjustments, and payments Form 2439 | | 1 1 | |
| L_ | Form 4136 | | _ | |
| 51 Tot | al payments Add lines 50a through 50g | 1 - ~ | 51 | <u>4,562.</u> |
| 52 Est | mated tax penalty (see instructions) Check if Form 2220 is attached 🕨 📖 | 8 50 | 52/ | <u>25.</u> |
| 53 Tax | : due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | ! 54 ▶ | 53 | 456. |
| . 1 54 Ove | rpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | ` ` ▶ | - /54 | |
| \ 1\ / | n | unded 🕨 | - 55 | |
| Part VI | Statements Regarding Certain Activities and Other Information (see instruc | | | |
| | iny time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit | | | Yes No |
| | r a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | |
| | CEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | |
| | E > | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | | | - X |
| | ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for | eign trust? | | <u> </u> |
| | 'es," see instructions for other forms the organization may have to file. | | | |
| | er the amount of tax-exempt interest received or accrued during the tax year \$ \$ | | | |
| | Under penalties of perjury, I deglare that I have examined this return, including accompanying schedules and statements, and to t correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled | ae | nowledge and belief | , it is true |
| Sign | INTERIM EXECUT | IVE r | May the IRS discus | s this return with |
| Here | 1000 100 1/2-10-11 DIRECTOR | | the preparer shown | |
| | Signaturé di officer / Date Title | | instructions)? | Yes No |
| | Print/Type preparer's name Preparer's signature Date | Check | if PTIN | |
| Paid | | self- employe | i | |
| | WARRING CRITICE TO THE PROPERTY OF THE PROPERT | - 13 - | 1 | 78514 |
| Prepare | CI I PROVI A P COMMITTEE D | Firm's EIN | | 746749 |
| Use Only | 220 SOUTH SIXTH STREET, SUITE 300 | · in in 3 Line | <u> </u> | 140142 |
| | Firm's address MINNEAPOLIS, MN 55402 | Phone no | 612-376 | _4500 |
| 823711 01-09- | | , none no | | - 4 3 0 0 ∩ 990-T (2018) |
| 023/11 01-09- | 9 | | Forn | n ၁၁୯- ୮ (2018) |

| Schedule A - Cost of Goods | Sold. Enter | method of inven | tory / | aluation N/A | | | | | |
|---|---------------------------------|---|---|--|--------------|---|---------------|--|--------|
| 1 Inventory at beginning of year 1 | | | | Inventory at end of year | ar | | 6 | | |
| 2 Purchases | chases 2 7 Cost of goods sold S | | | | ubtract li | ne 6 | | ļ | |
| 3 Cost of labor ' | 3 | | _ | from line 5. Enter here | and in P | art I, | | | |
| 4 a Additional section 263A costs | 1 1 | | ł | line 2 | | (| 7 | <u> </u> | |
| (attach schedule) | 4a | · | 8 Do the rules of section 263A (with respect to | | | | | Yes | No |
| Other costs (attach schedule) | 4b | · | 1 | property produced or | acquired | for resale) apply to | | | |
| 5 Total Add lines 1 through 4b | _ 5 | | <u>L.</u> | the organization? | | | | | |
| Schedule C - Rent Income ((see instructions) 1 Description of property | From Real | Property and | d Pe | rsonal Property | Lease | ed With Real Pro | pert | cy) | |
| | | | | | | | - | | |
| (1) (2) | | _ | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (4) | 2 Rent receive | ed or accrued | | | | | | | |
| (a) From personal property (if the perc rent for personal property is more 10% but not more than 50%) | than | of rent for p | ersonal | sonal property (if the percent property exceeds 50% or it sed on profit or income) | age | 3(a) Deductions directly columns 2(a) ai | | ected with the income in (attach schedule) | ı |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | 0. | Total | | | 0. | | | | |
| (c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column | (A) | > | | | _0. | (b) Total deductions. Enter here and on page 1, Part I line 6, column (B) | <u> </u> | | 0. |
| Schedule E - Unrelated Deb | t-Financed | Income (see | ınstru | ictions) | | | | | |
| | | | ١, | Gross income from | ļ | 3 Deductions directly con to debt-finance | | | |
| Description of debt-financed property | | | | or allocable to debt- financed property | (a) | Straight line depreciation (I | | (b) Other deductions (attach schedule) | s |
| (1) | | | - | | | | - | | |
| (5) | | | 1- | | | | + | | |
| (3) | | | - | - | | | | | |
| (4) | | | | | T | | +- | ···· | |
| 4 Amount of ave age acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-finar | adjusted basis flocable to nced property schedule) | e | Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | | 8 Allocable deduction (column 6 x total of column 3(a) and 3(b)) | |
| (1) | | | | % | | | 7 | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1 Part I line 7, column (A) | | Enter here and on page Part I, line 7 column (I | |
| Totals | | | | > | L | 0 | | | 0. |
| Total dividends-received deductions inc | cluded in column | 8 | | . <u></u> | | > | · _ | | 0. |
| | | | | | _ | | | Form 990-T (| (2018) |

| | | | | Exempt (| Controlled O | rganizatio | ons | | | | | |
|-------------------------------------|--|--|----------------------------|--|---|---|--|-----------------------------------|---|----------------------------|---|--|
| Name of controlled organization | | 2 Em identifi nym | cation | 3 Net unr (loss) (see | | | ments made included in t | | t of column 4 ed in the contr ation's gross | rolling | 6 Deductions directly connected with income in column 5 | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | <u> </u> | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| Nonexempt Controlled Organi | zations | | | | | | | | | | | |
| 7 Taxable Income | | nrelated incon see instructions | | 9 Total | of specified pay- made | ments | 10 Part of colu in the controll gross | mn 9 tha ing orgai s income | nization s | | eductions directly connected h income in column 10 | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | · | | | | |
| (4) | | | | | | | ···· | | | | | |
| | · | | | - !- | | | Add colur Enter here and line 8 | | e 1 Parti A) | | dd columns 6 and 11 here and on page 1 Parl I line 8, column (B) | |
| Totals | | | | | | <u> </u> | | | 0. | | 0 | |
| Schedule G - Investme (see inst | ent Incorructions) | me of a | Sectio | n 501(c)(| (7), (9), or | (17) Or | ganizatior | ו | | | | |
| 1 Desc | cription of inco | me | | | 2 Amount of | income | 3 Deduction directly connection (attach scheduler) | ected | 4 Set- | asides schedule) | 5 Total deductions and set-asides (col 3 plus col 4) | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | † · · · · · · · · | | | | | | | |
| (4) | | | , | | | | | | | | | |
| | | | | | Enter here and Part I, line 9 co | | | | <u> </u> | | Enter here and on page Part I, line 9, column (B) | |
| Totals | | | | > | 1 | 0. | | | | | 0 | |
| Schedule I - Exploited (see instri | - | Activity | / Incon | | r Than Ac | | ng Income | 9 | | | | |
| 1 Description of exploited activity | 2 (unrelated incom | Gross I business ie from business | directly with p of u | xpenses connected irroduction nrelated ss income | 4 Net incor from unrelated business (or minus colum gain, comput through | d trade or plumn 2 in 3) If a le cols 5 | 5 Gross inc from activity is not unrela business inci | that ted | attribut | penses lable to mn 5 | 7 Excess exempt expenses (column o minus column o but not more than column 4) | |
| (1) | 1 | - | | | | | | | 1 | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | 1 | | | |
| (4) | | re and on I, Part I, col (A) | page | ere and on 1 Part I 0 col (B) | | | | | | | Enter here and on page 1 Part II line 26 | |
| Totals • | <u>L</u> | 0. | | 0. | | | | | | | 0 | |
| Schedule J - Advertisi | ng Inco | me (see | nstructio | ns) | | | | | | | | |
| Part I Income From | Periodic | als Rep | orted (| on a Con | solidated | Basis | | | | | | |
| 1 Name of periodical | | 2 Gross advertising income | ad | 3 Direct vertising costs | or (loss) (c col 3) If a g | tising gain of 2 minus ain comput hrough 7 | 5 Circula e income | | 6 Read | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | |] | |
| (3) | | | | | | | | | | |] | |
| (4) | | | | | | _ | | | Γ | | 7 | |
| | | | | | | | | | 1 | | | |
| Totals (carry to Part II, line (5)) | > | · | 0. | 0 |). | | | | | | 0 T (201 | |

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) | | | | | | | | |
| (2) | _ | | | | | | | |
| (3) | · | | | | | | | |
| (4) | | | | | | | | |
| Totals from | Part I | > | 0. | 0. | | | | 0. |
| | | | Enter here and on page 1, Part I (ine 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 |
| | t II (lines 1-5) | ▶ | 0. | 0, | <u> </u> | | | 0. |

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) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total Enter here and on page 1, Part II, line 14 | | • | 0. |

Form 990-T (2018)