Form 990-T E	Exempt Organization Business Income Tax Return				1	OMB No 1545-0687
	(and proxy tax under section 6033(e))					
For cale	For calendar year 2018 or other tax year beginning, and ending					2018
Department of the Treasury Internal Revenue Service	► Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
	Name of organization (Check box if name changed and see instructions.)					loyer identification number ployees' trust, see uctions)
						1-1699606
X 501(c)(3) or	or Number, street, and room or suite no. If a P.O. box, see instructions.					lated business activity code instructions)
408(e) 220(e) 19pe	Type 614 NORTH FIRST STREET, SUITE 100					· -,
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55401-3101				812	930
	k value of all assets					
127,559,283.	G Check organization type ► X 501(c) cor	poration	501(c) trust	401(a) trust	Other trust
H Enter the number of the organizati	on's unrelated trades or businesses.	1	Describ	e the only (or first) u	nrelated	
trade or business here 🕨 <u>S</u> E	EE STATEMENT 1		If only one	e, complete Parts I-V	. If more	e than one,
describe the first in the blank spac	e at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedu	le M for each additioi	nal trade	e or
business, then complete Parts III-						
	oration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	>	Y	es X No
	fying number of the parent corporation.				-10	410 0152
J The books are in care of ► A Part let Unrelated Trade				hone number > 6		
	e of Business income		(A) Income	(B) Expense	<u> </u>	(C) Net
1 a Gross receipts or sales	c Balance ▶			同题的表示 。	, 8 A 3	The state of the s
b Less returns and allowances Cost of goods sold (Schodule)		1c 2		562 4 1 1 E 19		2 8 2 2 4 4 4 3 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1
2 Cost of goods sold (Schedule A3 Gross profit. Subtract line 2 fro	•	3	· .	March 1. The state of the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4a Capital gain net income (attach		4a			11.	
•	rt II, line 17) (attach Form 4797)	4b		37.66 37 - 0.21		
c Capital loss deduction for trust		4c		运送的公司		
•	up or an S corporation (attach statement)	5_		The state of the s	54. At.	
6 Rent income (Schedule C)		6				
7 Unrelated debt-financed income	e (Schedule E)	7_				
8 Interest, annuities, royalties, and	d rents from a controlled organization (Schedule F)	8_		ļ		
9 Investment income of a section	i 501(c)(7), (9), or (17) organization (Schedule G)	9		 		
10 Exploited exempt activity incom		10		 		ļ <u>.</u>
11 Advertising income (Schedule .	· ·	11	6 996	1. 33 (was as 15)	- -	
12 Other income (See instructions	•	12		Tall Market	Ţ;Ŧ_	6 996
13 Total. Combine lines 3 through	h 12 Takan Elsawhara (Sas mataisticas f	13	6,886			6,886.
(Except for contribut	Taken Elsewhere (See instructions for ions, deductions must be directly connected	d with t	he unrelated busines	GEHNE D	7	
	ectors, and trustees (Schedule K)				12/4	1
15 Salaries and wages	stors, and tradices (Sundadio N)		10j	V 2 0 2019	714 715	<u> </u>
16 Repairs and maintenance			(a)	, 20 44,4	16	
17 Bad debts			OG	DEN. LT	17	
18 Interest (attach schedule) (see	e instructions)		— <u>~</u>		=18	
19 Taxes and licenses					19_	
20 Charitable contributions (See	instructions for limitation rules)				20	
21 Depreciation (attach Form 4562)			21		₹# <u> </u>	
Depreciation (attach Form 456) Less depreciation claimed on 3 Depletion Contributions to deferred com Employee benefit programs	Schedule A and elsewhere on return		22a		_22b	ļ
23 Depletion					_23	
Contributions to deferred com	pensation plans				24	
25 Employee benefit programs	adula IX				25	
£xcess exempt expenses (Sch	·				26	
27 Excess readership costs (Sche	dule)				28	
129. Total deductions. Add lines 14 through 28					29	0.
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13					30	6,886.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)					31	". ;
Other deductions (attach schedule) Total deductions Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 31 from line 30 B23701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.					32	6,886.
(829701 01-09-19 LHA For Paperw	ork Reduction Act Notice, see instructions.					Form 990-T (2018)

Form 990-	00111 01011 0101	41-1699606	Page 2
Part	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	6,886.
34	Amounts paid for disallowed fringes	34_	
35 -	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	6,886.
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	5,886.
Part'l			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	1,236.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	BY C.	
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43_	1 000
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	1,236.
Part \			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
р	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45e	1 226
46	Subtract line 45e from line 44	46	1,236.
47		tach schedule) 47	1 126
48	Total tax Add lines 46 and 47 (see instructions)	48	1,236.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b		
	Tax deposited with Form 8868 50c 50d		
	Foreign organizations: Tax paid or withheld at source (see instructions) Seeking withheld to (see instructions)		
	e Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439	19 A	
y	Form 4136 Other Total 50g		
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	53.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	1,289.
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	· 	
Part V			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		555 Fee 8
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		国际
	here >		Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?	_ x
	If "Yes," see instructions for other forms the organization may have to file.		14.0 B.A.
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		新疆 355
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my knowledge and belief, it is	s true,
Sign	correct, and complete declaration of prepare (office man taxpayer) is descent an information of which prepare this any knowledge	May the IRS discuss	s this return with
Here	6.4.19 PRESIDENT	the preparer shown	below (see
	Signature of officer Date Title	instructions)?	Yes No
	1 7 7 7 7	heck if PTIN	
Paid		elf- employed	
Prepa	rer BARCHENGER Chymwy Canthag 05/30/19	P012'	
Use C	nly Firm's name ► MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A	Firm's EIN ► 41-16	547057
	10 RIVER PARK PLAZA, SUITE 800		
	Firm's address ► SAINT PAUL, MN 55107	Phone no (651)227	/-6695

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELAT	ED STATEMENT 1
77	BUSINESS ACTIVITY	

QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME	STATEMENT 2		
DESCRIPTION	AMOUNT		
QUALIFIED TRANSPORTATION FRINGE BENEFITS	6,886.		
TOTAL TO FORM 990-T, PAGE 1, LINE 12	6,886.		