Form	<b>7.</b> -099	E	xempt Orga	anization I				ax Returi	n	OMB No 1545-0687	
	>	For caf	endar year 2015 or other tax					P 30. 201	16	2015	
			► Information about							ZU 13	
	nent of the Treasury Revenue Service	<b> </b>	Do not enter SSN numb				_		, t	Open to Public Inspection for 501(c)(3) Organizations Only	
A	Check box if address changed	Name of organization ( Check box if name changed and see instructions.)  D Employer identification number (Employee) trust see									
B Exe	empt under section	Print	MINNESOTA	BUSINESS	FINANC	E CORPO	RATI	ON	4	1-1846655	
	501(c)(3)	or	Number, street, and roo						E Unrelated business activity cod (See instructions.)		
	408(e) 220(e)	Туре	616 ROOSEV						(See i	instructions )	
	408A 530(a)	}	City or town, state or p	ovince, country, and	d ZIP or foreig	n postal code			7		
	529(a)		ST CLOUD,	MIN 56301	·			531120			
- aten	k value of all assets	<del></del>	exemption number (Se		<b></b>						
4,	104,427.	G Check	corganization type	X 501(c) corp	poration	501(c) trus	st	401(a) trust	[	Other trust	
H Des	cribe the organization	n's prim	ary unrelated business a	ctivity. <b>DEBT</b>	FINAN	CED COM	MERC:	IAL BUILI	DING		
	•	•	oration a subsidiary in a		a parent-subs	idiary controlle	d group?	<b>&gt;</b>	Ye	es X No	
If "Y	es," enter the name		tifying number of the par								
	books are in care of		CHOMAS SAEH					one number 🕨 🤅			
Par			de or Business Ir	ncome	<del></del>	(А) Ілсо	me	(B) Expense	<u>s</u>	(C) Net	
	Gross receipts or sal										
_	ess returns and allo			c Balance	► <u>1c</u>	<b>-</b>					
	Cost of goods sold (		•		2			<del></del>			
	Gross profit. Subtrac				3						
	Capital gain net incoi			4707)	4a						
`. <b>)</b>	- , , ,		Part II, line 17) (attach Fo	rm 4/9/)	4b						
C (	Capital loss deductio			- * * * * * * * * * * * * * * * * * * *	4c						
	, , ,		ips and S corporations (	anach statement)	5						
~	Rent income (Sched		ma (Cahadula E)		7	68	281.	74,(	125	-5,754.	
	Unrelated debt-finan		and rents from controlled	Lorganizatione (Sch	<b>-</b>	00,	201.	14,(	,,,,	-3,134.	
		-	on 501(c)(7), (9), or (17)		, <del></del>						
	Exploited exempt act			organization (oches	10						
্ভাগ আনু	Advertising income (				11						
	Other income (See in				12						
	<b>Total.</b> Combine line				13	68,	281.	74,0	35.	-5,754.	
Par			ot Taken Elsewh	ere (See instruct	ions for limit					·	
	(Except for	contribi	utions, deductions mi	ust be directly con	nected with	the unrelated	business	income)			
14	Compensation of of	fficers, di	rectors, and trustees (So	chedule K)					14		
15	Salaries and wages			•	171	17-17-1			15		
16	Repairs and mainte	nance		i	والمرابعة سندسا	but I have and			16		
17	Bad debts				1 144	0.0.00	2		17	<del></del>	
18	Interest (attach sch	edule)		្រ		\$ 0 2017	16		18	<del> </del>	
19	Taxes and licenses			1	* L	Fig Hamiltonian and Appell and an	堂		19		
20		•	e instructions for limitati	on rules)			-		20		
21	Depreciation (attack				• • • • • • • • • • • • • • • • • • • •		21 7		-		
22		laimed o	n Schedule A and elsewl	iere on return		L	22a		22b		
23	Depletion	forrad on	umpaneation plans						23		
24	Contributions to de								25		
25 26	Employee benefit p  Excess exempt exp								26	<del></del>	
20 27	Excess readership	-							27	<del> </del>	
28	Other deductions (a								28		
29	Total deductions								29	0.	
30			ncome before net opera	ting loss deduction.	Subtract line	29 from line 13			30	-5,754.	
31			n (limited to the amount				STAT	EMENT 1	31		
32			ncome before specific d		ne 31 from lin			_	32	-5,754.	
33			ly \$1,000, but see line 33						33	1,000.	
34			income Subtract line 3			r than line 32, e	nter the sm	naller of zero or			
	line 32								34	-5,754.	
523701 01-06-	1 16 LHA For Pa	perwork	Reduction Act Notice, s	ee instructions				85 3	> /C	Form <b>990-T</b> (2015)	

2183-102

Form 990-T	TITITIES TO THE POPULATION OF	41-18	<u>346655                                  </u>		Page 2
Part U	\ <u></u>				
	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here  See instructions and	d:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	·):			
	(1) \$ (2) \$ (3) \$		}		
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		0.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 34 from:			
	Tax rate schedule or Schedule D (Form 1041)	<b>1</b>	▶ 36		
37	Proxy tax See instructions		▶ 37		
	Alternative minimum tax	•	38		
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39		0.
Part I		<del></del>			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	<del>-   -  </del>		
	Other credits (see instructions)	40b			
	·				
	General business credit. Attach Form 3800	40c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	<b>⊣</b>		
	Total credits Add lines 40a through 40d		40e		
	Subtract line 40e from line 39		41		0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 Other (attach schedule			
	Total tax Add lines 41 and 42	1. 1	43		0.
	Payments: A 2014 overpayment credited to 2015	44a	_		
	2015 estimated tax payments	44b	_		
	Tax deposited with Form 8868	44c	_		
đ	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
	Backup withholding (see instructions)	44e	_		
	Credit for small employer health insurance premiums (Attach Form 8941)	44f			
9	Other credits and payments: Form 2439				
	Form 4136 Other Total ▶	44g			
45	Total payments. Add lines 44a through 44g		45		
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached		46		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	•	<b>►</b> 47		0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	, ·	► 48		0.
49	Enter the amount of line 48 you want: Credited to 2016 estimated tax	Refunded	▶ 49		
Part V	Statements Regarding Certain Activities and Other Information	on (see instructions)			
1 At a	ny time during the 2015 calendar year, did the organization have an interest in or a signature or of	ther authority over a financial	account (bank,	Yes	No
secu	urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, I	Report of Foreign Bank and F	inancial		
Acc	ounts. If YES, enter the name of the foreign country here			_	X
2 Durir If YE	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trues, see instructions for other forms the organization may have to file	ust?			X
	er the amount of tax-exempt interest received or accrued during the tax year >\$				
Sched	iule A - Cost of Goods Sold. Enter method of inventory valuation N/A				
1 Inve	entory at beginning of year 1 6 Inventory at end of year	ar	6		
2 Pure	chases 2 7 Cost of goods sold S	ubtract line 6			
3 Cos	st of labor 3 from line 5. Enter here	and in Part I, line 2	7		
4a Addi	itional section 263A costs (att. schedule) 4a 8 Do the rules of section	263A (with respect to		Yes	No
	`	acquired for resale) apply to			
	al Add lines 1 through 4b the organization?	, ,,,,		1	
	Under penalties of perjury declare that I have examined this return, including accompanying schedules and s correct, and complete declaration of preparer other than taxpayer) is based on all information of which prepare	statements and to the best of my l	nowledge and belief,	it is true,	
Sign	correct, and complete Declaration of preparer other than taxpayer) is based on all information of which preparer	rer has any knowledge			
Here	PRESIDE	ENT & CEO	May the IRS discuss the preparer shown to		with
	Signature of officer Date Title		instructions)?	•	□No
	Print/Type preparer's name Preparer's Sonature Da	te Check	if PTIN		
n	DODNEY M HETCED	self smale	1		
Paid	CD3	17.17   self- employ	ĭ		!
Prepa	101	P00653287 ► 41-1334380			
Use C	4170 THIELMAN LANE PO BOX 159	- 4T_T004000			
	Firm's address ST. CLOUD, MN 56302-0159	Phone no.	(320)253	3 _ Q E A	5
500741 11				990-T	
523711 01	1-00-10		FUIII	200-I	(CIU)

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Form 990-T (2015) MINNESOTE Schedule C - Rent Income						41-18 ed With Real Pr	466 ope	55 Page rty)(see instructions)	
1 Description of property									
(1)									
(2)									
(3)								<del></del>	
(4)			·					<del></del>	
	2. Rent received or accrue	ed .							
(a) From personal property (if the personal property is moin 10% but not more than 50%	re than ' 'o	frent for pe	d personal propert rsonal property ex- is based on profit	ceeds 50% or	ntage If	<b>3(a)</b> Deductions direc columns 2(a)	tly coni and 2(t	nected with the income in b) (attach schedule)	
(1)									
(2)						 		<del></del>	
(3)									
(4)						 			
Total	0 · Total				0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	nn (A)				0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	<u> </u>	0.	
Schedule E - Unrelated De	bt-Financed Incom	<b>16</b> (see ir	nstructions)						
			2 Gross inc			3 Deductions directly c to debt-fina			
1. Description of debt-	financed property	i	or allocable financed p		(a)	Straight line depreciation		(b) Other deductions (attach schedule)	
					) gr	(attach schedule)  CATEMENT 2		STATEMENT 3	
AN PHILL DING	······································		11	8,133		32,86°		95,221.	
(1) BUILDING			<u>_</u>	0,133	+	34,00	<del>/ •  </del>	95,441.	
(2)	<del></del>				<del> </del> -		_		
(3)				···	+				
	<del></del>				<del></del>		-		
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5 Average adjusted ba of or allocable to debt-financed proper (attach schedule)		6. Column by colu			7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1) 911,140. 1,5		331.	5	7.80%	<del> </del> -	68,281.		74,035.	
(1) 911,140 (2)	<u> </u>	331.		%	<del></del>			7 = 7 0 3 3 6	
(3)				%	<del>                                     </del>				
				%	+		_		
(4)	<u> </u>			70	F	nter here and on page 1,		Enter here and on page 1	
						art I, line 7, column (A)		Part I, line 7, column (B)	
Totals					•	68,28	1.	74,035.	
Total dividends-received deductions	included in column 8			_		00,20		0.	
Schedule F - Interest, Ann	uities Royalties a	nd Ren	ts From Co	ontrolle	1 Orga	nizations (see in	struct		
Schedule 1 - Interest, Ann	unico, noyanico, ai	1	t Controlled O			TIZATIONO (See III	3000	110113)	
1 Name of controlled organization	2 Employer identification number	Net un	3 related income	Total of	4 specified nts made	5 Part of column 4 included in the control organization's gross in	rolling	6. Deductions directly connected with income in column 5	
(1)									
(2)					_				
(3)					=				
(4)									
Nonexempt Controlled Organizatio	ns								
7 Taxable Income 8		<b>9</b> . Tot	al of specified pay made	ments 1	in the con	column 9 that is included trolling organization's ircome		Deductions directly connected with income in column 10	
(1)		1							
(2)								· · · · · · · · · · · · · · · · · · ·	
(3)	. <u></u>	<b></b>						<del></del>	
(4)		1							
					Enter here	olumns 5 and 10 and on page 1, Part I, a 8, column (A)	Ente	Add columns 6 and 11 er here and on page 1 Part I, line 8 column (B)	
Tabala						^		•	
Totals						0.		Form <b>990-T</b> (2015)	

Schedule G - Investme (see instr		Section 50	)1(c)(7)	), (9), or (17) Orc	ganizati	ion		
1. Descr	option of income		2	2. Amount of income	<ol> <li>Deduction</li> <li>Deduction</li></ol>	onnected 4	Set-asides attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)					<del></del>			
(2)							· · · · · · · · · · · · · · · · · · ·	<u> </u>
(3)								<del> </del>
(4)								<del> </del>
				inter here and on page 1, Part I, line 9 column (A)				Enter here and on page 1, Part I line 9 column (B)
Totals								
	<u> </u>	B		0.				0.
Schedule I - Exploited (see instru		income,	Otner	ınan Advertisir	ng Inco	me 		
Į.	2. Gross	3. Expens	es	4. Net income (loss)	5		_	7. Excess exempt
Description of exploited activity	unrelated business income from trade or business	directly conno with produc of unrelate business inc	tion	from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross from acti is not un business	vity that related	6 Expenses attributable to column 5	expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)						<del></del>		
(4)	——————————————————————————————————————							<del> </del>
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	rti,	···				Enter here and on page 1, Part II line 26
Totals	0.		0.					0.
Schedule J - Advertision		netructions)	<u> </u>					<u> </u>
	Periodicals Rep		Cons	olidated Rasis				
Part I income i fom I				Table Dasis	<del>,</del>		<u> </u>	
1 Name of periodical	2 Gross advertising income		orect ing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7		culation 6	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					<del>                                     </del>			
(2)								
(3)				1				
				-{	<b> </b>			
(4)		_+			<del>                                      </del>			
			^			ļ		•
Totals (carry to Part II, line (5))		0.	0.	rote Besis (5	<del></del>			<u>0.</u>
Part II Income From I			a Sepa	rate Basis (For e	ach perio	dical listed in F	Part II, fill in	
columns 2 through	7 on a line-by-line ba	isis )		·	<del></del>			
1 Name of periodical	<b>2</b> Gross advertising income		Direct ing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Cir	culation 6	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1			
(2)				<del>                                     </del>	+			
(3)				<del> </del>	<del> </del> -			
				<del> </del>	<del></del>			
(4)				<del>                                     </del>				
Totals from Part I	Enter here and	O . Enter he	e and on	<u>닉</u>			ľ	0 . Enter here and
	page 1, Part I, line 11, col (A)	page 1 line 11,	i, Part I, col (B)					on page 1 Part II, line 27
Totals, Part II (lines 1-5)		0.	0			· , - ,		<u> </u>
Schedule K - Compen	sation of Office	rs, Directo	ors, an	d Trustees (see	instructio			
1 1	Name			2. Title		3 Percent of time devoted to business		ensation attributable elated business
(1)							%	
(2)							%	
				<del></del>			%	
(3)							<del></del>	
(4)	Part II June 4.4						%	
Total. Enter here and on page 1, F	-art II, line 14					<u></u>	<u>-</u>	0 . Form <b>990-T</b> (2015)

01-06-16

FORM 990-T SCHEDULE E - DE	PRECIATION DEDUCT	ION	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBI	OTAL - 1	32,867.	32,8	67.
TOTAL OF FORM 990-T, SCHEDULE E, C	COLUMN 3(A)		32,8	67.
FORM 990-T SCHEDULE E -	OTHER DEDUCTIONS	5	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
REPAIRS & MAINTENANCE CLEANING OFFICE EXPENSE UTILITIES GROUND MAINTENANCE PROFESSIONAL FEES MISCELLANEOUS INTEREST EXPENSE BUSINESS INSURANCE REAL ESTATE TAXES AMORTIZATION OUTSIDE SERVICES LICENSES & PERMITS - SUBS	FOTAL - 1	10,396. 6,312. 681. 7,617. 3,502. 2,336. 108. 25,931. 1,327. 32,129. 3,619. 1,203. 60.		21.
TOTAL OF FORM 990-T, SCHEDULE E, O	COLUMN 3(B)		95,2	21.