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B Emerge Under Stack Section Print Section S	Internal Revenue Service	▶ Do not enter SS	N numbers on this form as it m	ay be ma	ade public if your organiz	zation is a 501(c)(3)			
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## Print the number of the organization space X 501(c) corporation S01(c) trust 401(a) trust Other trust ## Critic the number of the organization's unrelated trades or Disensesses.	529(a)	Minneap	olis, MN 5541	1	n postal code		621	L500	
H Einter the number of the organization's varietated trades or businesses. ▶ 1 Describe the only of (inst) unrelated trade or business here ▶ Out pt.5 (d.e. Drug Test Ing. Honly one, complete Parts N-If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III.* I During the taxyer, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No III.* I During the taxyer, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No III.* I During the tax en care of ▶ Paul Puzerer Telephone number ▶ 612 – 287 – 1600 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 1 Less returns and allowances 2 Cost of goods sold (Schedule A, Ine 7) 3 Gross profits, Subtract line 2 from line 1c 3 76 , 128 . 4 Capital gain net income (attach Schedule D) 4 Not gain (loss) (Form 4797, Part II, Ine 17) (attach Form 4797) 4 Capital loss deduction for trusts 5 Income (loss) from a partnersthp or an S corporation (attach statement) 5 Rent income (Schedule E) 8 Interest, anumbles, royates, and eries from a controlled organization (Schedule G) 9 Investment income of a section 50 ((c)(7), (9) or (17) organization (Schedule G) 1a Advertising income (Schedule J) 1b Advertising income (Schedule J) 1c Schedule See instructions Statch schedule (S) 1 Trade and locinies 2 Contributions Not Taken Elsewhere (See instructions for Irmitations on deductions) 1 Compensation of officers, directors, and trustees (Schedule K) 1 Trade and locinies 1 Interest (attach schedule) (see instructions for Irmitation rules) 1 Depletion 2 Charitable contributions (See instructions for Irmitation rules) 2 Depletion 2 Contributions to deterred compensation plane 3 Trad	at end of year						_		
trade or business here № Outside Drug Testing								<u>. </u>	Other trust
business, then complete Parts IIIIV. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Ves X No If Yes, enter the name and identifying number of the parent corporation. P Telephone number 612 - 287 - 1600		•	· —			- '			
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?				Parts I a					
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Part Unrelated Trade or Business Income			ary in an affiliated group or a pa	rent-subs	sidiary controlled group?	▶ [Y	es X	No
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32 Unrelated business taxable income. Subtract line 31 from line 30 32 10,736.			-					1	0,736.
		-		uary 1, 20	018 (see instructions)			-	0 736
							32		

Part I	III Total Unrelated Business Tax	able Income						
33	Total of unrelated business taxable income comp	outed from all unrelated trac	les or businesses	(see instructions)		33	10,	736.
34	Amounts paid for disallowed fringes					34		365.
35	Deduction for net operating loss arising in tax yes	ars beginning before Janua	ry 1, 2018 (see in	structions)		35		
36	Total of unrelated business taxable income before							
	lines 33 and 34	·				36	24,0	501.
37	Specific deduction (Generally \$1,000, but see line	e 37 instructions for except	ions)			37		000.
38	Unrelated business taxable income. Subtract lin			ne 36.				
	enter the smaller of zero or line 36		- 3	,		38	23,6	501.
Part I	IV Tax Computation							
39	Organizations Taxable as Corporations. Multiply	v line 38 by 21% (0.21)				39	4.9	956.
40	Trusts Taxable at Trust Rates. See instructions		e tax on the amou	int on line 38 from:	:			
	Tax rate schedule or Schedule D (F	•			•	40		
41	Proxy tax. See instructions	·····			•	41		
42	Alternative minimum tax (trusts only)					42		
43	Tax on Noncompliant Facility Income See Instru	uctions				43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, w					44	4.0	956.
Part \								
	Foreign tax credit (corporations attach Form 1118	8: trusts attach Form 1116)		45a		T		
	Other credits (see instructions)	,		45b				
c	General business credit. Attach Form 3800			45c		7		
ď		801 or 8827)		45d		7		
	Total credits. Add lines 45a through 45d	,				45e		
46	Subtract line 45e from line 44					46	4.9	956.
47		Form 8611 Form 8	3697 Form	8866 Other	(attach schedule)			
48	Total tax. Add lines 46 and 47 (see instructions)				,,	48	4.0	56.
49	2018 net 965 tax liability paid from Form 965-A o		nn (k), line 2			49		0.
	Payments: A 2017 overpayment credited to 2018	· ·	(,,	50a	2,983			
	2018 estimated tax payments			50b	5,400			
	Tax deposited with Form 8868			50c		7		
	Foreign organizations: Tax paid or withheld at soil	urce (see instructions)		50d		7		
	Backup withholding (see instructions)	,		50e		7		
	Credit for small employer health insurance premii	ums (attach Form 8941)		50f		7		
		Form 2439				7		
		Other	Total	► 50g				
51	Total payments. Add lines 50a through 50g				-	51	8,3	383.
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	3, 49, and 52, enter amount	owed		>	53		
54	Overpayment. If line 51 is larger than the total of	lines 48, 49, and 52, enter	amount overpaid	,	>	_54	3,4	<u> 127.</u>
55	Enter the amount of line 54 you want: Credited to				funded	55		0.
Part \	VI Statements Regarding Certain	n Activities and Ot	her Informa	tion (see instru	ctions)			
56	At any time during the 2018 calendar year, did the	e organization have an inter	est in or a signati	ire or other author	ity		Yes	No
	over a financial account (bank, securities, or othe	r) in a foreign country? If "\	es," the organizat	tion may have to fil	e			
	FinCEN Form 114, Report of Foreign Bank and Fir	nancial Accounts. If "Yes," e	nter the name of t	the foreign country			1	1
	here >							X
57	During the tax year, did the organization receive a	ı dıstrıbutıon from, or was ıl	the grantor of, o	r transferor to, a fo	reign trust?		<u></u>	X
	If "Yes," see instructions for other forms the organ	nization may have to file.						
58	Enter the amount of tax-exempt interest received							
0:	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other the	ned this return, including accomp nan taxpayer) is based on all info	canying schedules are armation of which pre	nd statements, and to paret has any knowle	the best of my kn dae	owledge and I	belief, it is true,	
Sign			Cniei	Financia		May the IRS d	scuss this return	with
Here	A /	11/12/19	Office	er		-	hown below (see	
	Signature of officer	Date '	Title			nstructions)?	X Yes	No
	Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		
Paid		1	}	l	self- employed			
Prepa	arer Deb Nelson, CPA	<u>Deb Nelson,</u>	CPA 1	1/12/19	·		0484560	
Use C	Only Firm's name > Eide Bailly				Firm's EIN	<u> </u>	<u>-025095</u>	8
	800 Nicol	let Mall, St						
	Firm's address ► Minneapol	is, MN 55402	- <u>70</u> 33		Phone no.	612-2	53-6500)

Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation N/	A				
1 Inventory at beginning of year	1			Inventory at end of y			6		
2 Purchases	2		7	Cost of goods sold.	Subtract	line 6			
3 Cost of labor	3			from line 5. Enter her	e and in	Part I,			
4a Additional section 263A costs				line 2		Ì	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	r acquired	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perl	ty) 	
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	personal	conal property (if the percer property exceeds 50% or sed on profit or income)	itage if	3(a) Deductions directly columns 2(a) an		ected with the income in (attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.]			
c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instru	ctions)					
			,	Gross income from	Ì	Deductions directly control to debt-finance			
1. Description of debt-fit	nanced property		-	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	s
(1)			_				_		
(2)							1		
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property ischedule)	6	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)			†	%			+-		
(2)				%	T		T		
(3)				%					
(4)				%			1		
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals				•	.	0			0.
Total dividends-received deductions in	cluded in column	18		•		>			0.

Fotals	_	0.	0.
Schedule G - Investment Income of a Section 501(c)(7)	(9), or (17) Organizațio	n	

line 8, column (A)

line 8, column (B)

	1. Description of income		2. Amount of income	Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5, Total deductions and set-asides (col 3 plus col 4)
(1)						
(2)						
(3)						
(4)						
			Enter here and on page 1, Part I, line 9, column (A)	-	.	Enter here and on page 1. Part I, line 9, column (B)
Totals		•	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

	Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals	•	0.	0.				0.
School	tulo I. Advortici	na Incomo /see	note intional				

Schedule J - Advertising Income (see instructions)

(see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

	1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	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 (c	arry to Part II, line (5))	•	0	. 0.				0.

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Part I	Inco	me Fr	rom F	Periodicals	Reported	on a	Separate	Basis	(For each	periodical li	sted in Pa	ırt II, fill in
	COLUM	いっこ クサカ	rough	7 on a kna bu	ino bacie l							

		- ,	<u>′</u>				
1 Name of period	dical	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)				<u> </u>		'	
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				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.				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 (2018)

Form 990-F	Other	Deductions	Statement	2
Description			Amount	
Drug Testing Supplies Food Supplies Telephone and Communication Utilities and Building Expense Miscellaneous Administrative Overhead Professional Fees Transportation Insurance	15,403 32 2,591 407 1,284 406 7,850 882 211			
Total to Form 990-T, Page 1, lin	e 28		29,97	0.