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Cand proxy tax under section 6033(e)			Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						1	OMB No. 1545-0687		
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BERNOTH UNDER SECTION STATE STA		$A \square$	Check box if address changed		Name of organization (changed	and see instructions)				
September Sep				(Emplo	yees' trust, see instr	uctions)						
general 2006 2006 1906 1		X 5	01(c <u>f03</u>)			-						
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S56_2E6. G Check organization type ► Set Sofice corporation Enter the number of the organization's unrelated trades or businesses. ► Describe the only (or first) unrelated trades or businesses. ► Describe the only (or first) unrelated trades or businesses. ► Describe the only (or first) unrelated trades or businesses. ► Describe the only (or first) unrelated trade or business there business there business there business the relation to the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ► Yes No III "Yes," enter the name and identifying number of the parent corporation. ► I The books are in care of ► NORTHERN FILLS CASA PROGRAM I a Gross profit. Subtract line 2 from line 10. 3 Gross profit. Subtract line 2 from line 10. 3 Gross profit. Subtract line 2 from line 10. 4 Capital gain net income (stach Schedule D). 4 Not pain (loss) (from 4787, Part II, line 17) (attach Form 4797). 5 Income (loss) from a partnership or an S corporation (stach statement). 6 Rent income (Schedule C). 7 Urrelated debt-financed income (Schedule E). 8 Interest, ansules, noyales, and rents from a controlled organization Schedule F). 9 Interest income (Schedule C). 10 Capital loss deduction for trusts. 11 Advertisting income (Schedule B). 12 Controlled exempt activity income (Schedule B). 13 Total. Combine lines 3 through 12. 14 Advertisting income (Schedule B). 15 Salaries and wages. 16 Repairs and maintenance. 17 Salaries and wages. 18 Interest (attach schedule) (see instructions). 19 Taxes and licenses. 19 Depreciation (attach Form 4562). 20 Depretion. 21 Contributions to deferred compensation plans. 22 Less depreciation (attach Form 4562). 23 Depretion. 24 Contributions to deferred compensation plans. 25 Exploye benefit programs. 26 Excess exempt expenses (Schedule A). 27 Total deductions. Add lines	2	<u> </u>	08A 🔲 530(a)		-	or foreig	n postal code		(360 11)	(See Insubctions)		
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The books are in care of ▶ NORTHERN HILLS CASA PROGRAM Telephone number ▶ (605) 722-4558 The books are in care of ▶ NORTHERN HILLS CASA PROGRAM Telephone number ▶ (605) 722-4558 The books are in care of ▶ NORTHERN HILLS CASA PROGRAM Telephone number ▶ (605) 722-4558 The books are in care of ▶ NORTHERN HILLS CASA PROGRAM Telephone number ▶ (605) 722-4558 The books are in care of ▶ NORTHERN HILLS CASA PROGRAM Telephone number ▶ (605) 722-4558 The books are in care of ▶ Northern HILLS CASA PROGRAM Telephone number ▶ (605) 722-4558 The books are in care of ▶ Northern HILLS CASA PROGRAM The books are in care of the	\supseteq				· · · · · · · · · · · · · · · · · · ·					· — -		
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Exploited exempt activity income (Schedule I)				-		′ —				 	 	
11 Advertising income (Schedule J) 11 12										- 	 	
Total. Combine lines 3 through 12				-						-	 	
Total. Combine lines 3 through 12				•	•				## P9	*	 	
Deductions Not Taken Elsewhere (See instructions for Limitations on deductions.) (Except for contributions, deductions must be directly connected with the underlated business income.) 14 Compensation of officers, directors, and trustees (Schedile K) AUG 05 2019			-		•		12,600		100		_	
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Less depreciation claimed on Schedule A and elsewhere on return		20										
Depletion												
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27			F									
Other deductions (attach schedule)			•	•	· · · · · · · · · · · · · · · · · · ·					<u> </u>	<u> </u>	
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32 Unrelated business taxable income. Subtract line 31 from line 30			· • • • • • • • • • • • • • • • • • • •									
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For Paperwork Reduction Act Notice, see instructions.p. A. Form 990-T (2018)						30 .	· · · · · ·	<u></u>	32	3,489 Form 990-T		

	90-T (2018)							Page 3		
Sche	dule A-Cost of Good	s Sold. E	nter method of	inventory	valuation ▶					
1	Inventory at beginning of	f year	1	6	6 Inventory at end of year 6					
2	Purchases	[2	7	Cost of	goods sold. Subtract	goods sold. Subtract			
3	Cost of labor		3		line 6 fror	1				
4a	Additional section 263A	A costs			in Part I, li	ne 2	7			
	(attach schedule)		4a	8	Do the ru	les of section 263A (w	ith respect to	Yes No		
b	Other costs (attach sche	dule)	4b		property produced or acquired for resale) apply					
5	Total. Add lines 1 throug		5		to the organization?					
	dule C—Rent Income instructions)	(From Re	al Property an	d Person	al Property	Leased With Real Pro	operty)			
1. Desc	nption of property									
(1) BU	ILDING									
(2)			-							
(3)										
(4)		-								
		2. Rent receiv	ed or accrued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)				j	12,600.			9,111.		
(2)										
(3)										
(4)										
Total			Total	1	12,600.	(b) Total deductions.				
	al income. Add totals of colu						Enter here and on page 1,			
	d on page 1, Part I, line 6, co				12,600.	Part I, line 6, column (B)	>	9,111.		
Sched	dule E—Unrelated Deb	ot-Financ	ed income (see	instruction	ns)	3. Deductions directly con	anastad with as alla			
	4 0	f	-4.		income from or		ced property	cable to		
Description of debt-financed property			епу	allocable to debt-financed property		(a) Straight line depreciation (attach schedule)	(b) Other dec (attach sch			
(1)										
(2)										
(3)										
(4)	<u>, , , </u>									
acquisition debt on or of or allocable to debt-financed debt-fina			e adjusted basis allocable to anced property th schedule)	4	Column divided column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable de (column 6 × total 3(a) and 3	of columns		
(1)					%					
(2)				1	%					
(3)					%			·		

Form 990-T (2018)

Enter here and on page 1, Part I, line 7, column (B).

(4)

Total dividends-received deductions included in column 8

% %

Enter here and on page 1, Part I, line 7, column (A).

▶

Schedule F-Interest, Ann	uities, Royalties,	and Ren	ts From	Controlled Or	ganizations (s	ee instruc	tions)		
				d Organizations					
Name of controlled organization	ianization I identification number 3		lated income instructions)	4. Total of specific payments made	included in the	5. Part of column 4 that is included in the controlling organization's gross income		*6. Deductions directly connected with income in column 5	
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	ations			·! ·			•	······································	
7. Taxable Income	••••	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)								_	
(2)				•					
(3)	<u> </u>								
(4)									
					Add columns Enter here and Part I, line 8,		Enter	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).	
Totals	noome of a Sect	on 501/	. (0)		ization (ass ins	tructions\			
Schedule d-Investment i	iconie oi a Secti	011 50 1(0		Deductions			5. T	otal deductions	
1. Description of income	2. Amount of	ıncome	direc	ctly connected ach schedule)		4. Set-asides (attach schedule)		and set-asides (col. 3 plus col. 4)	
/4)			1 10111	acii scricdalej				pius coi. 4)	
(1) (2)			-		 				
(3)			<u> </u>						
(4)	- 		-						
Totals	Enter here and Part I, line 9, c	olumn (A).		Advertising Ir	come (see ins		inter he Part I, li	re and on page 1, ine 9, column (B).	
Schedule I—Exploited Exe	inpi Activity ince				Come (see ms	Tuctions)		T	
Description of exploited activit	2. Gross unrelated y business incon from trade or business	ome connected with		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)		<u> </u>						 	
(3)					-				
(4)									
Totals	Enter here and page 1, Part I line 10, col (A	page	nere and on 1, Part I, 0, col. (B).			l		Enter here and on page 1, Part II, line 26	
Schedule J-Advertising Ir	come (see instruc	tions)	 	The second secon	COMMUNICATION CONTRACTOR AND STATEMENT STATEME	The second secon	- market Southern		
	riodicals Report		Consolic	lated Basis				· · · - · · · · · · · · · · · · · ·	
			l	4. Advertising	· · · · · · · · · · · · · · · · · · ·			7. Excess readership	
1. Name of periodical	2. Gross advertising income		Direct ising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs		costs (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))	. ▶								

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	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than
			cols. 5 through 7.	i i		column 4).
(1)						
(2)						
(3)		_				
(4)						
Totals from Part I			* * * * * * * * * * * * * * * * * * * *		N.	
Totals, Part II (lines 1–5) ▶	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.
Schedule K—Compensation of C	Officers Direc	tors and Trus	STARS (See instru	otions)	Maria da Maria	<u></u>
	Jincers, Direc			3. Percent of	4 Composed	
1. Name		2	2. Title	time devoted to business		on attributable to d business
(1)				%		
(2)				%		
(3)				. %		
(4)				%		

NORTHERN HILLS AREA CASA PROGRAM

46-0399483

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Form 990-T: Exempt Organization Business Income Tax Return

Schedule C (1)

Schedule C, Column 3

Itemization Statement

Description	Amount
Total	9,111.