

1906

Form 990-T

AMENDED RETURN - SECTION 512(A)(7) REPEAL
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year, D Employer identification number, E Unrelated business activity code, F Group exemption number, G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No

J The books are in care of CHUCK STROUD - DIRECTOR OF FINANCE Telephone number 877-384-0764

Table for Part I Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Table for Part II Deductions Not Taken Elsewhere. Rows 14-32. Includes a 'RECEIVED' stamp dated MAR 06 2020 from OGDEN, UT.

SCANNED JUN 08 2020

AMENDED

**Part III Total Unrelated Business Taxable Income**

|    |  |    |        |
|----|--|----|--------|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                             | 33 | 0.     |
| 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 |        |
| 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 | 0.     |

**Part IV Tax Computation**

|    |   |    |    |
|----|---|----|----|
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)   | 39 | 0. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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 |    |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies   | 44 | 0. |

**Part V Tax and Payments**

|     |   |     |        |
|-----|---|-----|--------|
| 45a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   | 45a |        |
| b   | Other credits (see instructions)  | 45b |        |
| c   | General business credit. Attach Form 3800   | 45c |        |
| d   | Credit for prior year minimum tax (attach Form 8801 or 8827)  | 45d |        |
| e   | Total credits. Add lines 45a through 45d  | 45e |        |
| 46  | Subtract line 45e from line 44  | 46  | 0.     |
| 47  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input checked="" type="checkbox"/> Other (attach schedule) | 47  |        |
| 48  | Total tax. Add lines 46 and 47 (see instructions)   | 48  | 0.     |
| 49  | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2  | 49  | 0.     |
| 50a | Payments. A 2017 overpayment credited to 2018   | 50a |        |
| b   | 2018 estimated tax payments   | 50b |        |
| c   | Tax deposited with Form 8868  | 50c |        |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions)  | 50d |        |
| e   | Backup withholding (see instructions)   | 50e |        |
| f   | Credit for small employer health insurance premiums (attach Form 8941)  | 50f |        |
| g   | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other 3,673. Total 3,673.  | 50g | 3,673. |
| 51  | Total payments. Add lines 50a through 50g   | 51  | 3,673. |
| 52  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>   | 52  |        |
| 53  | Tax due. If line 51 is less than the total of lines 48, 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  | 3,673. |
| 55  | Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>  | 55  | 3,673. |

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

|    |  |     |    |
|----|--|-----|----|
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.  |     | X  |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year \$   |     |    |

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 2/27/20 Title: EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: BRUCE THIEL Preparer's signature: *Bruce Thiel* Date: 2/20/20 Check  if self-employed PTIN: P00526510

Firm's name: CBIZ MHM, LLC Firm's EIN: 34-1873282

Firm's address: 222 SOUTH 9TH STREET, SUITE 1000 MINNEAPOLIS, MN 55402 Phone no.: 612-339-7811

FOOTNOTES

STATEMENT 1

AMOUNT ORIGINALLY REPORTED ON LINE 34 OF 990-T 18,491.

THIS AMOUNT HAS BEEN SUBSEQUENTLY REPORTED AS \$0 IN REGARDS TO THE REPEAL OF SECTION 512(A)(7)

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 2

DESCRIPTION

AMOUNT

ORIGINALLY FILED RETURN AMOUNT DUE

3,673.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

3,673.

AS AMENDED