			Exempt Organizat	tion Busine	225	Income Tax	Return		OMB No. 1545-06	387		
	* Form	990-T				ion 6033(e))	101	$\supset \lceil$				
101							2018					
	Donortm	ont of the Treasure	For calendar year 2018 or other tax year beginning, 2018, and ending, 20 Go to www.irs.gov/Form990T for instructions and the latest information.					····				
Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service 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				
	Check box if Name of organization (Check box if name changed and see instructions.)								nployer identification number			
	R Exempt under section MINNEAPOLIS SAINT PAUL REGIONAL ECONOMIC DEVELOPMENT PARTNER									ctions.)		
	Number, street, and room or suite no. If a P.O. box, see instructions.								244026636			
	☐ 408(e) ☐ 220(e) Type 400 ROBERT STREET NORTH, SUITE 1600 E Unr								elated business activity code e instructions.)			
	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code								,			
	529(a) SAINT PAUL, mn 55101											
	at en	yalue of all assets d of year	F Group exemption number (S			on 501(c) tr	ruet 🗀 /	101(a) tr	ust	truct		
	H En	ter the number	G Check organization type ► of the organization's unrelated tra						(or first) unrelat	`		
0		de or business	•			nly one, complete						
りろ			space at the end of the previous									
<i>V</i> ,			, then complete Parts III–V.									
W.) I Du	ring the tax year	, was the corporation a subsidiary in	an affiliated grou	p or a	parent-subsidiary of	controlled gro	up?	▶ ☐ Yes ☐] No		
Λ,			name and identifying number of					•				
	J Th	e books are in	care of ► BELINDA MASSEY			Telepho	ne number	>	6512875822			
	Part	Unrelate	d Trade or Business Income			(A) Income	(B) Expe	enses				
	1a	Gross receipts										
	b	Less returns and		c Balance ►	1c				ļ	├ ─		
	2	-	sold (Schedule A, line 7)	3		_		-	 			
•	3	•	Subtract line 2 from line 1c /				+		ļ	 		
	4a	•	et income (attach Schedule D) (Form 4797, Part II, line 17) (attac	h (50770 / 1707)	4a 4b		+	- -	 	 		
	b ac C		eduction for trusts	4c		 		 				
4	6 5	•	om a partnership or an S corporation (5					\vdash			
	SCANNE!	>6 Rent income (Schedule C)					 					
	Z 7		t-financed income (Schedule E)	<u>6</u> 7		 						
	Z 8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)										
	Ö 9	Investment incom	e of a section 501(c)(7), (9), or (17) organiz	ation (Schedule G)	9							
	≥10 ≥11	Exploited exer	empt activity income (Schedule I)							<u> </u>		
		-	come (Schedule J)		11					 		
	₹512		See instructions; attach schedule)		12		 			 		
	Part	Total. Combin	ne lines 3 through 12	inotructions for	13	otions on doducti	one) (Eveer	t for oo	ntributions	Ь—		
	Z sair		is must be directly connected w				ons.) (Excep	or for Go	ntributions,			
	22 ₁₄		n of officers, directors, and truste					14		Т		
	15	Salaries and v						15		<u> </u>		
,	16		naintenance					16				
ڰؚڒ	17							17				
3	18		h schedule) (see instructions) .					18	<u>.</u>	↓		
_	19		enses					19	ļ	 		
2777	20		ntributions (See instructions for lin					20	<u> </u>	 		
દે ફ્રાં	21		attach Form 4562)						~			
7	22 23	Danishan	tion claimed on Schedule A and o					23		╁──		
33 MAR 242	23 24	Contributions	to deferred compensation plans			RECEIVED			-	 		
Ā	25	Employee ber	nefit programs							$\overline{}$		
- 2	26	Excess exemp	nefit programs		8	FEB 1 8 2020		25 26	1			
ii es	27	Excess reader	rship costs (Schedule J)		圖.		. 1881	27				
0	28	Other deducti	ons (attach schedule)		با.	O'C'DERL'IL		2 _B				
L Y	29	Total deducti	ons. Add lines 14 through 28			OGDEN, U		29		<u> </u>		
~	30		iness taxable income before net o									
2 4 31 Deduction for net operating loss arising in tax years beginning on or after January 1,									 	\sqcup		
-T	32		iness taxable income. Subtract In	ne 31 from line 3	<u>. 00</u>		<u> </u>	32	F. 000 T	[(0040)		
4550	For Pa	perwork Reduc	tion Act Notice, see instructions.			Cat. No. 11291J		•	Form 990-1	(2018)		
. 0							\cap					
W	•						٢					
							•					

Form 990	D-T (2018)						. 1	Page 2	
Part I	To	tal Unrelated Business Taxable	Income					<u>~</u>	
33	Total of	unrelated business taxable income	computed from all unrelated trades or	businesses (se	е				
	instruct	ons)			33			1	
34	Amount	s paid for disallowed fringes			34				
35	Deducti	е 🗀							
		ons)							
36	Total of	n							
	of lines	36							
37	Specific	deduction (Generally \$1,000, but se	e line 37 instructions for exceptions) .		37				
38			act line 37 from line 36. If line 37 is great		5, 📝				
	enter th	e smaller of zero or line 36			38				
Part I	V Ta	x Computation							
39	Organia	ations Taxable as Corporations. M	lultiply line 38 by 21% (0.21)	>	39				
40			instructions for tax computation. I		n 🔟				
	the amo	ount on line 38 from: 🔲 Tax rate sch	edule or	🕨	40			<u> </u>	
41					41	<u>l</u>			
42			a re de ambassa, a solar altra de Melle						
43		•	instructions		43	ļ		L	
			40, whichever applies	<u> </u>	44			<u> </u>	
Part '		x and Payments				,			
45a	_	tax credit (corporations attach Form 11			_				
b		redits (see instructions)							
C		business credit. Attach Form 3800 (· · · · · · · · · · · · · · · · · · ·						
d		or prior year minimum tax (attach Foi				-			
е					45e	_		—	
46					46	ļ			
47			n 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (a		47	ľ		<u> </u>	
48		•	ons)		48	 		₩	
49			i-A or Form 965-B, Part II, column (k), lir		49	ļ <u>-</u>		—	
		ts: A 2017 overpayment credited to			ا ا				
		timated tax payments							
C		osited with Form 8868			_				
d		organizations: Tax paid or withheld			\dashv	į			
e	•	withholding (see instructions)		 -	\dashv	1			
f		or small employer health insurance p redits, adjustments, and payments:	` <u> </u>	\	\dashv	}			
g	☐ Form			['] \					
E4		ayments. Add lines 50a through 50g		2065	51	1	2005		
51 52		ed tax penalty (see instructions). Che		/\ \ \r	□ 3 2	 	2065		
52 53			es 48, 49, and 52, enter amount owed		53	 		_	
54			tal of lines 48, 49, and 52, enter amount	overnaid 1	5 4	 	2065	_	
55	•	amount of line 54 you want: Credited to		Refunded 4		<u> </u>	2065	$\overline{}$	
Part \		.*	ctivities and Other Information (see		N SP		2000		
56			lid the organization have an interest in c		other a	uthority	Yes	No	
55	over a f	inancial account (bank, securities, or	other) in a foreign country? If "Yes," th	e organization i	mav hav	e to file		\Box	
			and Financial Accounts. If "Yes," enter t					İ	
	here ▶					-			
57	Durina ti	ne tax year, did the organization receive	a distribution from, or was it the grantor of, o	r transferor to, a	foreign tr	ust? .			
	-	see instructions for other forms the		•	_				
58	Enter th	e amount of tax-exempt interest rec	erved or accrued during the tax year						
	Under	penalties of penury. I declare that Lhave examined	this return, including accompanying schedules and st	atements, and to the	best of m	y knowledg	e and be	lief, it is	
Sign	true, co	rrect, and complete. Declaration of preparer (other	than taxpayer) is based on all information of which prep	arer has any knowled	ge. May	the IRS dis	cuss this	return	
Here		1	2 10 2020 CEO			the prepare nstructions)			
		re of officer	Date Title		(300)			_,,,,	
Paid		Print/Type preparer's name	Preparer's signature	Date	Check [⊒ # Tī	PTIN	_	
Prepa	arer				self-empl				
Use (Firm's name ▶			Firm's EI	irm's EIN ▶			
O3E (~!!! y	Firm's address >		Т	Phone no				

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Page	

Form 990-T (2018)

	30-1 (2018)								raye
Sche	dule A—Cost of Goods Sold.	Enter method of	invento	ry va					
7 1	Inventory at beginning of year	1		6		at end of year	6		
2	Purchases	2		7		goods sold. Subtract			
3	Cost of labor	3				line 5. Enter here and			
4a	Additional section 263A costs				in Part I, lir	ne 2	7		İ
	(attach schedule)	4a		8	Do the rul	es of section 263A (wit	h respect to	Yes	No
b	Other costs (attach schedule)	4b				roduced or acquired for			
5	Total. Add lines 1 through 4b	5				ınızatıon?			
Sche	dule C-Rent/Income (From F	Real Property an	nd Perso	onal	Property I	Leased With Real Pro	perty)		
(see	instructions)								
1. Desc	ription of property								
(1)							•		
(2)									
(3)							•		
(4)		• • •							
	2. Rent red	ceived or accrued	-						
	om personal property (if the percentage of re personal property is more than 10% but not more than 50%)	nt (b) From real percentage of rer 50% or if the rer	nt for perso	nal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and	connected with the scheme of the connected with the	ie incom dule)	1e
(1)									
(2)									
(3)									
(4)									
Total		Total				(b) Total daduations			
	al income. Add totals of columns 2(a) and on page 1, Part I, line 6, column (A)	and 2(b) Enter				(b) Total deductions. Enter here and on page Part I, line 6, column (B)			
Sche	dule E-Unrelated Debt-Final		e instruc	tions)		·	•	
			2. Gr	oss inc	ome from or lebt-financed		ed property		
	Description of debt-financed property			property		(a) Straight line depreciation (b) Other de (attach schedule) (attach sch			
(1)									
(2)									
(3)									
(4)	-								
а	acquisition debt on or o llocable to debt-financed debt	rage adjusted basis f or allocable to -financed property ttach schedule)		4 div	olumn rided umn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable of (column 6 × tota 3(a) and	al of col	
(1)					%				
(2)					%				
(3)					%				
(4)					%	-	-		
						Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,		
Totals	dividends-received deductions includ	 ed in column 8	· ·					_	

Schedule F-Interest, Ann	uities, Royalties,			Controlled Org	anizations (se	e instruc	tions)		
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		<u> </u>	5. Part of column 4 that is included in the controlling organization's gross income		conne	eductions directly ected with income in column 5	
(1)					-				
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	zations								
7. Taxable Income		t unrelated income) (see instructions)		etal of specified yments made	10. Part of column 9 that is included in the controlling organization's gross income		connected with income in		
(1)									
(2)									
(3)									
(4)	**** ** **		7 ·A			15			
					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)	
Schedule G-Investment	Income of a Soci	ion 501/c		or (17) Organi	zation (see unst	ruotions	<u> </u>		
1. Description of income	2. Amount of		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schedi	s	5. To and s	otal deductions et-asides (col 3 plus col 4)	
(1)			, (411	aon sonoadio,		_		pias 661 47	
(2)						f			
(3)			<u> </u>						
(4)			+ · · · ·						
Totals	Enter here and Part I, line 9, o	column (A)					Part I, II	nter here and on page 1, Part I, line 9, column (B).	
Schedule I—Exploited Exe	empt Activity inc				Come (see inst	Tuctions	·)	1	
1. Description of exploited activ	2. Gross unrelated business incc from trade of business	ome or unrelated		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) Totals	Enter here and page 1, Part line 10, col (rt I, page 1, Part I,				<u> </u>		Enter here and on page 1, Part II, line 26	
Schedule J-Advertising	ncome (see instru	ctions)		<u> </u>				.	
	eriodicals Repo		Consoli	dated Basis			-		
				4. Advertising				7. Excess readership	
1. Name of periodical	2. Gross advertising income	ing advertising cost		gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership osts	costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)]]	
(3)]	
(4)				<u> </u>]	
Totals (carry to Part II, line (5))	. •								

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 5. Circulation 6. Readership 3. Direct minus column 5, but 1. Name of penodical advertising 2 minus col 3) If advertising costs ıncome costs ıncome a gain, compute not more than cols 5 through 7 column 4). (2) (3) (4) Totals from Part I Enter here and on Enter here and Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 27 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2. Title ' unrelated business (1) % (2) % % (3) % (4) Total. Enter here and on page 1, Part II, line 14 ▶

Form **990-T** (2018)