Form 990-T 🛫	E		OMB No 1545-0687								
41	· ·	(and proxy tax und	Ī	2018							
	For calendar year 2018 or other tax year beginning, and ending										
Department of the Treasury Internal Revenue Service		Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed		Name of organization (_	•		(Emp	oyer identification number loyees' trust, see actions)				
B Exempt under section	Print	INC.	39-1819945								
X 501(c)(3 U J	Or	Number, street, and room or suite no. If a P.O. bo		E Unrelated business activity code (See instructions)							
408(e) 220(e)	Туре	500 MAIN ST E, NO. 322									
408A 530(a)		City or town, state or province, country, and ZIP of MENOMONIE, WI 54751-2	532000								
C Book value of all assets		F Group exemption number (See instructions.)									
770,0	770,000. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust										
H Enter the number of the	Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) un										
	trade or business here SEE STATEMENT 1 . If only one, complete Parts I-V. If more than one,										
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or											
business, then complete Parts III-V.											
		oration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	▶ {	Ye	es X No				
		tifying number of the parent corporation.				1 =	222 0010				
Jane books are in care of	d Trac	GEORGINA TEGART de or Business Income					232-8019				
		le of Business income	T	(A) Income	(B) Expenses	X7	(C) Net				
1 a Gross receipts or sale		- Palana	10			, 47 , 27 , 27	是是是可以以				
=	b Less returns and allowances c Balance				TATAL RESERVE	755	18/10/21/21/21				
·	2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c				F						
•	4a Capital gain net income (attach Schedule D)				4.745015						
	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				50- 3 8-87-335.						
					TOWN BY TOW	A. 4.5.					
•		ship or an S corporation (attach statement)	5		Parker of Committee of the						
6 Rent income (Schedule C)				4,606.							
7 Unrelated debt-financed income (Schedule E)							_				
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)											
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)											
10 Exploited exempt activity income (Schedule I)											
11 Advertising income (Schedule J)					P. C No. P. CC . No.	er, leg					
12 Other income (See instructions; attach schedule)				1 606		69.	2 027				
Part II Deductio							3,937.				
		ations, deductions must be directly connected			income)						
14 Compensation of off	ficers, di	rectors, and trustees (Schedule K)				14					
15. Salaries and wages				RECEIVED		15					
16 Repairs and mainter	nance		├	12	78	16					
17 Bad debts			C298	NOV 9 5.2019	Ó	17					
18 Interest (attach sche	dule) (s	ee instructions)	S	NOV 2019 OGDEN, UT	SS.	18					
19 Taxes and licenses				OCOUNT LIT	- -	19 20					
	•				1						
. ,	,			21							
Less depreciation claimed on Schedule A and elsewhere on return				22a		22b					
23 Depletion24 Contributions to defi	arrad on	mpaneation plane				23					
24 Contributions to defe25 Employee benefit pre		inpensation plans		•		25	-				
26 Excess exempt expe	chedule ()			26							
27 Excess readership costs (Schedule J)						27					
28 Other deductions (attach schedule)						28					
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							The state of the s				
32 Unrelated business taxable income. Subtract line 31 from line 30							3,031.				
823701 01-09-19 LHA FO	or Paper	work Reduction Act Notice, see instructions.					Form 990-T (2018)				

Form 990-1			39-101	.9945	rage Z
Part I	Total Unrelated Business Taxable Income				. <u>.</u>
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructio	ns)	33	3,031.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su				
	lines 33 and 34			36	3,031.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	3,031. 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	2,031.
Part I					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	_	•	39	427.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 38 fi	rom:		
	Tax rate schedule or 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	427.		
Part \					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		- 1	
b	Other credits (see instructions)	45b]]	
c	General business credit. Attach Form 3800	45c		1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d] - [
_	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	427.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 🔲 O	ther (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	427.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
	Payments: A 2017 overpayment credited to 2018	50a			
	2018 estimated tax payments	50Ъ]	
	Tax deposited with Form 8868	50c		1	
	Foreign organizations: Tax paid or withheld at source (see instructions)	1 '			
	Backup withholding (see instructions)	1			
	Credit for small employer health insurance premiums (attach Form 8941)	50e 50f		1 ∙	
a	Other credits, adjustments, and payments: Form 2439			1 1	
v	Form 4136 Other Total	50g			
51	Total payments. Add lines 50a through 50g			51	
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, 49, and 52, enter amount owed		•	53	427.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax]	Refunded	55	
Part \		n (see ir	nstructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other au	thority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have	to file		1 195
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign cou	intry		
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tro	ansferor to,	, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year\$				7,
	Under penalties of perjury, I declare that there examined this return, including accompanying schedules and sta correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	tements, and	to the best of my knowle	edge and beli	ef, it is true,
Sign				May the IRS d	iscuss this return with
Here		VE DI		-	hown below (see
	Signature of officer Date Title		II II	nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Da	te	Check	ıf PTIN	
Paid			self- employed		
Prepa		./06/1	.9		1584414
Use (Dnly Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41	-0746479
	3402 OAKWOOD MALL DRIVE, SUITE	100			
	Firm's address ► EAU CLAIRE, WI 54701-7672		Phone no.		52-1100
823711 01	-09-18				Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

COMMERCIAL RENTAL PROPERTY IN ASHLAND, WI

TO FORM 990-T, PAGE 1