| ı | , Form | 990-T | E | xempt Orga | nization | Bus | sine | ss Inco | me T | ax Retui | 136 | 2.0.3.8.0.1 |
|---------------|-----------|---|------------|--|--|----------|-----------|------------------------|---------------|-----------------------|-----------------|--|
| | | ٦ - | | (a | na proxy tax | (una | er se | cuon ous |)(<i>e))</i> | 191.7 | / W | 2018 |
| | | <i>\$</i> . | For cal | endar year 2018 or other tax ye | | | | | | | <u> 19</u> | ZU 10 |
| | | tment of the Treasury al Revenue Service | • | Go to www Do not enter SSN numbe | .irs.gov/Form990 rs on this form as | | | | | | | Open to Public Inspection for 501(c)(3) Organizations Only |
| | A L | Check box if address changed | | Name of organization (| Check box if | name c | hanged | l and see instru | ctions.) | | (Emp | oyer identification number loyees' trust, see uctions) |
| | | xempt under section | Print_ | CROWN COLLE | GE | | | | | | | 1-0693968 |
| | X |]501(c)(2) | or Type | Number, street, and roon | | | | nstructions. | | | | ated business activity code nstructions) |
| | <u>_</u> | 408(e) 220(e) | 1,700 | 8700 COLLEG | | | | | | | 4 | |
| | | _408A | | City or town, state or pro | | | | n postal code -9001 | | | 532 | 000 |
| | C Bo | ok value of all assets and of year | | F Group exemption num | ber (See instruction | ons.) | <u> </u> | | | | | |
| | | 32,521,1 | 90. | G Check organization typ | e 🕨 🔀 501 | (c) cort | poration | 501 | (c) trust | | a) trust | Other trust |
| | H EU | ter the number of the c | organiza | mon's unrelated trades of t | businesses. | | 1 | | | the only (or first) i | | |
| | | • | | CERNAL EVENT | | | | | | complete Parts I-\ | | |
| | | | | ce at the end of the previous | us sentence, com | plete Pa | arts I ar | id II, complete | a Schedule | M for each addition | onal tradi | e or |
| | | siness, then complete | | -v. ioration a subsidiary in an | affiliated aroun or | 2 0250 | nt-cube | idiany controlla | d group? | | Ye | es X No |
| | | | | tifying number of the parer | | a parei | iit-Suus | iulary controlle | u group, | | | 55 (ZE) NU |
| | | | | OR. SCOTT MO | | TNG | CF | 0 | Telepho | one number | 952- | 446-4100 |
| | | | | de or Business Inc | | | | (A) Inco | | (B) Expens | | (C) Net |
| | | Gross receipts or sale | | | <u> </u> | | | | | | | |
| 20 | | Less returns and allow | | | c Balance | • | 1c | | | | | THE PROPERTY OF THE PROPERTY O |
| 2020 | 2 | Cost of goods sold (S | chedule | A, line 7) | • | | 2 | | | | | |
| - | 3 | Gross profit. Subtract | line 2 fr | om line 1c | | | 3 | | | | | |
| 0 | 4 a | Capital gain net incom | ne (attac | h Schedule D) | | | 4a | | | | | |
| JUN | þ | Net gain (loss) (Form | 4797, P | art II, line 17) (attach Form | n 4797) | | 4b | | | | | |
| = | C | Capital loss deduction | | | | | 4c | | | | | |
| \mathbf{C} | 5 | Income (loss) from a | partners | ship or an S corporation (a | ttach statement) | | 5 | | | | | |
| SCANNED | 6 | Rent income (Schedu | le C) | | | | 6 | | | | | |
| \leq | 7 | Unrelated debt-finance | ed incon | ne (Schedule E) | | | 7 | | | | | |
| Ā | 8 | | | nd rents from a controlled | _ | | 8 | | | | | _ |
| \mathcal{S} | 9 | | | on 501(c)(7), (9), or (17) o | rganization (Sche | dule G) | | | | | | |
| Ψ, | 10 | Exploited exempt activ | - | · | | | 10 | | | | | |
| | 11 | Advertising income (S | | e J) es; attach schedule) - ST | א חיביאוביאותי | 1 | 11 | 3.4 | 304 | | EKSECTICE; ENEX | 3/1 30/1 |
| | | | | | A I EMEM I | _ | 12 | | 304. | | | 34,304. |
| | | Total. Combine lines | | ot Taken Elsewhe | re (See instruct | ions fo | | | | _ | | 34,304. |
| | 1 | | | utions, deductions mus | | | | | | s income.) | | |
| | 14 | Compensation of offi | icers. dii | rectors, and trustees (Sche | edule K) | | | REC | CEIVE | ED | 14 | |
| | 15 | Salaries and wages | , | (| , | | Ì | | | f | 15 | 12,296. |
| | 16 | Repairs and mainten | ance | | | | ĺ | S DEC | 2 3 20 | 79 SSC-08C | 16 | |
| | 17 | Bad debts | | | | | ļ | S DEC | 2020 | | 17 | |
| | 18 | Interest (attach sche | dule) (se | ee instructions) | | | į | | | | 18 | |
| | 19 | Taxes and licenses | | | | | - [| OGL | EN, | | 19 | |
| | 20 | Charitable contribution | ons (See | e instructions for limitation | rules) | | • | | | | 20 | |
| | 21 | Depreciation (attach | | • | | | | _ | 21 | | | |
| | 22 | · · | aimed or | n Schedule A and elsewher | e on return | | | يا | 22a | | 22b | |
| | 23 | Depletion | | | | | | | | | 23 | |
| | 24 | Contributions to defe | | mpensation plans | | | | | | | 24 | |
| | 25 | Employee benefit pro | | shadula I) | - | | | | | | 25 | |
| | 26 | Excess exempt exper | | | | | | | | | 26 | |
| | 27 28 | Excess readership co | | | | | | CPP | STATE | EMENT 2, | 27 | 10,105. |
| | 28 29 | Other deductions (att | | · | | | | ظظن | DIAI. | TA SA | 29 29 | 22,401. |
| | 30 | | | 14 uirougii 26 1come before net operatinț | n loss deduction (| Suhtran | t line 🤈 | 9 from line 12 | | 20 | 30 | 11,903. |
| | 31 | | | oss arising in tax years be | | | | | ctions) | 20 | 31 | |
| | 32 | | | ncome. Subtract line 31 fro | | . Janua | اعبر ر | (500 1150 00 | | 21 | 32 | 11,903. |
| | | | | work Reduction Act Notice | | s | | | | | <u> </u> | Form 990-T (2018) |

| | ്വ | | |
|--|----|--|--|
| | | | |
| | | | |

| Partill | II Total Unrelated Business Taxable Income | | | | |
|---------------|--|--------------------|---|-----------------|---|
| 39 | Total of unrelated business taxable income computed from all unrelated trades or businesses (se | e instruct | ions) | 33 | 11,903. |
| 34 | Amounts paid for disallowed fringes | | | 34 | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru | uctions) | STMT 3 | 35 | 11,903. |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si | um of | | . [| · · |
| | lines 33 and 34 | | 00 | 36 | |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | | 14 | 7 37 | 1,000. |
| | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3 | 36. | , • | | |
| | enter the smaller of zero or line 36 | • | | 38 | 0. |
| Partil | Tax Computation | | · · · | i | |
| 39 | Organizations Taxable as Corporations Multiply line 38 by 21% (0.21) | | 1 | ▶ 39 | 0. |
| | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of | on line 38 | from: | | |
| | Tax rate schedule or Schedule D (Form 1041) | | 1 | 40 | |
| 41 | Proxy tax See instructions | | | ▶ 41 | |
| | Alternative minimum tax (trusts only) | | • | 42 | |
| | 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. |
| | Tax and Payments | | | | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 45a | ·· · · · · · · · · · · · · | | |
| | Other credits (see instructions) | 45b | | | |
| | General business credit. Attach Form 3800 | 45c | | | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | 45d | | | |
| | Total credits. Add lines 45a through 45d | 1.001 | | 45e | |
| | Subtract line 45e from line 44 | | | 46 | 0. |
| | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886 | 66 🔲 | Other (attach schedul | | |
| 48 | Total tax Add lines 46 and 47 (see instructions) | •• | Other fattasii soliossi | 48 | 0. |
| | 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 | | 10 | |
| | 2018 estimated tax payments | 50b | - | | |
| | Tax deposited with Form 8868 | 50c | | | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) | 50d | | | |
| | Backup withholding (see instructions) | 50e | | | |
| | Credit for small employer health insurance premiums (attach Form 8941) | 50f | | | |
| | Other credits, adjustments, and payments: Form 2439 | 100 | | | |
| y | Form 4136 Other Total | 50g | | | |
| 51 | Total payments. Add lines 50a through 50g | 309 | | 51 | |
| | 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 | |
| 54 | Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | | | 54 | |
| | Enter the amount of line 54 you want: Credited to 2019 estimated tax | | Refunded | 55 | |
| Rartiv | | on (see | | 00 | |
| | At any time during the 2018 calendar year, did the organization have an interest in or a signature | | <u>_</u> | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization | | - | | 100 110 |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the | | | | |
| | here | ioroigii oi | ound y | | Х |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra | ansferor to | n a foreign trust? | | $ +$ $\frac{\pi}{x}$ |
| 31 | If "Yes," see instructions for other forms the organization may have to file. | ansieror e | o, a lordigii ti dati | | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year > \$ | | | | |
| | The state of the s | statements, | and to the best of my l | knowledge and b | pelief, it is true, |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on the preparer (other than taxpayer). | er has any FMTC | S/CORP | | |
| Here | Lett Wort (2.17.19 SECRETA | | 5, 00112 | • | scuss this return with lown below (see |
| | Signature of officer Date Title | | | instructions)? | |
| | Print/Type preparer's name Preparer's enginature Dat | ho | Check | rf PTIN | 4 |
| | Tring type property 3 name | ~) <i>i</i> | self- employ | · · · · | |
| Paid | LARRY ADAMS DO LAND, CON 18 | אן טולי | 9 3011 6111111111111111111111111111111111 | | L314654 |
| Prepa | rer CI TEMONI AD CONSTITUTE | 11411 | Firm's EIN | | 0746749 |
| Use O | 10 220 SOUTH SIXTH STREET, SUITE | 300 | THIIISEN | | 3,10,15 |
| | Firm's address MINNEAPOLIS, MN 55402 | | Phone no | 612-37 | 76-4500 |
| 823711 01 | | | 1. 110110 1101 | | om 990-T (2018) |

| Schedule A - Cost of Good | s Sold. Enter | method of inven | tory v | aluation N/A | | | | | _ |
|---|----------------------|--|---------|---|-----------|---|---------------------|--|----|
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of year | ır | | 6 | | |
| 2 Purchases | 2 | | 7 | Cost of goods sold Su | ıbtract l | | | | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | and in f | Part I, | | | |
| 4a Additional section 263A costs | | | 1 | line 2 | | | 7 | | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (| with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | |] | property produced or a | acquired | l for resale) apply to | | Children Chi | |
| 5 Total Add lines 1 through 4b | 5 | | | the organization? | | | | | X |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | d Pe | rsonal Property | Leas | ed With Real Pro | perty | /) | |
| 1 Description of property | | | | | | | | | |
| (1) | | | | | | | - | | — |
| (2) | | | | | | | | | _ |
| (3) | | | | | | | | | _ |
| (4) | | | | | | | | | |
| | 2 Rent receive | ed or accrued | | | * | | | | _ |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | than | ` of rent for p | ersonal | onal property (if the percenta property exceeds 50% or if ed on profit or income) | age | 3(a) Deductions directly columns 2(a) an | connec d 2(b) (a | ted with the income in ittach schedule) | |
| (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 Det | ot-Financed | Income (see | ınstru | ctions) | | | | | |
| | | | 2 | . Gross income from | | 3 Deductions directly con- to debt-finance | nected v ed prop | with or allocable erty | |
| 1 Description of debt-fir | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) | |
| (1) | | | | | | | \dagger | | |
| (2) | | • | | | | | 1 | | _ |
| (2) | | | | | | | 1 | | _ |
| (4) | | | | | | | 1 | | |
| 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 i schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (c | 8 Altocable deductions column 6 x total of colum 3(a) and 3(b)) | |
| (1) | | | | % | | | 1 | | |
| (1) (2) (3) | | | Ī | % | | | 1 | | _ |
| (3) | | | | % | | | 1 | | _ |
| (4) | | | | % | | | | | _ |
| | | | | - | | nter here and on page 1, Part I, line 7, column (A) | | nter here and on page 1, Part I, line 7, column (B) | , |
| Totals | | | | > | | 0 | . | | 0. |
| Total dividends-received deductions in | cluded in column | 8 | | | | • | † | · · · · · · · · · · · · · · · · · | 0. |

| 1 Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organiz | | ication (le | | lated income instructions) | | al of specified ments made | | t of column 4 ed in the cont | that is | 6 Deductions directions connected with inco |
|--|---|--|--------------------|--|---|--|---|--|----------|--|
| (2) (3) (4) | | | | | | | | ation's gross | | ın column 5 |
| (2) (3) (4) | j j | | | | | | - | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | 1 | | | |
| | | 1 | | | | | | | | |
| MONEXEMBL CONTINUIED ORGANIZ | ations | <u>-</u> | | | | | | | | |
| 7. Taxable Income | 8 Net unrelated incor (see instruction | | 9. Total o | of specified payr made | nents | 10. Part of column the controllingross | | nization's | | uctions directly conn ncome in column 10 |
| (1) | | | | | | - | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | | | Add colun Enter here and line 8, c | | 1, Part I, | Enter he | l columns 6 and 11 re and on page 1, Pa ne 8, column (B) |
| Totals | | | | | • | | | 0. | | |
| Schedule G - Investmer | | Section 50 |)1(c)(7 | 7), (9), or | (17) Or | ganization |) | | | |
| 1. Descri | ption of income | | | 2 Amount of | income | 3 Deductio directly conne (attach sched | cted | 4 Set- | | 5 Total deduct and set-asid (col 3 plus co |
| (1) | | | | | | , | • | | | <u> </u> |
| (2) | | | | | | | - | | | |
| (3) | | | | | | | | | | 1 |
| (4) | <u>.</u> . | | | | - | | | | | |
| (4) | | | - 1 | Enter here and o | on page 1. | 18822-171182-181782-1417831 | 100000000000000000000000000000000000000 | ********** | | Enter here and on p |
| | | | | Part I, line 9, co | lumn (A) | | | ANTO RELEASE AND ARTHUR AND ARTHU | | Part I, line 9, colum |
| Totals Schedule I - Exploited E | Exempt Activity | / Income. (| Other | Than Ad | 0 . vertisi | na Income | | | | |
| (see instruc | | ,, | | | | | | | | , |
| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expense directly conne with product of unrelated business inco | ected tion d | 4. Net incomfrom unrelated business (cominus columi gain, compute through | trade or lumn 2 n 3) If a cols 5 | 5 Gross inco from activity to is not unrelate business inco | that led | 6. Exp attributs colur | able to | 7. Excess exer expenses (colui 6 minus columr but not more th column 4) |
| (1) | | - | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (4 | Enter here and on page 1, Part I, line 10, col. (A) | Enter here and page 1, Part line 10, col (| ti, [| | | | | | | Enter here and on page 1, Part II, line 26 |
| Totals > | 0. | | 0. | | RING CHARLES | AND THE RESERVE AND THE PROPERTY OF THE PROPER | | THE RESERVED TO THE RESERVED T | | |
| Schedule J - Advertisin | | nstructions) | | | | | | | | *************************************** |
| Part Income From P | | | Cons | solidated | Basis | | • | | | |
| 1. Name of periodical | 2. Gross advertising income | 3. Di advertisin | | 4. Adverti or (loss) (co col 3) If a ga cols 5 th | ol 2 minus nn, comput rough 7 | İ | | 6. Reade | | 7. Excess readers costs (column 6 mi column 5, but not n than column 4) |
| (1) | 1 | | | | | | | | - 15 | |
| (2) | | | | THE PROPERTY OF THE PROPERTY O | | | | | 3 | |
| (3) | | | | THE STREET STREET | | 70 70 70 70 70 70 70 70 70 70 70 70 70 7 | | | | |
| | | | | The same of the sa | | | | | | THE STATE OF THE S |
| (4) | | | | | | <u></u> | | - | | 1905,2205698.557.565988555555555555555555555555555555555 |
| | 1 | 1 | | | | | | | | |

| 'Part II | Income From | Periodicals Rep | orted on a | Separate Ba | ISIS (For each periodic | al listed in Part II, f | ill ın |
|----------|-------------------|--------------------------|------------|-------------|-------------------------|-------------------------|--------|
| | columns 2 through | h 7 on a line-by-line ba | isis) | | | | |

| 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 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 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. | THE REPORT OF THE PARTY OF THE | | projekta i kranda probaj koje i opiska projekta kranik projekta i opiska projekta kranik projekta i opiska projekta kranik projekta i opiska projekta projekta kranik projekta i opiska projekta projekta | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4 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-T | 1 · | OTHER INC | COME | STATEMENT | 1 |
|------------|---------------------|---------------------------|---------------------|--------------------------------|-----|
| DESCRIPTIO | ON | | | AMOUNT | |
| EXTERNAL E | EVENTS INCOME | | | 34,30 |)4. |
| TOTAL TO F | FORM 990-T, PAGE 1, | LINE 12 | | 34,30 |)4. |
| FORM 990-T | Ţ. | OTHER DEI | DUCTIONS | STATEMENT | 2 |
| DESCRIPTIO | ON | | | AMOUNT | |
| DIRECT EVE | ENTS EXPENSES | | | 10,10 |)5. |
| | | | | | |
| TOTAL TO F | FORM 990-T, PAGE 1, | LINE 28 | | 10,10 |)5. |
| TOTAL TO F | | | OSS DEDUCTION | 10,10 | 3 |
| | | | | | |
| FORM 990-1 | r NET | OPERATING LOSS PREVIOUSLY | Y LOSS REMAINING | STATEMENT AVAILABLE THIS YEAR |). |