<u> </u>
~
—
202
~ 3
~ _
_
Q
MAY
_
_
11
-
- 4

	Form	990-1	E	Extended to Nove Exempt Organization Bus (and proxy tax und	sine	ss Income 1	∠ງຍອຍ⊍ Γax Return		1	1545-0047				
			For ca	lendar year 2019 or other tax year beginning	ei 5e	, and ending	1912	J	20	119				
			10,04	► Go to www irs gov/Form990T for in	— i	2.0) 13							
		ment of the Treasury I Revenue Service	l ▶	Do not enter SSN numbers on this form as it may	l	Open to Pub 501(c)(3) Org	olic Inspection for ganizations Only							
	A [Check box if address changed		Name of organization (Check box if name of Metropolitan Economic)			(Emp	loyer identific ployees' trust, ructions)						
	B Ex	empt under section	Print	Association	4	11-097	17257							
	X]501(c(13)	or	Number, street, and room or suite no. If a P.O. box	x, see II	nstructions.			lated busines instructions)	ss activity code				
		408(e) 220(e)	Туре	1256 Penn Avenue North	, No	o. 4800] `	·					
		408A530(a)		City or town, state or province, country, and ZIP o										
		529(a) Minneapolis, MN 55411												
	C at e	k value of all assets nd of year 26,982,2	0.4	F Group exemption number (See instructions.)	<u> </u>	504(5) 44	404/5	\ A = = A		O45 44				
				G Check organization type X 501(c) corp tion's unrelated trades or businesses	poratioi 1		401(a)			Other trust				
		le or business here	-	tion's difference trades of businesses	<u> </u>		e the only (or first) un s, complete Parts I-V							
				ce at the end of the previous sentence, complete Pa	ırts I an									
		iness, then complete i	•	, , ,	arto i un	a II, complete a concue	c ivi tor caon addition	ai ii aoc	, 0,					
				oration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	▶	Ye	es X	No.				
		<u>'es," enter the name a</u>	nd ident	ifying number of the parent corporation					· · · · ·					
				Daniel Holmquist			none number 🕨 6		·					
	-			le or Business Income		(A) Income	(B) Expenses		(0	C) Net				
		Gross receipts or sale						,	'	./				
		Less returns and allov		c Balance	1c				 					
		Cost of goods sold (S Gross profit. Subtract		•	2			-	 					
		Capital gain net incom			3 4a				/					
				art II, line 17) (attach Form 4797)	4b		· .	/	 					
į		Capital loss deduction		•	4c									
ļ		•		hip or an S corporation (attach statement)	5		11 11/11/11	aronn						
Ž		Rent income (Schedul			6									
Į	7	Unrelated debt-finance	ed incon	ne (Schedule E)	7		1							
うか		•		nd rents from a controlled organization (Schedule F)	8									
				n 501(c)(7), (9), or (17) organization (Schedule G)			-		 					
		Exploited exempt activ		· ·	10				 					
		Advertising income (S			11	/			-					
		Other income (See ins		•	12/	0			├──					
		3 Total. Combine lines 3 through 12 Part IV Deductions Not Taken Elsewhere (See instructions for limitations on deductions)												
1		Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)												
1	14	Compensation of offi	cers, dır	ectors, and trustees (Schedule K)				14						
	15	Salaries and wages		15_										
	16	Repairs and maintena	ance					16						
	17							17						
	18 Interest (attach schedule) (see instructions)							18	<u> </u>					
	19	Taxes and licenses	F 46			امما		19	-					
	20								ł					
	21 22	Depletion												
	23	Contributions to deferred compensation plans												
	24	101 11.1 0 1 2020 1.21						23						
	25	Excess exempt expen	-	hedule I)				25						
	26	Excess readership co	sts (Sch	pedule J) OGI		26								
	27	Other deductions (att	ach sch	edule)		27	<u></u>							
	28	Total deductions Ac		_		28		0.						
	29			come before net operating loss deduction. Subtract				29		0.				
	30		erating l	oss arising in tax years beginning on or after Januar	y 1, 20	18		_		^				
	1.	(see instructions)	wahla	nome Subtreet line 20 from line 20				30	ļ	0.				
4	81			come. Subtract line 30 from line 29				31	L Corm Q	90-T (2010)				

	t M Total Unrelated Business Taxable Income	41-05	3 / / <u>4</u> 3 / Page 2
4		T	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	0.
Par	t IV Tax Computation		
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:	Ш	
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income See Instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Par	YV Tax and Payments		
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
b	Other credits (see instructions) 46b		
С	General business credit. Attach Form 3800 /X \\ \\ 46c	1	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
	Total credits Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	Payments: A 2018 overpayment credited to 2019 4,880.	30	`
		1	
	2019 estimated tax payments Tou described with Form 9868	1	
	Tax deposited with Form 8868	1 1	
	Foreign organizations: Tax paid or withheld at source (see instructions) See Instructions 51d	1 1	
	Backup withholding (see instructions) 51e	-	
	Credit for small employer health insurance premiums (attach Form 8941)	1	
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ <u>51g</u>	 	4 000
52	Total payments Add lines 51a through 51g	52	4,880.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	5 5	4,880.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	4,880.
Part			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	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		X
58	During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file		TREETER CONTROL
59	Enter the amount of tay-evempt interest received odaccrued during the tay year > \$		- c 50
C:	Under penalties of perury, I deglare that I have exemined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Deglaration of Peparer (other than taxpayer) is based on all information of which preparer has any knowledge	ige and belief, it	is true,
Sign	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ss this return with
Here	the CEO	e preparer show	
	Signature of officer Date Title ins	structions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check in	f PTIN	-
Paid	self- employed		
	parer Deb Nelson, CPA 09/23/20		64758
•	Only Firm's name ► Eide Bailly LLP Firm's EIN ►	45-0	250958
	800 Nicollet Mall, Ste. 1300		_
	Firm's address ► Minneapolis, MN 55402-7033 Phone no. 6		
923711 (01-27-20	For	m 990-T (2019)

Sabadula A. Coat of Coad	a Cald			7 / 7	-			
Schedule A - Cost of Good	S Solu. Enter	method of inver		N/A	Т			
	Inventory at beginning of year 1 6 Inventory at end of y							
2 Purchases								
3 Cost of labor	3		from line 5. Ente	Part I,	7			
4 a Additional section 263A costs				line 2				
(attach schedule)	4a		8 Do the rules of s		•		Yes	No
b Other costs (attach schedule)	4b		property produce	ed or acquire	ed for resale) apply to		 	
5 Total Add lines 1 through 4b 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)								
	(From Real !	Property and	Personal Prope	ty Lease	ed With Real Prope	erty)		
(see instructions)		 						
1. Description of property								
(1)								
(2)								
(3)								
(4)			<u> </u>					
		ed or accrued			2/a) Dodustions directly	nanagatad with the in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the propersonal property exceeds 509 nt is based on profit or income	d personal property (if the percentage rsonal property exceeds 50% or if is based on profit or income)				
(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		Income (see	instructions)		Tract, me o, column (b)			•
					3. Deductions directly conn- to debt-finance		le	
1 8			2 Gross income from or allocable to debt-		Straight line depreciation	(b) Other deductions		
1 Description of debt-fi	nanced property		financed property	'	(attach schedule)	(attach sc		
(1)						 	•	
(2)						<u> </u>	-	
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to iced property schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable (column 6 x to 3(a) an	tal of colum	
(1)		· -		%			<u> </u>	
(2)				%				
(3)				%				
(4)				%				_
	^				Enter here and on page 1,	Enter here and	on page 1	
					Part I, line 7, column (A)	Part I, line 7, o		
Totals					0.			0.
Total dividends-received deductions in	ncluded in column	8			>			0.

Form 990-T (2019)

Schedule F - Interest,	Annuities, Ro	yaities, ai		Controlled O			iuon:	see ins	struction	ns)	
Name of controlled organization		Employer dentification number	3. Net un	related income e instructions)	elated income 4. Total		includ	Part of column 4 that is included in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)			<u> </u>								
<u>(1)</u> <u>(2)</u>											
(3)					l						
(4)										. ,	
Nonexempt Controlled Organ	nizations									· 	
7 Taxable Income	8 Net unrelated (see instri		9 Total	of specified payi made	nents	10. Part of colu in the controll gross		nization's		eductions directly connected h income in column 10	
(1)											
(2)											
(3)											
_(4)	1		<u> </u>					_			
						Add colun Enter here and tine 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					▶			0.		0.	
Schedule G - Investme		a Section	501(c)(7	7), (9), or (17) Org	anization					
<u>,</u>	tructions)			1		3 Deductio		4 5-1		5 Total deductions	
·	scription of income			2 Amount of	income	directly conne (attach sched		4. Set- (attach s	schedule)	and set-asides (col 3 plus col 4)	
(1)											
(2)				 							
(3)				 							
(4)				Enter here and o Part I, line 9, co	on page 1, lumn (A)			<u> </u>		Enter here and on page 1 Part I, line 9, column (B)	
								•			
Totals Schedule I - Exploited	-	ity Incom	e, Other	Than Adv	0. ertisin	g Income				0.	
(see instr	uctions)				F			1	-	- 	
1 Description of exploited activity	2. Gross unrelated busines income from trade or business	directly with p of ur	xpenses connected roduction nrelated ss income	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				İ		•					
(2)					·						
(3)											
(4)											
	Enter here and or page 1, Part I, line 10, col (A)	page	ere and on 1, Part I,), co! (B)							Enter here and on page 1, Part II, line 25	
Totals	· <u> </u>	o.]	0.	L						0.	
Schedule J - Advertisi	ing Income (s	ee instructio	ns)								
Part I Income From	Periodicals R	eported o	n a Con	solidated	Basis	-					
1 Name of periodical	2. Greadverte	sing adv	3. Direct vertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulat		6 Reade		7 Excess readership 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))	•	0.	0							0.	

Form 990-T (2019) Association

Part Ii Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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)		2.	. <u>*</u>	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.		,	•	0

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

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

Footnotes

Statement 1

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The organization is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).