Form <b>990-T</b>	Exempt Organization Bus	_	•		av Beti	ırn	OMB N	0 1545-0687
Form 330-1	(and proxy tax und				ax nem	()(1)		047
	For calendar year 2017 or other tax year beginning $\overline{ ext{OCT}}$ $\overline{ ext{1}}$ ,				P 30, 2	018	ZI	017
Department of the Treasury	► Go to www.irs.gov/Form990T for i						Open to Pr	iblic Inspection for
Internal Revenue Service	Do not enter SSN numbers on this form as it ma				ation is a 501(			iblic Inspection for rganizations Only
A Check box if address changed	Name of organization ( Check box if name of	changed	and see instru	ictions.)		_ (Em	ployer identili iployees' trus tructions )	ication number it, see
B Exempt under section	Print Knute Nelson						41-12	
X 501(c)3 )	Number, street, and room or suite no. If a P.O. bo	x, see in	structions.				elated busine instructions	ess activity codes )
408(e) 220(e)	420 12th Avenue East							
408A530(a) 529(a)	Alexandria, MN 56308					72	2210	722320
C Book value of all assets	F Group exemption number (See instructions.)	•	9386	1/21 44	<u> </u>	24/22 4		T Other truet
	. 59. G Check organization type ► X 501(c) cor on's primary unrelated business activity. ►		Stateme	I(c) trust	40	01(a) trust		Other trust
	the corporation a subsidiary in an affiliated group or a pare						Yes X	No
	and identifying number of the parent corporation.	:111-อนมอ	diary controlle	u group.	•		ics <u>Lak</u>	טאו נ
	► Marnie Gugisberg			Telepho	one number	(32)	0)763	-1164
	d Trade or Business Income		(A) Inco	me	(B) Expe	nses	T	(C) Net
1a Gross receipts or sal	es328,218.	T						÷
<b>b</b> Less returns and allo		10		,218.	ζ.			
2 Cost of goods sold (	• •	2		,506.			+	15 710
3 Gross profit. Subtrac		3	215	712.			<del> </del>	15,712.
4a Capital gain net incor	,	4a 4b			•	-	<del></del>	
c Capital loss deductio	n 4797, Part II, line 17) (attach Form 4797) n for trusts	4c			•		+	
•	partnerships and S corporations (attach statement)	5					<del> </del>	
6 Rent income (Schedi		6					+	-
•	ced income (Schedule E)	7						
8 Interest, annuities, ro	yalties, and rents from controlled organizations (Sch. F)	8						
9 Investment income of	of a section 501(c)(7), (9), or (17) organization (Schedule G	_					<del></del>	
•	ivity income (Schedule I)	10						
11 Advertising income (		11	1 4 4	,000.	_		+	44,000.
<ul><li>12 Other income (See in</li><li>13 Total, Combine line:</li></ul>	structions; attach schedule) Statement 3	12		712.				59,712.
	ons Not Taken Elsewhere (See instructions f							55,112.
(Except for	contributions, deductions must be directly connecte				s income )	1		
·	ficers, directors, and trustees (Schedule K)					14		84,042.
Salaries and wages Repairs and maintel			<del></del> 1			15	_	04,042.
Repairs and mainter	RECEIV	<u>ו</u>	1			17	+	
			ပ္က			18	+	
	18 AUG 9 1 20	119	0			19		28,924.
Taxes and licenses Charitable contribut Depreciation (attach Less depreciation of Depletion Contributions to def Employee benefit pr Excess exempt expe	ions (See instructions for limitation rules)	113	<b>FRS</b> -OS(			20		
21 Depreciation (attach	1 Form 4562)	1 171	<sup>1</sup> ≖	21			_	
Less depreciation c	laimed on Schedule A and elsewhere on letural	<u>u,</u>		22a		22t	+	
23 Depletion						23		
24 Contributions to def	ferred compensation plans					24	+	
Employee benefit pr						25 26	+	
<ul><li>26 Excess exempt expenses</li><li>27 Excess readership of</li></ul>						26		<del></del>
28 Other deductions (a			See	Stat	ement 4			3,500.
•	Add lines 14 through 28					29		16,466.
	taxable income before net operating loss deduction. Subtra	ct line 2	9 from line 13			30	_	56,754.
	deduction (limited to the amount on line 30)			Stat	ement 5	31		
32 Unrelated business	taxable income before specific deduction. Subtract line 31 f	from line	30			32		56,754.
33 Specific deduction (	(Generally \$1,000, but see line 33 instructions for exception	s)				33	┼	1,000.
34 Unrelated business line 32	(Generally \$1,000, but see line 33 instructions for exception s taxable income. Subtract line 33 from line 32. If line 33 is	greater	than line 32, e	nter the sn	naller of zero or	9 34		56,754.

Part III   Tax Computation   So Organizations Fasher and Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check there   See Instructions and: a first your size of the \$50,000, \$25,000, and \$9,925,000 baselile more markets (in Madinary Section)   Section (i	Form 990-1	(2017) Knute Nelson		41-126	3433_	Page 2
Controlled group members (sections 1581 and 1563) check here > See instructions and: a fielt your stare of the \$500,005,\$250,000 atabale more brackets (in that order): (1) \$ 2  \$ 3  \$ 4  \$ 5  \$ 6  \$ 6  \$ 6  \$ 6  \$ 6  \$ 6  \$ 6	Part I	II Tax Computation	<del>.</del>	·		
Controlled group members (sections 1581 and 1563) check here > See instructions and: a fielt your stare of the \$500,005,\$250,000 atabale more brackets (in that order): (1) \$ 2  \$ 3  \$ 4  \$ 5  \$ 6  \$ 6  \$ 6  \$ 6  \$ 6  \$ 6  \$ 6					1	
a Enter your share of the \$00,000, \$25,000, and \$9,925,000 and \$9,			s and:		1,	
b Enter organization's share of, (1) Additional 5% tax (not more than \$10,000)  c Income tax on the amount on line 34  c Income tax on the amount on line 34  35 Trusts Taxabel at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:    Tax rate schedule or   Schedule D (Form 1041)   55  38 Alternates minimum tax   38	а				:	
b Enter organization's share of, (1) Additional 5% tax (not more than \$11,750) \$   2) Additional 3% tax (not more than \$10,000) \$   c Income tax on the amount on the 34 from:			1		`	
(2) Additional 3% tax froot more than \$100,000) (a) Income tax on the around in line 34  Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 34 from:    Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 34 from:    Trusts Taxable at Trust Rates. See instructions	b		i		1 1	
c Income tax on the amount on line 34  35 Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from:  □ Tax rate schedule or □ Schedule D (form 1041)  37 Proxy tax. See instructions  38 Alternative minimum tax  38 1 Trust Nanon-Compiliant Facility lincome. See instructions  39 Tax on Non-Compiliant Facility lincome. See instructions  39 Tax on Non-Compiliant Facility lincome. See instructions  40 0 0.  Part IV   Tax and Payments  41 Foreign tax credit (proporations affach Form 1116; trusts attach Form 1116)  41 Foreign tax credit (proporations affach Form 1116; trusts attach Form 1116)  41 Foreign tax credit (proporations affach Form 1116)  42 Control of Credit for propryear minimum tax (attach Form 8801 or 8827)  43 Other taxes. Check if from □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8666 □ Other patics schedule  44 Total tax. Add lines 42 and 43  45 Other taxes. Check if from □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8666 □ Other patics schedule  46 Total tax. Add lines 42 and 43  47 Total tax. Add lines 42 and 43  48 Total tax. Add lines 43 and 47 and 43  49 Considered the form 116 lines 43 and 47 and 43  40 Considered tax principles and payments:  □ Credit for small employer health insurance premiums (Attach Form 8941)  □ Other credits and payments:  □ Credit for small employer health insurance premiums (Attach Form 8941)  □ Other credits and payments:  □ Credit for small employer health insurance premiums (Attach Form 8941)  □ Other credits and payments:  □ Credit for small employer health insurance premiums (Attach Form 8941)  □ Other credits and payments.  □ Credit for small employer health insurance premiums (Attach Form 8941)  □ Other credits and payments.  □ Credit for small employer health insurance premiums (Attach Form 8941)  □ Credit for small employer health insurance premiums (At			i			
Tax arial schedule or   Schedule D (Form 1041)   37   38   37   38   38   37   38   38	C			•	35c	0.
38 Alternative minimum lax 39 Tax on Rov-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35 cor 38, whichever applies 40 0. O. Part IV Tax and Payments 41s Foreign tax credit (corporations attent Form 118; trusts attach Form 116) 41s Foreign tax credit (corporations attent Form 118; trusts attach Form 116) 5 Other credits (see instructions) 6 Centre all business credit. Attach Form 3800 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 7 Total actedits. Add lines 41 attrough 41d 42 Subtract tine 41s from line 40 43 Other taxes, Check if from [Form 4255] Form 8811 Form 8897 Form 8866 Other (intrush schedule) 44 Total tax. Add lines 42 and 43 45 a Payments. A 2016 overpayment credited to 2017 5 ± 2017 estimated tax payments c Tax deposated with Form 8868 6 Foreign organizations: Tax paid or withheld at source (see instructions) 6 Backup withholding (see instructions) 7 Credit for small employer health insurance premiums (Attach Form 8941) 9 Other credits and payments. Form 4136 Other form 8941) 9 Other credits and payments. Form 4136 Other form 8456 Other form 8450 Other form 4250 Ot	36	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amo	unt on line 34 from:			<del></del>
38 Alternative minimum tax 2 Alternative minimum tax 2 Alternative minimum tax 3 B 3 B 7 Tax on Non-Compiliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35 or 36, whichever applies 9 40 0 0.  Part IV   Tax and Payments 4		Tax rate schedule or Schedule D (Form 1041)		<b>•</b>	36	
Tax on Non-Compliant Facility Income. See instructions    Part IV   Tax and Payments   Tax on Non-Compliant Facility Income. See instructions   Au   O.	37	,		•	37	· · · · · ·
Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	38	·			38	<del>.</del>
Part IV   Tax and Payments	39	Tax on Non-Compliant Facility Income. See instructions			39	
Part IV   Tax and Payments		Tax Computation   Tax Assists as Corporations. See instructions for tax computation.   Tax Computation Taxable as Corporations. See instructions for tax computation.   Tax Computation			40	0.
41a   Foreign tax credit (perporations attach Form 1118; frusts attach Form 1116)   41b	Part I				<u> </u>	
b Other credits (see instructions) c General business credit. Attach Form 8801 or 8827) d 1d1 d 1d2 d 1d1 d 1d2 d 1d1 d			41a		1.	
de Credit for prior year minimum tax (tatach Form 8801 or 8827) de Total redits. Add lines 41 at through 41d  42 Subtract line 41 le from line 40 43 Other taxes. Check if from:   Form 4255   Form 8611   Form 8697   Form 8866   Other (intach schedule) 44 Total tax. Add lines 42 and 43 45 Payments: A 2016 overpayment credited to 2017 b 2017 estimated tax payments c Tax deposited with Form 8688 d Foreign organizations: Tax paid or withheld at source (see instructions) d Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:   Form 439 f Total payments. Add lines 45 at through 45g f Total payments. Add lines 45 at through 45g f Total payments. Add lines 45 at through 45g f Total payments. Add lines 45 at through 45g f Total payments. Add lines 44 and 47, enter amount owed f Total payments. Hine 46 is larger than the total of lines 44 and 47, enter amount overpad f Total payments. Hine 46 is larger than the total of lines 44 and 47, enter amount overpad f Total payments. Hine 46 is larger than the total of lines 44 and 47, enter amount overpad f Total payments. Hine 46 is larger than the total of lines 44 and 47, enter amount overpad f Total payments. Hine 46 is larger than the total of lines 44 and 47, enter amount overpad f Total payments. Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 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.  Finct Form 114, Report of Foreign Bank and Financial Accounts. If YES, either the name of the foreign country here  P During the tax year, did the organization may have to file.  Signature of offlicer  P Preparer's signature  P Pol 126 475 8  Firm's name P Eide Bailly LIDP  B No Nicollet Mall,	_		41b		7.	
d Credit for prior year minimum tax (attach Form 8801 or 8827)  e Total credits. Add lines 4 fa through 41d  41e  42c  43c  44c  44c  44c  44c  44c  44c			41c		1.	
e Total credits. Add lines 41 a through 41d  42 Subtract line 4 te from line 40  43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (strach schedule)  43	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		1 1	
42 Subtract line 41e from line 40  43 Other taxes. Check if from:			<del></del>		41e	
43 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (stach schedule)  44 Total tax. Add lines 42 and 43  45 a Payments: A 2016 overpayment credited to 2017  b 2017 estimated tax payments		•			42	0.
44 Total tax. Add lines 42 and 43  45 a Payments: A 2016 overpayment credited to 2017  b 2017 estimated tax payments  c Tax deposited with Form 8868  d Foreign organizations: Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Altach Form 8941)  g Other credits and payments:			n 8866 🔲 Other (a	attach schedule)	43	
b 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:				,	<del></del>	0.
b 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:			45a			
c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:			<del>+ + + +</del>		1 1	
d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Altach Form 8941) g Other credits and payments:    Form 4136		· •	<del> </del>		1.	
e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:		·	<del>   </del>		1 1	
Credit for small employer health insurance premiums (Attach Form 8941)   Q Other credits and payments:			<del> </del>		1	
g Other credits and payments:					┤ '	
Total payments. Add lines 45a through 45g  46  47  Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶					1'	
46 Total payments. Add lines 45a through 45g  47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶	9		► 45a			
Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overpaid  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ Refunded ▶ 50    Part V   Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 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 ▶  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?   X    If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  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.    Signature of officer Date Preparer's signature Preparer's hown below (see Instructions)?   X    President/CEO   May the IRS discuss this return with the preparer shown below (see Instructions)?   X    May the IRS discuss this return with the preparer's hown below (see Instructions)?   X    May the IRS discuss this return with the preparer shown below (see Instructions)?   X    President/CEO   Firm's name   Eide   Bailly   LLP    800 Nicollet   Mall,   Ste.   1300    Firm's address   Minneapolis,   MN   55402-7033   Phone no.   612-253-6500	46		1.48		46	
Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want Credited to 2018 estimated tax  For a line during the 2017 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  52 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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year  Sign  Here  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check If PTIN  self-employed  Prim's EIN   41 - 1765929  Firm's address  Minneapolis, MN 55402-7033  Phone no. 612-253-6500					-	· <del></del> ···
Verpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid    Part V   Statements Regarding Certain Activities and Other Information (see instructions)   Part V   Statements Regarding Certain Activities and Other Information (see instructions)   At any time during the 2017 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				•	48	0.
Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 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 ▶  52 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.  53 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  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  Date  Check If PTIN  Self-employed  PO1264758  Firm's name ▶Eide Bailly LLP  Bo0 Nicollet Mall, Ste. 1300  Firm's name ▶ Eide Bailly LLP  Firm's address ▶ Minneapolis, MN 55402-7033  Phone no. 612-253-6500		•		•	-	
Part V   Statements Regarding Certain Activities and Other Information (see instructions)    Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Yes No			Ref	unded -	$\leftarrow$	
At any time during the 2017 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   52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  14 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  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  Date  Check					1 1	
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  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.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  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  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check If PTIN self- employed  Print/Type preparer's name ▶ Eide Bailly LLP Firm's name ▶ Eide Bailly LLP  800 Nicollet Mall, Ste. 1300 Firm's address ▶ Minneapolis, MN 55402-7033  Phone no. 612-253-6500						Yes No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  52 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.  53 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.  Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self- employed  Pol 264758  Firm's name ▶ Eide Bailly LLP  800 Nicollet Mall, Ste. 1300 Firm's address ▶ Minneapolis, MN 55402-7033  Phone no. 612-253-6500	•	, , , , , , , , , , , , , , , , , , , ,		•		
bere 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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  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  President/CEO  Title  Print/Type preparer's name  Preparer's signature  Date  Check If PTIN self-employed  PO1264758  Firm's name ▶ Eide Bailly LLP  Rim's name ▶ Eide Bailly LLP  Rim's address ▶ Minneapolis, MN 55402-7033  Phone no. 612-253-6500		•				'
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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  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  President/CEO  Title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check If PTIN self-employed  Print's EIN ▶ 41-1765929  800 Nicollet Mall, Ste. 1300  Firm's address ▶ Minneapolis, MN 55402-7033  Phone no. 612-253-6500		· · · · · · · · · · · · · · · · · · ·	,			X
If YES, see instructions for other forms the organization may have to file.  53 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  President/CEO Title  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self-employed  Prim's name ▶ Eide Bailly LLP  800 Nicollet Mall, Ste. 1300 Firm's address ▶ Minneapolis, MN 55402-7033  Phone no. 612-253-6500	52	·	or transferor to, a for	eign trust?		
Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$    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    President/CEO						1
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   President/CEO	53	,				
Here    President/CEO		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules			wledge and be	elief, it is true,
Here    President/CEO   May the PS discuss this return with the preparer shown below (see Instructions)?   X Yes   No	Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which p	reparer has any knowled			
Paid Preparer Use Only  Prim's address ► Minneapolis, MN 55402-7033  Pittle  Title  Instructions)? X Yes No  Date  Obte   Check   if self-employed   PTIN   Self-employed   P01264758   Prim's EIN ► 41-1765929  Phone no. 612-253-6500	Here	Presi	dent/CEO		-	
Paid Preparer Use Only    Deb Nelson, CPA   Deb						1
Paid Preparer Use Only    Deb Nelson, CPA   Deb		Print/Type preparer's name Preparer's signature	Date	Check	ıf PTIN	
Preparer Use Only         Deb Nelson, CPA         Deb Nelson, CPA         Deb Nelson, CPA         08/14/19         P01264758           800 Nicollet Mall, Ste. 1300         Firm's address         ► Minneapolis, MN 55402-7033         Phone no. 612-253-6500	<b>.</b>	Tropardi o signaturo	1			
Preparer           Use Only         Firm's name         ► Eide         Bailly         LLP         Firm's EIN         ► 41-1765929           800         Nicollet         Mall         Ste         1300           Firm's address         ► Minneapolis         MN 55402-7033         Phone no. 612-253-6500		Deb Nelson, CPA Deb Nelson, CPA				264758
800 Nicollet Mall, Ste. 1300 Firm's address Minneapolis, MN 55402-7033 Phone no. 612-253-6500	•	Tellow Prido Prilly IID		Firm's FIN		
Firm's address ► Minneapolis, MN 55402-7033 Phone no. 612-253-6500	Use C					
				Phone no.	512-25	3-6500
		The state of the s				

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	tory v	aluation N/A		-			_
1 Inventory at beginning of year	1	0 .	6	Inventory at end of yea	r		6		0.
2 Purchases	2		7	Cost of goods sold. Su	ıbtract l	ine 6			
3 Cost of labor	3		1	from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs			1	line 2			7	112,50	6.
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b	112,506	.]	property produced or a	cquired	for resale) apply to			$\neg$
5 Total. Add lines 1 through 4b	5	112,506	.]	the organization?					X
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y)	
(see instructions)									
1. Description of property									
(1)									_
(2)									
(3)									
(4)						1			_
		ed or accrued				3(a)Deductions directl	v conne	cted with the income in	
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	columns 2(a) a	nd 2(b)	(attach 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		nter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	ı	0.
Schedule E - Unrelated Del	bt-Financed	l Income (see	ınstru	ctions)					
				Gross income from		<ol> <li>Deductions directly control debt-finant</li> </ol>			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(4)			+				+	<del></del>	—
(1)		<del></del>	╁		-		+		—
(2)			+		-		+		—
(3)			╁		-		+		—
(4)			+-,			7.0	+	0 All	_
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a	e adjusted basis allocable to anced property h schedule)	'	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of colum 3(a) and 3(b))	
(1)			1	%					_
(2)		-		%					
(3)				%				-	_
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1. Part I, line 7, column (B)	,
Totals				<b>&gt;</b>		0			0.
Total dividends-received deductions in	ncluded in colum	n 8					-		0.
								Form <b>990-T</b> (20	017)

	Amana	, noya	illes, ai		Controlled O		ed Organiz	aliui	is (see ins	structio	ns)
		_		<u> </u>		<del></del>		-			
1. Name of controlled organiza	ation	2. Em identifi num	cation		related income e instructions)		al of specified nents made	include	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)	_					<u> </u>					
(3)				<u> </u>	_						
(4)			_			<b></b>					
Nonexempt Controlled Organ	nizations	<u> </u>									
7. Taxable Income		inrelated incor	ne (loss)	9. Total	of specified pay	ments	10. Part of colu	mn 9 tha	t is included	11. p	eductions directly connected
		ee instruction			made	ļ	in the controll	ing orgar s income	nization's		th income in column 10
(1)	1										
(2)	1				<del>-</del> -						
(3)											
(4)	1			<del>                                     </del>			<del>.</del>				<del></del> ·
							Add colun		d 10		Add columns 6 and 11
							Enter here and		1, Part I,	l	here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme	ent Inco	me of a	Section	501(0)(	7\ (9\ or	(17) Or	ranization				
	tructions)	ille ol a	Section	1 301(0)(	(7), (3), 01	(17, 0.	gamzation	•			
							3. Deductio	ns			5. Total deductions
1, Des	cription of inco	me			2. Amount of	income	directly conne (attach sched	cted	4. Set- (attach s	asides ichedule)	and set-asides (col 3 plus col 4)
(1)					<del>                                     </del>		(attach sched	iulo,			(cor 3 plus cor 4)
(1)					ļ			-			<del></del>
(2)							<del></del>				
(3)											
(4)					F						
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
						ا ہ			-		
Totals					<u></u>	0.					0.
Schedule I - Exploited (see instr		Activity	Incom	ie, Othe	r Inan Ac	ivertisi	ng Income	•			
(366 1130	1	_			1 4						<del></del>
		iross		penses connected	4. Net incom from unrelated	trade or	5. Gross inco		6. Evr	enses	7. Excess exempt expenses (column
1. Description of exploited activity	unrelated	business e from	with pre	oduction	business (co minus colum		from activity t		attribut	able to	6 minus column 5,
,	trade or I	business		related is income	gain, comput through		business inco	me	colui	nn s	but not more than column 4)
(4)	<del> </del>				1			_			<del> </del>
(1)											
(2)	<b>↓</b>				<b>_</b>						
(3)	<u> </u>										
(4)					<u> </u>						
	Enter her page 1	re and on , Part I,		re and on 1, Part I,	-						Enter here and on page 1,
	line 10,	` '	line 10,	, col (B)							Part II, line 26
Totals	<u>·                                    </u>	0.		0.							0.
Schedule J - Advertis											
Part I Income From	Periodic	als Rep	orted o	n a Cor	solidated	Basis					
						_					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput nrough 7	5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_		<del> </del>		<del>                                     </del>				<del> </del>
(2)			$\dashv$			-				-	1
(3)			-								-
			-+-				<del> </del>				┥. 、
(4)			<del>                                     </del>				+			-	<del>                                     </del>
Totals (carry to Part II, line (5))	•		0.	0							0.

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.	-	•	r	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.		٠.	*	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		<b>•</b>	0.

Form 990-T (2017)

Form 990-T Description of Organization's Primary Unrelated Statement 1
Business Activity

restaurant sales, catering services, room rental, and management services
To Form 990-T, Page 1

Footnotes

Statement

2

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).

Form 990-T		Other Income		Statement	3
Description	ı			Amount	
Management	Revenue			144,0	00.
Total to Fo	rm 990-T, Page 1,	line 12		144,00	00.
Form 990-T	<del></del>	Other Deducti	ons	Statement	4
Description	ı.			Amount	
Other Admin	istrative Expenses	3		3,50	00.
Total to Fo	rm 990-T, Page 1,	line 28		3,50	00.
Form 990-T	Net	Operating Loss D	eduction	Statement	 5
Tax Year	Loss Sustained.	Loss Previously Applied	Loss Remaining	Available This Year	
09/30/13 09/30/14 09/30/15 09/30/16 09/30/17	121,685. 65,568. 85,500. 138,749. 54,569.	0. 0. 0. 0.	121,685. 65,568. 85,500. 138,749. 54,569.	121,689 65,560 85,500 138,749 54,569	8. 0. 9.
NOL Carryov	er Available This	Year	466,071.	466,072	<u>-</u> 1 .
Form 990-T	Cost	of Goods Sold - O	ther Costs	Statement	6
Description				Amount	
Food Supplies	•			105,40	
	rm 990-T, Schedule	a a a a a a a a a a a a a a a a a a a		112,50	