TEEA0201L 1/31/19

Form 990-T (2018)

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SCANNED

BAA For Paperwork Reduction Act Notice, see instructions.

| Form | n 990-T (2018) | MINNESOTA DEER HU | NTERS ASSOCIATION | | 41-1 | 390958 | Page 2 | | |
|------------|----------------------------|---|---|--|-----------------------|-----------------------------------|-------------------|--|--|
| Par | tillij Total i | Unrelated Business Tax | cable Income | | | | | | |
| 33 | otal of unrelations) | ited business taxable income | computed from all unrelated trac | des or businesses (se | e 33 | | 0. | | |
| 34 | Amounts paid | for disallowed fringes | 34 | | | | | | |
| | • | net operating loss arising in t | <u> </u> | | | | | | |
| | instructions) | | 35 | , | | | | | |
| 36 | | ted business taxable income | | . | 0 | | | | |
| | of lines 33 and | | 36 | | 0. | | | | |
| | | ction (Generally \$1,000, but s | 37 | | | | | | |
| 38 | | i ness taxable income. Subtra ller of zero or line 36 | 38 | . | 0. | | | | |
| IDar | tiv Tax C | | | | | | | | |
| | | Taxable as Corporations. M | ultiply line 29 by 219/ (0 21) | | ▶ 39 | | 0. | | |
| | - | • | ions for tax computation. Income | tay on the amount | | | | | |
| 70 | on line 38 from | | | | ► 40 | | | | |
| <i>A</i> 1 | Proxy tax. Se | _ | Schedule & (Louis 104) | · , | ► 41 | | | | |
| | - | nimum tax (trusts only) | | | 42 | | | | |
| | | mpliant Facility Income. See | instructions | | 43 | | | | |
| 44 | | es 41, 42, and 43 to line 39 of | | | 44 | | 0. | | |
| | | | 40, Whichever applies | | | | | | |
| | | nd Payments | n 1118, trusts attach Form 1116) | 45 - | | | | | |
| | • | * . | n 1118, trusts attach Form 1116) | 45 a | <u> </u> | | | | |
| | | (see instructions) ess credit Attach Form 3800 | (soo instructions) | 45 b | | | | | |
| | | r year minimum tax (attach F | | 45 d | | 5 | | | |
| | | Add lines 45a through 45d | 0111 0001 01 0027) | 450 | 45 | - | 0. | | |
| | | 15e from line 44 | | | 46 | | 0. | | |
| | | | Form 8611 Form 8697 F | Form 8866 | 1-30 | | | | |
| ••• | _ | ach schedule) | | | 47 | , | | | |
| 48 | | l lines 46 and 47 (see instruc | tions) | | 48 | | 0. | | |
| 49 | | - | 55-A or Form 965-B, Part II, colur | mn (k), line 2 | 49 |) | | | |
| 50 a | | 2017 overpayment credited to | | 50 a | | _ | | | |
| | | d tax payments | 2010 | 50 b | | | | | |
| | | with Form 8868 | | 50 c | | | | | |
| | | zations Tax paid or withheld | at source (see instructions) | 50 d | | | | | |
| е | Backup withho | olding (see instructions) | • | 50 e | | | | | |
| f | Credit for sma | II employer health insurance | premiums (attach Form 8941) | 50 f | | | | | |
| g | Other credits, | adjustments, and payments | Form 2439 | | | | | | |
| | Form 4136 | 5 □ Oth | ner Total | ► 50 g | į | | | | |
| 51 | Total payment | ts. Add lines 50a through 50g | | | 51 | | 0. | | |
| 52 | Estimated tax | penalty (see instructions) C | heck if Form 2220 is attached | | ► 🔲 52 | | | | |
| 53 | Tax due. If line | e 51 is less than the total of I | ines 48, 49, and 52, enter amoun | nt owed | ▶ 53 | i | | | |
| 54 | Overpayment. | If line 51 is larger than the to | otal of lines 48, 49, and 52, enter | amount overpaid | ▶ 54 | | | | |
| 55 | Enter the amo | unt of line 54 you want: Cred | lited to 2019 estimated tax 🕨 | | Refunded ► 55 | | | | |
| Par | tiVI Staten | nents Regarding Certai | n Activities and Other Info | rmation (see instru | ctions) | | | | |
| 56 | At any time dur | ing the 2018 calendar year, did | the organization have an interest in | n or a signature or othe | r authority over a | • | Yes No | | |
| | financial accou | unt (bank, securities, or other) in a | foreign country? If 'Yes,' the org- | anızatıon may have tı | o file FinCEN Fo | rm 114, | | | |
| | Report of Foreig | gn Bank and Financial Accounts | s If 'Yes,' enter the name of the fore | eign country here | - | | X | | |
| 57 | During the tax | year, did the organization re | ceive a distribution from, or was | it the grantor of, or tr | ansferor to, a fo | reign trust? | X | | |
| | If 'Yes,' see ins | tructions for other forms the org | ganization may have to file | | | | | | |
| 58 | Enter the amou | nt of tax-exempt interest receiv | ed or accrued during the tax year 🟲 | \$ | 0. | 1 | | | |
| | Under pen belief, it is | alties of perjury, I declare that I have e | xamined this return, including accompanying preparer (other than taxpayer) is based | g schedules and statements, I on all information of which | and to the best of my | knowledge and wledge | | | |
| Sigr | · | 1 2 | TDECTOD May | the IRS discuss this | s return with | | | | |
| Here | Signat | ure of officer | Date | Title | (1)6 | preparer shown belo ructions)? | | | |
| | David Tr. | | I December accepture | Thete | | XYes | | | |
| Paic | 1 | preparer's name | Preparer's signature | JAN 0 4 2020 | Check if | PTIN | | | |
| Pre- | | FER L HEINTZ, CPA | Gennifor Hentz CPA | VIIII | self-employed | P00703072 | · | | |
| pare | | | RNEY LIND AND COMPANY | PLLP | Firm's EIN 41 | <u>-1800471</u> | | | |
| Use | | | | | 1 | | | | |
| Only | у | GRAND RAPIDS, | MN 55744 | | Phone no | (218) 326- | | | |
| BAA | | | TEEA0202L 01/24/19 | | | Form 990 |)-T (2018) | | |

| Schedule'A - Cost of Good | ds Sold. Enter method of in | ventory valuation ► | | | | | | | |
|---|--|--|--------------------------------|--|------------------|--|-------------------|-----------------|--|
| 1 Inventory at beginning of year | | | | | | | | | |
| 2 Purchases | 2 | | _ | s sold. Subtract | | | | | |
| 3 Cost of labor . | 3 | line 6 fr | rom lır | ne 5 Enter here | | | | | |
| 4 a Additional section 263A costs (attacl | | and in f | Part I, | line 2 | 7 | | T | | |
| (- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 4 a | | | | | | Yes | No | |
| b Other costs | 4 b | 8 Do the | rules o | of section 263A (wit luced or acquired fo | h resp | ect to | | | |
| (attach sch) 5 Total. Add lines 1 through 4th | <u> </u> | to the c | organiz | ration? | 1 16301 | ie) appiy | | Х | |
| Schedule C - Rent Income | | d Personal Property | Leas | ed With Real P | roper | ty) (see ır | nstructi | ions) | |
| 1 Description of property | | | | | | | | _ | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | 2 Rent received or accrued | | | 2(a) Doduction | c diroc | stly connec | tod wit | h | |
| (a) From personal prop (if the percentage of rent for property is more than 10% more than 50%) | personal (if the perbut not property e | real and personal property centage of rent for persona xceeds 50% or if the rent i d on profit or income) | ent for personal (attach schei | | | | ns 2(a) and 2(b) | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | Total | | | | _ | | | | |
| (c) Total income. Add totals of col here and on page 1, Part I, line 6, | | | | (b) Total deductions Enter here and on page 1, Part | | | | | |
| Schedule E - Unrelated De | bt-Financed Income (se | e instructions) | | | | | | | |
| 1 Description of debt | | 2 Gross income from or allocable to debt- | 3 De | eductions directly connected with or allocable to debt-financed property | | | | | |
| i bescription of desc | manded property | financed property | | (a) Straight line eciation (attach sch | | (b) Other deduction (attach schedule) | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | acquisition debt on or allocable to debt-financed property (attach schedule) | | | 7 Gross income eportable (column 2 x column 6) 8 Allocable (column columns 3) | | | x total | of | |
| (1) | | 90 | | | | | | | |
| (2) | | 90 | | | \perp | | | | |
| (3) | | 90 | | | | | | | |
| (4) | | 0/0 | | | | | | | |
| 12. | | | Enter Part | here and on page I, line 7, column (A) | 1, Ente) Par | er here and t I, line 7, | d on pa columr | age 1, 1 (B) | |
| Totals | | • | | | \perp | | | | |
| Total dividends-received deduction | ons included in column 8 | | | | <u> </u> | | | | |
| BAA | - | EEA0203L 01/30/19 | | | | Form | 990-T (| (2018) | |

| Schedule F — Interest, Ar | mun | es, Royalli | | | trolled Or | | | Jigai | 1124110115 | (566 111 | Sirucii | | | |
|--|--|---------------------------------------|---|---|-------------------------------|--|--|----------------------------|---|--|---|--|--|--|
| organization ide | | 2 Employer dentification number | | 3 Net unrelated income (loss) (see instructions) | | Ť | 4 Total of specified payments made | | 5 Part of col that is include the control organization | | uded in cooling incontrol | | Deductions directly connected with acome in column 5 | |
| (1) | | - | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | - | | | | | | | | | |
| Nonexempt Controlled Organiza | tions | | | | | | | | | | | | | |
| inco | | | | 9 Total of specified payments made | | d | 10 Part of colum included in the organization's gr | | e controlling | | connected | | tions directly I with income Iumn 10 | |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | • | | Ì | | | | | | | | | | | |
| | | | • | | | | Add columns here and on p 8, co | | , Part I, line | | e and o | n pa | 6 and 11 Enter ige 1, Part I, line imn (B) | |
| Totals | | (6 | | - F01/ | . \ (7) | \perp | (17) 0 | | | | | | | |
| Schedule G — Investment 1 Description of income | 2 Amount of income | | 3 Deductions directly connected (attach schedule) | | 4 Set-asides (attach schedule | | s | 5 Tota le) set-as | | al deductions and sides (column 3 us column 4) | | | | |
| (1) | | | | | | - | | | | | | <u> </u> | · | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| Totals | • | Enter here ar Part I, line 9 | , colui | mn (A) | The | | d | | | h | Part I | her I, lin | e and on page 1 e 9, column (B) | |
| Schedule I – Exploited Ex | xemp | | | | | 1 | | r | | | | | | |
| 1 Description of exploited ad | 2 Gros unrelate busines income fr trade o busines | ated conness pro from of u | | roduction of unrelated ness income | | m unrelated trade activit business (column unrela | | activity that is not attri | | xpenses outable to olumn 5 | | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) | | |
| (1) | | | • | | | <u> </u> | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| | Enter here on page Part I, lin- column | ge 1, on p | | r here and page 1, t I, line 10, umn (B) | | | | \ | | | | Enter here and on page 1, Part II, line 26 | | |
| Totals. | | | | | | L | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Schedule J – Advertising | | | | | | | | | | | | | | |
| Part I Income From Per | iodic | | | | | tec | l Basis | | | _ | | | | |
| 1 Name of periodical | 2 Gros advertisi income | ing advertising | | (1 | | | rculation 6 Readers costs | | | ıp | 7 Excess readership costs (col. 6 minus col 5, but not more than col 4) | | | |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | 1 | | | | | | | | |
| (3) | | | | | | 4 | | <u> </u> | - | | | | | |
| (4) | | | | | | ┼- | | | | | | | | |
| Totals (carry to Part II, line (5)) | ı | <u> </u> | | | | | | | | | | | | |

왕

Rartill 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) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, 3 Direct 2 Gross 5 Circulation 6 Readership 7 Excess readership advertising advertising income costs costs (col. 6 minus 1 Name of periodical col 5, but not more than col 4) ıncome costs compute cols 5 through 7 101,771 55,297. (1) WHITETALES 55,297 55,297. 11,700 (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part II, line 27 on page 1, Part I, line 11, on page 1, Part I, line 11, column (A) column (B). 55,297. Totals, Part II (lines 1-5) 55,297 Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 2 Title to unrelated business 1 Name time devoted to business 왕 왕 %

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Total. Enter here and on page 1, Part II, line 14

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