	02/03/2021 11 31 AM MINNESOTA DEER HUNTERS ASSOCIATION 41-1390958		Page 2
P	art 🌃 🕠 Total Unrelated Business Taxable income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		_
	(instructions)	١;	32
33	Amounts paid for disallowed fringes		33
34	Charitable contributions (see instructions for limitation rules)		3,4
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line	<u> </u>	*
33	34 from the sum of lines 32 and 33	.	<u>, </u>
20		<u> </u>	35
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see		J.
	instructions)	<u> </u>	36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	نے ہر	<u> </u>
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38 1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		i I
- 11	enter the smaller of zero or line 37	:	39 0
Pa	rt IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶ 4	40
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	·	
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	▶ 4	41
42	Proxy tax. See instructions	▶ 4	42
43	Alternative minimum tax (trusts only)	<u> </u>	43
	Tax on Noncompliant Facility Income. See instructions	<u> </u>	44
44 111	·	<u> </u>	
45]]	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45 0
	rt y — Tax-and-Payments—	-	1
46a	Fóreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
þ	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 46a through 46d	4	6e
47	Subtract line 46e from line 45	4	47
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.)		48
49	Total tax. Add lines 47 and 48 (see instructions)		9 0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3		50
	, 1 ,		
51a			
b	2019 estimated tax payments 51b	 	
C	Tax deposited with Form 8868	—	
, d	Foreign organizations: Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions) 51e		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f		1
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	_ \$	2
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		3
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 5	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	• 5	55
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	 	6
, -	rt VI Statements Regarding Certain Activities and Other Information (see instructions)	- I &	
			Yes No
57	At any time during the 2019 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		165 110
	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 grantor of, or transferor to, a foreign t	rust?	X
	If "YES," see instructions for other forms the organization may have to file		
<u>59</u>	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	holiof it is	
Sign	under penalues of perjury, I dectare that I have examined this return, including accompanying schedules and statements, and to the dest of thy knowledge and true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	beller, it is	May the IRS discuss this return
Her			with the preparer shown below (see instructions)?
1101	The state of the s		X Yes No
	Signature of officer	T	eck If PTIN
		ĺ	- LJ "
Paid	KEITH G. PORTER KEITH G. PORTER 02/03		f-employed P00090091
Prepa		Firm's EIN	<u> 41-2014047</u>
Use (· 1		010 004 4000
	Firm's address STAPLES, MN 56479	Phone no	218-894-1399
			Form 990-T (2019)

4. Amount of average

acquisition debt on or

allocable to debt-financed

property (attach schedule)

Total dividends-received deductions included in column 8

5. Average adjusted basis

of or allocable to

debt-financed property

(attach schedule)

6. Column

4 divided

by column 5

Form **990-T** (2019)

Enter here and on page 1,

Part I, line 7, column (B)

8 Allocable deductions

(column 6 x total of columns

3(a) and 3(b))

7. Gross income reportable

(column 2 x column 6)

Enter here and on page 1,

Part I, line 7, column (A)

▶

%

%

%

(1)

(2)

(3)

Totals

Totals (carry to Part II, line (5))

Part I · Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

. Gross vertising ncome	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute	5. Circulation	6 Readership	7. Excess readership costs (column 6
1		cols 5 through 7	moonte	costs	minus column 5, but not more than column 4)
53,807		53,807	9,072	97,443	53,807
i					· -
1, Part I, 1, cot (A)	page 1, Part I,				Enter here and on page 1, Part II, line 26 53,807
•	1, Part I, 1, cot (A)	1, Part I, page 1, Part I, 1, col (A) line 11, col (B)	1, Part I, page 1, Part I,	o 1, Part I, page 1, Part I, 1, col (A) line 11, col (B)	o 1, Part I, page 1, Part I, 1, col (A) line 11, col (B)

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) N/A .		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		₩	

Form **990-T** (2019)