| <b>₩</b> |         |
|----------|---------|
| - (BCB)  | חיויר מ |
| \$       | 2       |

|       | <br>- Earm | 990-T                                      | l E               | EXTENDED TO A<br>Exempt Organization B   |           |               |                        | Tax  | Returr          | 1 - L         | OMB N                                   | 1545-0687                            |   |
|-------|------------|--|-------------------|--|-----------|---------------|------------------------|--|-----------------|---------------|---|--------------------------------------|---|
|       | rorm       |  | -                 | (and proxy tax u   |           |               |                        |  | 19              | $\infty$      | 0                                       | 040                                  |   |
| •     |            |  | For cal           | lendar year 2018 or other tax year beginning JUN   | 1,        | 20:           | L8, and ending 1       | MAY 3  | <u>1, 201</u>   | <u> 19</u>    | Z                                       | D18                                  |   |
|       |            | ment of the Treasury<br>I Revenue Service  | ▶                 | ► Go to www.irs.gov/Form990T fo<br>Do not enter SSN numbers on this form as it r               |           |               |                        |  | a 501(c)(3)     | . 5           | Open to Pu<br>501(c)(3) O               | blic Inspection for ganizations Only |   |
| ,     | A [        | Check box if address changed               |                   | Name of organization ( Check box if nam  | ne cha    | nged          | and see instructions   | )  |                 | Emple         | yer identifi<br>oyees' trus<br>ctions ) | cation number<br>t, see              |   |
|       | B Ex       | empt under section                         | Print             | MINNEAPOLIS COLLEGE C  | OF 2      | ARI           | & DESIGN               |  |                 |               |   | 07453                                |   |
|       | X          | ] 501( <u>c<b>0</b>(3</u> )                | or                | Number, street, and room or suite no. If a P.O.  | box,      | see ın        | structions.            |  |                 |               | ted busine<br>structions                | ss activity code<br>)                | , |
|       |            | 408(e) 220(e)                              | Туре              | 2501 STEVENS AVE   |           |               |                        |  |                 |               |   | 4                                    |   |
|       |            | 408A530(a)<br>529(a)                       |                   | City or town, state or province, country, and ZI MINNEAPOLIS, MN 5540                          |           | oreigi        | n postal code          | <u>.                                    </u> |                 | 9000          | 099                                     |                                      |   |
|       | C Boo      | k value of all assets<br>nd of year        |                   | F Group exemption number (See instructions.  |           | <u> </u>      |                        |  |                 |               |   | 7                                    | í |
|       |            | 91,825,3                                   |                   |  | corpo     | ration        |                        |  |                 | ı) trust      | L                                       | Other trust                          |   |
|       |            |  | •                 | tion's unrelated trades or businesses.   |           |               |                        |  | ly (or first) u |               |   |                                      |   |
|       |            | de or business here                        |                   |  | - 0       |               |                        |  | ete Parts I-V   |               |   | 4                                    |   |
|       |            |  |                   | ce at the end of the previous sentence, complete   | e Parts   | sian          | III, complete a Sched  | dule ivi tor                                 | each addition   | nai trade     | or                                      |                                      |   |
|       |            | iness, then complete                       |                   |  | arant     |               | diary controlled aroun |  |                 | Ye:           | . <b>Y</b>                              | No No                                |   |
|       |            | •  |                   | poration a subsidiary in an affiliated group or a partifying number of the parent corporation. | iai ciil- | Suusi         | ulary controlled group | ,  |                 | L 1 C:        | S [23                                   | _ NO                                 |   |
|       |            | books are in care of                       |                   | JAYCIE JENDRO  |           |               | Tel                    | ephone nu                                    | mber 🕨 (        | 512-8         | 87 <b>4</b> -                           | 3700                                 |   |
| مر    |            |  |                   | de or Business Income  |           |               | (A) Income             |  | (B) Expense     |               |   | (C) Net                              |   |
|       |            | Gross receipts or sale                     |                   |  |           |               |                        | 100  |                 |               |   |                                      | l |
|       |            | Less returns and allow                     |                   | c Balance  |           | 1c            |                        | 3  |                 |               |   |                                      | l |
|       | 2          | Cost of goods sold (S                      | Schedule          | A, line 7)   |           | 2             |                        | Q.A.   |                 |               | Ž. 1.                                   |                                      | ļ |
|       | 3          | Gross profit. Subtract                     | t line 2 fi       | rom line 1c  |           | 3             |                        | 210  |                 |               |   |                                      |   |
|       |            | Capital gain net incon                     |                   | •  | L         | 4a            |                        | 77   | 2.2             |               |   |                                      |   |
|       | b          | Net gain (loss) (Form                      | 4797, P           | art II, line 17) (attach Form 4797)  | -         | 4b            |                        | 2.5  |                 |               |   |                                      |   |
|       |            | Capital loss deduction                     |                   |  | -         | 4c            |                        | Grand Control                                |                 |               |   |                                      |   |
|       |            | • •  |                   | ship or an S corporation (attach statement)  | -         | 5             |                        |  |                 |               |   |                                      |   |
|       |            | Rent income (Schedu                        | •                 | re (Cabadula E)  | .  -      | <u>6</u><br>7 |                        | -  |                 |               |   |                                      |   |
|       |            | Unrelated debt-finance                     |                   | กะ (อยายนนะ E)<br>nd rents from a controlled organization (Schedule                            |           | 8             |                        | -  | _               |               |   |                                      |   |
|       |            |  |                   | on 501(c)(7), (9), or (17) organization (Schedule  |           | 9             |                        |  |                 |               |   |                                      |   |
|       |            | Exploited exempt acti                      |                   |  | - '       | 10            | - "                    |  |                 |               | •                                       |                                      |   |
|       |            | Advertising income (S                      | -                 | ' '  |           | 11            |                        |  |                 |               |   |                                      |   |
|       | 12         | Other income (See in                       | struction         | is, attach schedule)   |           | 12            |                        | 1400   |                 |               |   |                                      |   |
|       | 13         | Total. Combine lines                       | s 3 thro <u>u</u> | gh 12  |           | 13            |                        | ).   |                 |               |   |                                      |   |
|       | Pai        |  |                   | ot Taken Elsewhere (See instruction  |           |               |                        |  | \               |               |   |                                      |   |
|       |            |  |                   | utions, deductions must be directly connec   | ctea v    | vitn t        | ne unrelated busine    | ess incon                                    | ne )            | <del></del> - |   |                                      |   |
| _     | 14         | •  | ficers, di        | rectors, and trustees (Schedule K)   | EC        | \ <u></u>     | VED                    |  |                 | 14            |   |                                      |   |
| K     | 15         | Salaries and wages                         |                   | R  | <u></u>   | <u></u>       |                        |  |                 | 15<br>16      |   |                                      |   |
| 2     | 16<br>17   | Repairs and mainten<br>Bad debts           | iance             | 47   | 20        | ο 0           | 2020                   |  |                 | 17            |   | <del></del>                          |   |
| :     | 18         | Interest (attach sche                      | edule) (s         | ee instructions)   | YK        | ZU            | 2020                   |  |                 | 18            |   |                                      |   |
|       | 19         | Taxes and licenses                         | ,,,,,,            | } <b></b>  |           |               |                        |  |                 | 19            |   |                                      |   |
|       | 20         | ,  | ions (Se          | e instructions for limitation rules)   | G         | DE            | N. UT                  |  |                 | 20            |   |                                      |   |
|       | 21         | Depreciation (attach                       | Form 45           |  |           |               | 21                     |  |                 | 1             |   |                                      |   |
|       | 22         | Less depreciation cla                      | aimed oi          | n Schedule A and elsewhere on return   |           |               | 22a                    |  |                 | 22b           |   |                                      |   |
| •     | 23         | Depletion                                  |                   |  |           |               |                        |  |                 | 23            |   |                                      |   |
| 14-15 | 24         | Contributions to def                       |                   | mpensation plans   |           |               |                        |  |                 | 24            |   |                                      |   |
| ţ     | 25         | Employee benefit pro                       | _                 |  |           |               |                        |  |                 | 25            |   |                                      |   |
| 2     | 26         | Excess exempt expe                         |                   | •  |           |               |                        |  |                 | 26            |   |                                      |   |
|       | 27         | Excess readership of                       |                   | •  |           |               |                        |  |                 | 27            |   |                                      | , |
|       | 28<br>29   | Other deductions (at<br>Total deductions A |                   | •  |           |               |                        |  |                 | 29            |   | 0.                                   | ( |
|       | 30         |  |                   | ncome before net operating loss deduction. Sub-  | tract li  | ine 29        | from line 13           |  |                 | 30            |   | 0.                                   | 1 |
|       | 31         |  |                   | loss arising in tax years beginning on or after Jai  |           |               |                        |  |                 |               |   |                                      |   |
|       | 32         |  |                   | ncome Subtract line 31 from line 30  |           |               |                        |  | <u> </u>        | 32            |   | 0.                                   |   |
|       |            |  |                   | work Reduction Act Notice, see instructions  |           |               |                        |  |                 |               | Form                                    | 990-T (2018)                         |   |



| Form 990-1 | 1321(1)2111 0 2 2 2 0 0 2 2 2 0 1 2 1 2 1 2 1 2  | 07453                    | Page 2          |
|------------|--|--------------------------|-----------------|
| Partil     | III Total Unrelated Business Taxable Income  |                          |                 |
| 33         | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   | 33                       | 0.              |
| 34         | Amounts paid for disallowed tringes  | 34                       |                 |
| 35         | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  | 35                       |                 |
| 36         | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of   |                          |                 |
|            | lines 33 and 34  | 36                       |                 |
| 37         | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  | 37                       | 1,000.          |
| • •        | · · · · · · · · · · · · · · · · · · ·  | ´ <del>  *   -  </del>   | 1,000.          |
| 38         | Unrelated business taxable income. Subtract line 37 from line 36, If line 37 is greater than line 36,  | 1.1.1                    | 0               |
| (A)        | enter the smaller of zero or line 36   | 38                       | 0.              |
| (Rartii    | Va Tax Computation   |                          |                 |
| 39         | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  | 39                       | 0.              |
| 40         | Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from;   |                          |                 |
|            | Tax rate schedule or Schedule D (Form 1041)  | 40                       |                 |
| 41         | Proxy tax. See instructions  | 4                        |                 |
| 42         | Alternative minimum tax (trusts only)  | 42                       |                 |
|            | Tax on Noncompliant Facility Income. See instructions  | 48                       |                 |
|            | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  | 4                        | 0.              |
| Partiv     | Tax and Payments   | 1.32                     | <u>v.</u>       |
|            |  | 98.5                     |                 |
|            | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  |                          |                 |
| þ          | Other credits (see instructions)   | -  <b>         </b>      |                 |
| C          | General business credit. Attach Form 3800  |                          |                 |
| đ          | Credit for prior year minimum tax (attach Form 8801 or 8827)   |                          |                 |
| e          | Total credits. Add lines 45a through 45d   | 45e                      |                 |
| 48         | Subtract line 45e from line 44   | 46                       | 0.              |
| 47         | Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)  | 47                       |                 |
| 48         | Total tax. Add lines 46 and 47 (see instructions)  | 48                       | 0.              |
| 49         | 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 SJA 50a 2,138.   |                          |                 |
| JU 2       |  |                          |                 |
|            | · · · · · · · · · · · · · · · · · · ·  | - 30                     |                 |
| C          | Tax deposited with Form 8868   | -                        |                 |
|            | Foreign organizations: Tax paid or withheld at source (see instructions)   | -                        |                 |
|            | Backup withholding (see instructions)  |                          |                 |
|            | Credit for small employer health insurance premiums (attach Form 8941) 50!   |                          |                 |
| g          | Other credits, adjustments, and payments: Form 2439  |                          |                 |
|            | Form 4136 Other Total ▶ 50g  |                          |                 |
| 51         | Total payments. Add lines 50a through 50g  | \$1                      | 6,711.          |
| 52         | Estimated tax penalty (see instructions). Check if Form 2220 is attached   | 52                       |                 |
|            | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  | 53                       |                 |
|            | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  | \$4                      | 6.711.          |
|            | Enter the amount of line 54 you want. Gredited to 2019 estimated tax   | 5                        | 6.711.          |
| Partiv     |  | 1 90                     | 1 1 1 1 1 1 1 1 |
|            |  |                          | T., T.,         |
|            | At any time during the 2018 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                                |                          | THE SEC         |
|            | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country  |                          |                 |
|            | here >   |                          | <u> X</u>       |
| 57         | 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.  |                          |                 |
|            | 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 knowled | dgo and bellef, it is tr | 10.             |
| Sign       | correct, and complete Declaration of preparer (other than laxpayer) is based on all information of which preparer has any knowledge                    |                          |                 |
| Here       | $-1$ $\sim \omega \omega - \omega = \omega \omega$          | by the IAS discuss th    |                 |
|            |  | e preparer shown bel     |                 |
|            |  | structions)? X Y         | os No           |
|            | Print/Type preparer's name Preparer's signature Date Check i   | f PTIN                   |                 |
| Paid       | LAWRENCE H. MOHR, Sell-employed  | 1-00::-                  |                 |
| Prepar     | rer CPA / Raue 14. 1016/1/1 1/13/20  | P00447                   |                 |
| Use O      | nly Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP Firm's EIN ►   | <u> 39-085</u>           | 9910            |
|            | 225 S 6TH ST #2300   |                          |                 |
|            | Firm's address ► MINNEAPOLIS, MN 55402 Phone no. 6   | 12.876.4                 | 500             |

| Schedule A - Cost of Good  | s Sold. Enter  | method of inver  | ntory valuation N/A   | <u> </u>  |   |                               | <del></del>   |          |
|--|--|--|---|-----------|---|-------------------------------|---|----------|
| 1 Inventory at beginning of year   | 1  |  | 6 Inventory at end of year  | ar        | <u> </u>  | 6                             |   |          |
| 2 Purchases  | 2  |  | 7 Cost of goods sold S  | ubtract l | ine 6   |                               |   |          |
| 3 Cost of labor  | 3 from line 5 Enter here and in Part I,                            |  |   |           |   |                               |   |          |
| 4 a Additional section 263A costs  |  |  |   | 7         |   |                               |   |          |
| (attach schedule)  | ach schedule)  4a  8 Do the rules of section 263A (with respect to |  |   |           |   |                               |   | No       |
| b Other costs (attach schedule)  | 4b   |  | property produced or  | acquired  | for resale) apply to  |                               |   |          |
| 5 Total. Add lines 1 through 4b  | 5  |  | the organization?   |           | <u> </u>  |                               |   |          |
| Schedule C - Rent Income (see instructions)  | (From Real   | Property and   | l Personal Property L   | _ease     | d With Real Prop  | erty)                         | <del></del>   |          |
| 1. Description of property   |  |  |   |           |   |                               |   |          |
| (1)  |  | •  | · · · · · · · · · · · · · · · · · · ·   |           |   |                               |   |          |
| (2)  |  |  |   |           |   |                               |   |          |
| (3)  |  |  |   |           |   |                               |   |          |
| (4)  |  |  |   |           |   |                               |   |          |
|  | 2 Rent receiv  | ed or accrued  | · · · · ·   |           |   |                               |   |          |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%) | centage of<br>than   | ` of rent for  | and personal property (if the percenta<br>personal property exceeds 50% or if<br>nt is based on profit or income) | 3ge       | 3(a) Deductions directly columns 2(a) a   | / connected<br>nd 2(b) (attac | with the income in<br>ch 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                         |  | iter -   |   | 0.        | (b) Total deductions<br>Enter here and on page 1,<br>Part I, line 6, column (B) | •                             |   | 0.       |
| Schedule E - Unrelated Deb   |  | Income (see  | instructions)   |           | · · · · · · · · · · · · · · · · · · ·   |                               | •   |          |
|  |  |  | 2 Gross income from or allocable to debt-   |           | 3. Deductions directly con to debt-finance                                      |                               |   |          |
| 1. Description of debt-fit   | nanced property  |  | financed property   | (a)       | Straight line depreciation<br>(attach schedule)                                 | (6                            | ) Other deductions<br>(attach schedule)                         |          |
| (1)  |  |  |   |           |   |                               |   |          |
| (2)  | ·  |  |   |           |   |                               |   |          |
| (3)  |  |  |   |           |   |                               |   |          |
| (4)  |  |  |   |           |   |                               |   |          |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)           | of or a<br>debt-fina   | adjusted basis<br>allocable to<br>nced property<br>h schedule) | 6. Column 4 divided by column 5   |           | 7. Gross income reportable (column 2 x column 6)                                |                               | Allocable deduction<br>umn 6 x total of colur<br>3(a) and 3(b)) |          |
| (1)  |  |  | %   |           |   |                               |   |          |
| (2)  |  |  | %   |           |   |                               |   |          |
| (3)  |  |  | %   |           |   |                               |   |          |
| (4)  |  |  | %   |           |   |                               |   |          |
|  |  |  |   |           | nter here and on page 1,<br>art I, line 7, column (A)                           |                               | r here and on page 1<br>t I, line 7, column (B)                 |          |
| Totals   |  |  | •   |           | 0   |                               |   | 0.       |
| Total duudanda rasawad dadustisna ir   | oludad in calumi   | ι Ω  | _   |           |   |                               |   | <u> </u> |

| Class   Clas   | Schedule F - Interest, A                  | nnuitie            | s, Royalt            | ies, and                            | Rents                       | From Co   | ntrolle                                    | d Organiza                        | tion      | S (see ins        | structions    | s)   |
|--|---|--------------------|----------------------|-------------------------------------|-----------------------------|---|--|-----------------------------------|-----------|-------------------|---------------|--|
| Continue    |   |                    |                      |                                     | Exempt (                    | Controlled O  | rganızat                                   | ions                              |           | -                 |               |  |
| (1) (2) (3) (4)  Nonexempt Controlled Organizations  7 Taxable become  8, Naturedated means (res) (see instructions)  9, Total of rescorded payments in the centrolling agreements in the centrolling agreement in th | 1 Name of controlled organization         | on                 | identific            | ation                               |                             |   |  |                                   | Includ    | led in the conti  | olling        | 6. Deductions directly connected with income in column 5                                 |
| (1) (2) (3) (4)  Nonexempt Controlled Organizations  7 Taxable become  8, Naturedated means (res) (see instructions)  9, Total of rescorded payments in the centrolling agreements in the centrolling agreement in th | (1)                                       | <del></del>        |                      |                                     |                             |   |  |                                   |           |                   |               |  |
| Color   Colo   |   |                    | -                    |                                     |                             |   |  |                                   |           |                   |               |  |
| Add columns 5 and 10   Enter here and on page 1, Part Luctons  |   |                    |                      |                                     |                             |   |  |                                   |           |                   |               |  |
| Nonexempt Controlled Organizations   R. Net verification income (loss)   S. Total of specified payments (see instructions)   S. Total of specified payments (see instruction   |   |                    |                      |                                     |                             |   |  |                                   |           |                   | -             |  |
| 7 Taxable income  8, Net wordsted income (6ss) (see instructions)  9, Total of specified payments. In the core of the gross become  10, Part of columns 9 that is included. In the core of the gross pecome  11, the columns 1 that is in the core of the gross pecome  12, Add columns 9 and 10 Enter have and on page 1, Part 1, Ins 8, column (A)  13, Description of income  14, Set-aside (and set of the gross pecome)  15, Total of specified payments. In the columns 1 that is column (A)  16, Total of specified payments. In the columns 1 that is column (A)  17, Total of specified payments. In the columns 1 that is column (A)  18, Description of income  19, Total of specified payments. In the columns 1 that is column (A)  19, Total of specified payments. In the columns 1 that is columns (B)  10, Part of columns 1 that is in the columns of the set of columns in the columns of |   | ations             |                      |                                     |                             |   |  | <del> </del>                      | L         |                   |               | <del></del>  |
| (1) (2) (3) (4)  Add columns 8 and 10 Enter have and on page 1, Part I, line 8, column (A) (5) (7) (8) (8) (9) (9) (9) (9) (9) (10) (9) (9) (10) (9) (10) (9) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (18) (18) (18) (18) (18) (18   |   |                    |                      | (1===)                              | O T-4-1                     |   |  | 40. Box of a to                   | 0 41-     | A construction of | 44.5          |  |
| (d)  (d)  (d)  (d)  (d)  (d)  (d)  (e)  (d)  (e)  (d)  (e)  (e   | 7 Taxable Income                          |                    |                      | (1055)                              | 9. lotal                    |   | nents                                      | in the controlli                  | ng orgai  | nization's        | with          | income in column 10  |
| (d)  (d)  (d)  (d)  (d)  (d)  (d)  (e)  (d)  (e)  (d)  (e)  (e   | (1)                                       |                    |                      |                                     |                             |   |  |                                   |           | -                 |               |  |
| (d) (d) (d) (d) (d) (d) (d) (d) (d) (e) (d) (e) (e) (finish five and on page 1, Part I, Inse 8, column (8) (see instructions) (see instructions) (see instructions) (see instructions) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g  |   |                    |                      |                                     |                             |   |  |                                   |           | ·                 |               |  |
| Add columns 8 and 10 Enter here and on page 1, Part I, Ins 8, column (A)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1, Description of income  2 Amount of income  2 Amount of income (attach schedule) (attach schedule) (attach schedule) (by convected (ettach schedule) (cold 3) (cold 3) (d)  Enter here and on page 1, Part I, Ins 9, coldumn (A)  Totals  Cores income from Page 1, Part I, Ins 9, coldumn (A)  Totals  1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2, Gross income from Page 1, Part I, Ins 9, coldumn (A)  Totals  1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4, Net income final activity flat is not unvalided business income from business (column 2) in the final activity flat is not unvalided business income for business (column 2) in the final activity flat is not unvalided business income for business (column 2)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, Ins 9, Cold (A)  Enter here and on page 1, Part I, Ins 9, Cold (A)  Enter here and on page 1, Part I, Ins 9, Cold (A)  Enter here and on page 1, Part I, Ins 9, Cold (A)  Enter here and on page 1, Part I, Ins 9, Cold (A)  Enter here and on page 1, Part I, Ins 9, Cold (B)  D   |   |                    |                      |                                     |                             |   |  |                                   |           |                   |               |  |
| Add columns 5 and 10 Enter here and on page 1, Part 1, Incomposition of income  1. Description of income  2. Amount of income  2. Amount of income  2. Amount of income  3. Deductions directly connected (struch schedule)  (4. Set-asides (cit 3 p)  (7. Enter here and on page 1, Part 1, line 9, column (8)  1. Description of income  (8. Expenses of restly connected on page 1, Part 1, line 9, column (8)  1. Description of income  2. Code instructions)  3. Expenses of restly connected on page 1, Part 1, line 9, column (A)  4. Nat income (60s) from unrelated trade or page 1, Part 1, line 9, column (A)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  3. Expenses of restly connected on unrelated business income from the production of unrelated or page 1, Part 1, line 9, column (A)  4. Nat income (60s) from unrelated trade or page 1, Part 1, line 9, column (A)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  3. Expenses of restly connected on unrelated business income from the production of unrelated business income from the page 1, Part 1, line 9, column (A)  5. Cross scome 6. Expenses are part 1, line 9, column (A)  6. Expenses of restly connected business income from the page 1, Part 1, line 9, column (A)  7. Excess from the column (A)  8. Expenses of restly connected business income from the page 1, Part 1, line 10, col (A)  1. In  |   |                    |                      |                                     |                             |   |  |                                   |           |                   |               |  |
| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2 Amount of income  2 Amount of income  2 Amount of income  3. Deductions directly connected (attach schedule) (attach |   |                    |                      | ,                                   |                             |   |  | Enter here and                    | on page   | 1, Part I,        | Enter he      | d columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)                   |
| (see instructions)  1. Description of income  2 Amount of income  2 Amount of income  3. Deductions directly cornected (ettach schedule) ( | Totals                                    |                    |                      |                                     |                             |   |  | <u> </u>                          |           | 0.                |               | 0.   |
| 1. Description of income  2. Amount of income (distach schedule) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A) Pert I, line 9, column (A) Pert I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity Pade or business income (see instructions)  4. Net income (loss) how unrelated trade or business income diversity of unrelated business income and unrelated and  |   |                    | ne of a S            | ection (                            | 501(c)(7                    | ), (9), or (  | 17) Or                                     | ganization                        |           |                   |               |  |
| (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Fortals  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  and activity that so not unrelated business income  and activity that so not unrelated business income  and activity that so not unrelated business income  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 9, column (a)  Enter here and on page 1, Part I, line 10, col (B)  Ine 10, col (B)  1. Name of periodical  2. Gross solventising Income (see instructions)  2. Gross solventising and activity that so not unrelated business income  and activity that so not unrelated business income  business income  4. Nat income (loss)  and activity that so not unrelated business income  attributable to column 5  but not more from activity that so not unrelated business income  attributable to column 5  attributabl | 1. Descr                                  | iption of inco     | me                   |                                     |                             | 2 Amount of   | emoon                                      | directly conne                    | cted      |                   |               | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                              |
| (3) (4)    Enter here and on page 1,   Part  , line 9, column (A)  | (1)                                       |                    |                      |                                     |                             |   |  |                                   |           |                   |               |  |
| (4)    Comparison of exploited activity | (2)                                       |                    |                      |                                     |                             |   |  |                                   |           |                   |               |  |
| Enter here and on page 1,   Part 1, line 9, column (A)   | (3)                                       |                    |                      |                                     |                             |   |  | ,                                 |           |                   |               |  |
| Enter here and on page 1,   Part 1, line 9, column (A)   | (4)                                       |                    |                      |                                     |                             |   |  |                                   |           |                   |               |  |
| Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  2. Gross attractions  3. Expenses directly connected with production of unrelated business income from activity that is not unrelated business income from activity that  |   |                    |                      |                                     | _                           |   | lumn (A)                                   |                                   |           |                   |               | Enter here and on page 1,<br>Part I, line 9, column (B)                                  |
| 1. Description of exploited activity    Comparison of exploited activity   Comparison  | Schedule I - Exploited E                  | -                  | Activity I           | ncome                               | , Other                     | Than Adv  |  | ng Income                         | eric San  | ite, Ages         | , 1986-19- Th | <u> </u>   |
| 1. Description of exploited activity    Comparison of exploited activity   Comparison  |   |                    |                      | •                                   |                             | 4 Net incom   | e (loss)                                   |                                   |           |                   | •             | Ι.   |
| (2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Pair III Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3 Direct advertising gain or (loss) (col 2 minus cols 5 through 7  (1) (2)  (2)  |   | unrelated<br>incom | business<br>e from   | directly co<br>with prod<br>of unre | nnected<br>duction<br>lated | from unrelated<br>business (co<br>minus columi<br>gain, compute | trade or<br>lumn 2<br>13) If a<br>1 cols 5 | from activity t<br>is not unrelat | hat<br>ed | attribut          | able to       | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)          |
| (3) (4)  Enter here and on page 1, Part I, Inne 10, col (A)  Totals  O. O.  Schedule J - Advertising Income (see instructions)  Part II, Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs advertising costs  3 Direct advertising gain or (loss) (col 2 minus cols 5 through 7  (1) (2)  | (1)                                       |                    |                      |                                     |                             |   |  |                                   |           |                   |               |  |
| (3) (4)  Enter here and on page 1, Part I, Inne 10, col (A)  Totals  O. O.  Schedule J - Advertising Income (see instructions)  Part II, Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs advertising costs  3 Direct advertising gain or (loss) (col 2 minus cols 5 through 7  (1) (2)  | (2)                                       |                    |                      |                                     |                             |   |  |                                   |           |                   |               |  |
| Enter here and on page 1, Part I, line 10, col (A)   Ine 10, col (B)   |   |                    |                      | •                                   |                             |   |  |                                   |           |                   |               |  |
| Enter here and on page 1, Part 1, Inne 10, col (A)  Totals  O.  Col. (B)  O.  Schedule J - Advertising Income (see instructions)  Part II, Inne 10, col (B)  1. Name of periodical  2. Gross advertising income  1. Name of periodical  2. Gross advertising income  3 Direct advertising costs  4 Advertising gain or (loss) (col 2 minus cols 5 through 7 costs (column 5, but than column 5) that than column 6).   |   | -                  |                      |                                     |                             |   |  |                                   |           |                   |               |  |
| Schedule J - Advertising Income (see instructions)  Part Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3 Direct advertising costs  4 Advertising gain or (loss) (col 2 minus coll or (loss) (col 2 minus coll or (loss) (col 3) If a gain, compute coll of 5 through 7  (1)  (2)   |   | page 1,            | , Part I,<br>col (A) | page 1,                             | Parti,<br>col (B)           |   |  |                                   |           |                   |               | Enter here and on page 1, Part II, line 26   |
| Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising income  3. Direct advertising costs  4. Advertising gain or (loss) (col 2 minus coll or 1) fa gain, compute costs (column column 5, but than column 1) (1)  (2)   |   | a Incon            |                      |                                     |                             |   | OPERATE STA                                |                                   | EE5/46    |                   |               | <u> </u>   |
| 2. Gross advertising income 3 Direct advertising costs color periodical 5 Circulation income 6. Readership costs (column s, but than column (1)  |   |                    |                      |                                     |                             | olidatod  | Pagia                                      |                                   |           |                   |               |  |
| 1. Name of periodical advertising income 3 Direct advertising costs collamination (1) (2) 3 Direct advertising costs collamination (1) (2) 3 Direct advertising costs (2) 2 minus compute collamination (1) (2) 5 Circulation income costs (2) Collamination (1) (2) (3) Direct advertising costs (2) 2 minus compute collamination (1) (3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7   | हिं <u>द्द्रगृत्</u> जिङ्का income From F | erioaic            | ais Repo             | rtea on                             | a Cons                      | Solidated   | Dasis                                      | <del>-</del>                      |           | Г                 |               |  |
| (2)  | Name of periodical                        |                    | advertising          |                                     |                             | or (loss) (co   | l 2 minus<br>in, comput                    |                                   | ion       |                   |               | 7 Excess readership<br>costs (column 6 minus<br>column 5, but not more<br>than column 4) |
|  | (1)                                       |                    |                      |                                     |                             | 77.54   |  | 77                                |           |                   | 200           |  |
|  | (2)                                       |                    |                      |                                     |                             |   |  | 3                                 |           |                   | ]8            |  |
|  | (3)                                       |                    |                      |                                     |                             |   |  |                                   |           |                   |               |  |
| (4)  | (4)                                       |                    |                      |                                     |                             |   |  | 漢                                 |           |                   |               |  |
| Totals (carry to Part II, line (5)) ▶ 0. 0.  | Totals (carry to Part II, line (5))       | <b>•</b>           | 0                    |                                     | 0                           |   |  |                                   |           |                   |               | 0.   |

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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<br>advertising<br>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<br>costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---------|--|--|---|----------------------|------------------------|--|
| (1)                         |         |  |  |   | -                    |                        | -  |
| (2)                         |         |  |  |   |                      |                        |  |
| (3)                         |         |  |  |   |                      |                        |  |
| (4)                         |         |  |  |   |                      |                        | - "  |
| Totals from Part I          | <b></b> | 0.   | 0.   |   | CANAL THE PARTY      | <b>的联系统制度</b>          | 0.   |
|                             |         | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |   |                      |                        | Enter here and<br>on page 1,<br>Part II, line 27                                 |
| Totals, Part II (lines 1-5) | ▶       | 0.   | 0.   |   | 的影響。                 |                        | 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)   |          | %                                     | <del></del> -                                   |
| (3)   |          | %                                     |   |
| (4)   |          | %                                     |   |
| Total. Enter here and on page 1, Part II, line 14 |          | •                                     | 0.  |

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