		AMENDED RET		TO T NI	3T 000 F	מם ו		D 4	040000
Form 990-T	1 6	Exempt Organiza						. 1	OMB No 1545-0687
Form 990° I	"		roxy tax und				ax neturi	6 t	
	For ca	lendar year 2018 or other tax year begii					N 30, 201	ا و	2018
Department of the Treasury		► Go to www.irs.go						_	
Internal Revenue Service	▶	Do not enter SSN numbers on t	his form as it may	be ma	de public if your	organiz	ation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	,	Name of organization (Ci	heck box if name c	hanged	and see instruction	ons.)		(Emp	oyer identification number loyees' trust, see actions)
B Exempt under section	Print	MAYVILLE STATE	UNIVERS	ITY	FOUNDAT	ION		4	5-6013477
X 501(c)(3 N3	or	Number, street, and room or su	ite no. If a P O box	x, see II	nstructions.		_		ated business activity code nstructions)
408(e)220(e)		330 3RD STREET						,	,
408A530(a)		City or town, state or province,		r foreig	n postal code				000
529(a)	L	MAYVILLE, ND F Group exemption number (Se	58257					[/ <u>1</u> 3	200
C Book value of all assets at end of year 8,935,1	10.	G Check organization type	•	noration	501(c)	trust	401(a)	trust	Other trust
		ation's unrelated trades or busines		30141101			the only (or first) un		
trade or business here							complete Parts I-V.		
describe the first in the t	olank spa	ice at the end of the previous sen	tence, complete Pa	irts I ar			•		· ·
business, then complete							The state of the s		
		poration a subsidiary in an affiliate		nt-subs	idiary controlle်ရှိခဲ့ရှိ	roup?		Ye	es X No
		tifying number of the parent corp	oration.			A.		0.4	
		ANDREW WORKIN de or Business Income					öne number ► 7		
1 1 M 20 7 1 1 1		Je or business income	<u> </u>	Τ	(A) Income		(B) Expenses) (学)(1)	(C) Net
1 a Gross receipts or sale b Less returns and allo			lance >	10 ∡					
2 Cost of goods sold (S			iance	25.3	A CONTRACTOR OF THE PARTY OF TH	7		2 25 X	
3 Gross profit, Subtrac		•		3				A CONTRACTOR	4 199 1997 MEN 1994 1994 1998 1998
4 a Capital gain net incor			6	3.4a			NA ALES		
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797))	4 02					
c Capital loss deduction	n for trus	sts		₹4c≱			经验的证据的		
5 Income (loss) from a	partners	ship or an S corporation (attach s	tatement)	5			为 <u>是是不是实现。</u>		
6 Rent income (Schedu	ıle C)			€6>					
7 Unrelated debt-finance		,		7			***		
		and rents from a controlled organi		/ 8					·
9 Investment income o10 Exploited exempt act		on 501(c)(7), (9), or (17) organiza	tion (Scueanie C)	9 10					
11 Advertising income (•	, , , , , , , , , , , , , , , , , , ,		11					
12 Other income (See in		Bustive I. Com		12			T 2 22 24 4 4 4 5 5	Series Series	1
13 Total. Combine lines		· · · · · · · · · · · · · · · · · · ·		13		0.		.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part Deduction	ns No	t Taken Elŝewhere (Se	e instructions fo	r limita	ations on deduc	tions)			
		utions, deductions must be di		3 With	the unrelated bu	JSINES	s income)		
14 Compensation of off15 Salaries and wages	ricers, aii	rectors, and trustees (Schedule K		<u> </u>	EIVED.			14	
16 Repairs and mainter	nance			KEU	EIVED			15 16	
17 Bad debts	iarioc		10			RS-OSC		17	
18 Interest (attach sche	dule) (se	ee instructions)	3045	\PR	1 5 2020	잇		18	
19 Taxes and licenses	, ,	•	ျက				,	19	
20 Charitable contributi	ons (See	e instructions for limitation rules)		GD	EN, UT	_		20	
21 Depreciation (attach	Form 45	i62)		00	21	╨			
	aimed or	n Schedule A and elsewhere on re	turn		22a			22b	
23 Depletion								23	
24 Contributions to defe		npensation plans					`	24	
25 Employee benefit pro26 Excess exempt expe	-	rhadula I)						25	
27 Excess exempt expe	,	,		,				26 27	
28 Other deductions (at	-	•	Ť					28	
29 Total deductions A		· ·						29	0.
		ncome before net operating loss of	seduction Subtract	t line 29	from line 13			30	<u> </u>
		oss arising in tax years beginning				ns)		31	产海岭郊岭组运 产
		come Subtract line 31 from line				_		32	0.

Form 990-	(2016) MAYVILLE STATE UNIVERSITY FOUNDATION 45-601	34//		raye a
Part	II 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 fringes	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	1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	38		0.
Part	V 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	41		
42	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income. See Instructions	43		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		0.
Part \		1 77		- •
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	T T		
	Other credits (see instructions)	1		
	General business credit Attach Form 3800	1		
		1 1		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	450		
	Total credits. Add lines 45a through 45d	45e		0.
46	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			
	2018 estimated tax payments	 		
	Tax deposited with Form 8868	ļ ļ		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach-Form-8941) 50f			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 50g			
51	Total payments Add lines 50a through 50g	51		
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax Refunded	54		
55		55		
Part \	Statements Regarding Certain Activities and Other Information (see instructions)			
56	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			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		منسا	
	here >			Х
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			
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$			
	Under penalties of perjurg, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	vledge and belief, it is	true,	
Sign	correct, and complete Officiaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge INTERIM EXECUTIVE			
Here	\square	ay the IRS discuss this preparer shown belo		witu
		structions)? X Ye		No
	Print/Type preparer's name Preparer's signatuse Date Check if	PTIN		
Paid	TRACEE S. BUETHNER, Self-employed			
	(p)	P01292	877	
Prepa	S. WIDNED DOEL DO	45-033		0
Use C	4334 18TH AVE S, SUITE 101			
		01-237-6	022	

Schedule A - Cost of Good	ds Sold. Enter	method of invent	ory 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	ibtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	1		
4 a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		35 37	34.55
5 Total Add lines 1 through 4b	5			the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pe	sonal Property	Lease	ed With Real Pro	per	ty)	
Description of property	- ** **								
(1)									
(2)									
(3)									
(4)								··· ·· · · · · · · · · · · · · · · · ·	
	2. Rent receiv	ed or accrued		•					
(a) From personal property (if the property for personal property is monomore than 50% but not more than 50%.	re than	` 'of rent for pe	rsonal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a	y conne nd 2(b)	ected with the income in (attach schedule)	i
(1)	·				7				
(2)						7			
(3)			•	4					
(4)					•				
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated De		I Income (see ı	stru	etions)					
			2	Gross income from		Deductions directly cor to debt-finant	nected ced pro	perty	
1 Description of debt-	Inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	•
(1)				7			1		
(2)			V				İ		
(3)			•						
(4)	•						·		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average of or a debt-fina (attac)	adjusted basis allocable to nced property a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)		₹		%					
(4)				%					
						nter here and on page 1, art I, line 7, column (A)		Enter here and on page Part I, line 7, column (8	
Totals				▶İ		0			0.
Total dividends-received deductions	ncluded in columr	18		•		•	-		0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of morms 2. Amount of morms 3. Deductions datach schedule) 4. Ser-aardes (altach schedule) (all applies of details schedule) 5. Total deductions and set-aardes (all applies of details schedule) (all applies of details schedule) (b) Colors (all applies of details schedule) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Ser-aardes (altach schedule) (all applies of details schedule) (b) Colors (b) (c) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income lists) (see instructions) 5. Costs scome (see antifuctions) 7. Excess exempt (summission business (column 5) (i) (i) (i) (i) (i) (i) (i) (Schedule F - Interest,	Annuities, Roya	alties, and l	Rents	From C	ontrol	led Organiz	ation	1S (see ins	truction	s)
Description of records Description of the controlled controlle			Ex	empt Co	ontrolled O	rganızat	ions				
Company Controlled Organizations See New Juminosis of the seed of the	Name of controlled organiza	identi	fication (lo	Net unrela oss) (see in	ated income istructions)	4. To pay	ntal of specified ments made	Include	ed in the cont	rolling	connected with income
Company Controlled Organizations See New Juminosis of the seed of the	(1)								 -	$\overline{}$	
Nonexempt Controlled Organizations 8 Net universal encourse 194 Net universal forces 194 Net u							-	 			
Nonexempt Controlled Organizations 7. Taxable income 8								 			
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(4) Company	1. Desc	inpuon oi income		'	Z. Alliquit u	Income			(attach s	chedule)	
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Schedule I - Exploited Exempt Activity Income (see instructions) 2 Grass urrelated business income from survivity in a size of business income from survivity in a size of business income from urrelated business income from urrelated business income from survivity that is not urrelated business income from page 1, Part 1, line 10, col (8) [4] [1] [2] [3] [4] Net recome (loss) [5] Gross income from survivity that is not urrelated urrelated business income from urrelated business income from urrelated urrelated business income from urrelated urrelated business income from urrelated urr			(lumn (A))。Part I, line 9, column (B)
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1. Description of exploited activity unrelated business income from the exploited activity business (column 2) and unrelated business (column 3) if a gan, compute cols 5 (through 7) (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) line 10, col (B) Schedule J - Advertising Income (see instructions) Part III Income From Periodicals Reported on a Consolidated Basis 1 Name of penodical 2. Gross advertising income 2. Gross advertising costs 3 Direct advertising costs of through 7 4. Advertising gain or (loss) (col 2 minus of 3) if a gain or (loss) (col 2 minus of 3) if a gain compute cols 5 through 7 7. Excess readership costs of 5 through 7 Totals (carry to Part II, line (5)) • O • O • O • O • O • O • O • O • O •	(see instru	uctions)	T. Ale	- Table 1							,
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	Totals (carry to Part II, line (5))	<u> </u>	0.	0.							

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical fisted 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)							<u> </u>
(2)							
(3)						Ī	
(4)	$\neg \neg$			"		T	-
Totals from Part I	- ▶	0.	0.				0
		Enter here and on page 1 Part I line 11 col (A)	Enter here and on page 1 Part I line 11 col (B)	~~ ~		-	Enter here and on page 1 Part II line 27
Totals, Part II (lines 1-5)	►Ì	0.)	0.				0

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

1 Name	3 Percent of time devoted to to unrelated business
(1)	%
(2)	B %
(3)	%
(4)	5%
Total Enter here and on page 1, Part II, line 14	

Form 990-T (2018)

FOOTNOTES

STATEMENT

THE 2018 990-T FOR MAYVILLE STATE UNIVERSITY FOUNDATION IS BEING AMENDED TO CORRECTLY REPORT ZERO TAXABLE INCOME. THE INCOME THAT WAS REPORTED ON THE ORIGINALLY FILE 990-T IS GENERATED FROM GAMES OF CHANCE CONDUCTED IN NORTH DAKOTA BY AN EXEMPT ORGANIZATION. THIS TYPE OF INCOME IS NOT UNRELATED TRADE OR BUSINESS INCOME. THEREFORE, NO 990-T IS REQUIRED TO BE FILED FOR 2018 AND GOING FORWARD.

LINE H CHANGED FROM CHARITABLE GAMBLING TO NONE. LINE 13 CHANGED FROM \$109,344 TO \$0. LINE 29 CHANGED FROM \$84,649 TO \$0. LINE 39 CHANGED FROM \$2,942 TO \$0.

WE HAVE ALSO ENCLOSED IRS NOTICE CP161 DATED MARCH 9, 2020 REGARDING AMOUNT DUE FOR JUNE 30, 2019 990 T. WITH THE AMENDED RETURN THE AMOUNT DUE IS CALCULATED TO ZERO. WE ASK YOU TO UPDATE YOUR RECORDS TO REFLECT THE ZERO BALANCE DUE.