line 32

<b>"</b>				2	090900	<b>7</b> A	5603 8		
000 T	REQUEST FOR 45R CREDIT ONLY 29393202  Exempt Organization Business Income Tax Return								
<i>C<sub>EE</sub></i> 990-T	Exempt Org	ŀ	OMB No 1545-0687						
736°)	For calendar year 2017 or other tax		2017						
•		-	2017						
Department of the Treasury Internal Revenue Service	■ Go to www irs.gov/Form990T for instructions and the latest information. ■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Open to Public Inspection 501(c)(3) Organizations Office(3) Organiza								
A Check box if	Name of organization (		yer identification number byees' trust, see						
address changed	DOMESTIC A	instructions )							
8 Exempt under section X 501(c)(3 0)	Print CARBON COU	20-2358889 E Unrelated business activity codes							
408(e) 220(e)	Type Number, street, and room PO BOX 314		structions)						
408A 530(a)									
529(a)	City or town, state or province, country, and ZIP or foreign postal code  RED LODGE, MT 59068								
C Book value of all assets at end of year	F Group exemption nu	mber (See instructions.)	<b></b>						
262,8			oration	501(c) trust	401(a)	trust	Other trust		
	's primary unrelated business a			·					
	the corporation a subsidiary in a		nt-subsid	diary controlled group?	► L	Ye:	s No		
	nd identifying number of the par  KELLY HEATO			Telenh	one number 🕨 (	406	446-2296		
	Trade or Business In		T	(A) Income	(B) Expenses	100	(C) Net		
1a Gross receipts or sale	S			, ,	······································				
<b>b</b> Less returns and allow	vances	<b>c</b> Balance ▶	1c						
2 Cost of goods sold (S	· ·	C.	2						
•							<del>.</del>		
4a Capital gain net incom	•	··· 4707\	4a 4b		<del> </del>		<del></del>		
	<ul> <li>b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</li> <li>c Capital loss deduction for trusts</li> </ul>					$\rightarrow$	<del> </del>		
•	rtnerships and S corporations (	attach statement)	4c 5						
6 Rent income (Schedul		··· ··· · · · · · · · · · · · · · · ·	6		1	₹E(	EIVED		
	ed income (Schedule E)		7		23	,,,	ည္တု		
	,					UL	1 9 2018   9		
						GD	EN UT		
	10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J)						LIV. UI		
	tructions; attach schedule)		11 12						
13 Total. Combine lines	3 through 12		13	0.					
Part II Deduction	ns Not Taken Elsewhe	ere (See instructions fo	or limita	tions on deductions)					
	ontributions, deductions mu	<del></del>	ı with ti	ne unrelated business	income.)	44			
<ul><li>14 Compensation of offi</li><li>15 Salaries and wages</li></ul>	cers, directors, and trustees (Sc	nedule K)				14 15	<del>-</del>		
16 Repairs and mainten	ance					16	<del></del>		
17 Bad debts						17			
18 Interest (attach schei	dule)					18			
19 Taxes and licenses						19			
	ons (See instructions for limitations are 4560)	on rules)		ايما		20			
<ul><li>21 Depreciation (attach</li><li>22 Less depreciation cla</li></ul>	Form 4562) Imed on Schedule A and elsewh	ore on return		21 22a		22b			
23 Depletion	illied on Schedule A and eisewi	ere on return		[224]		23			
•	·								
25 Employee benefit pro									
· ·	·								
	·								
• • •									
· ·									
34 Unrelated business	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or								

Form **990-T** (2017)

## DOMESTIC AND SEXUAL VIOLENCE SERVICES OF

Part III   Tax Computation   So Organization   Sub an accorporations. See instructions for lax computation. Controlled group mambers (sections 1561 and 1563) check here   See instructions and: a finite your started of the SSO,000, 25,000, and 93,025,000 lazable income brackets (in that or der):   See instructions and: a finite your started of the SSO,000, 25,000, and 93,025,000 lazable income brackets; (in that or der):   See instructions and: a finite your started of the SSO,000, 25,000, and 93,025,000 lazable income brackets; (in that or der):   See instructions of the see instructions for tax computation. Income tax on the amount on line 34 from:   See instructions	Form 990-1	<u> </u>			20-	23588	189_	Page 2
Controlled group members (sections 1551 and 1630) check here   See instructions and: a first your size of the \$50,000, \$50,000, and \$80,0000 tables income backets (in that order): (1)   S	Part I	II Tax Computation						
a Firler your share of the \$50,000, \$50,000, and \$8,025,000 (avable moome brackets (in that order):  (1) S	35	Organizations Taxable as Corporations. See instructions for tax computation.	•					
the first organization's state of, (1) Additional 5% tax (not more than \$11,700) [S]  (2) Additional 3% tax (not more than \$100,000)  (3) Exercise an extraction of the amount on line 34  (3) Firsts 1 Sazabet at Trust 1 Sazabet 30 min state 100,000)  (4) Income tax on the amount on line 34  (5) Trast 1 Sazabet at Trust 1 Sazabet 30 min state 100,000)  (5) Trast 2 Sazabet 1 Trust 1 Sazabet 30 min state 100,000)  (6) Trast 2 Sazabet 1 Trust 1 Sazabet 30 min state 100,000)  (7) First 2 Sazabet 1 Trust 1 Sazabet 30 min state 100,000)  (8) Trast 1 Sazabet 1 Trust 1 Sazabet 30 min state 100,000)  (9) Trust 100 Comparison 1 Sazabet 30 min state 100,000)  (1) Trust 100 Comparison 1 Sazabet 30 min state 100,000)  (1) Trust 100 Comparison 1 Sazabet 30 min state 100,000)  (1) Credit for prior year minimum tax (statch Form 800)  (2) Commard business credit, Altach Form 800)  (3) Credit for prior year minimum tax (statch Form 800)  (4) Credit for prior year minimum tax (statch Form 800)  (4) Credit for prior year minimum tax (statch Form 800)  (4) Credit for prior year minimum tax (statch Form 800)  (4) Credit for prior year minimum tax (statch Form 800)  (4) Credit for prior year minimum tax (statch Form 800)  (4) Credit for prior year minimum tax (statch Form 800)  (4) Credit for prior year minimum tax (statch Form 800)  (4) Credit for prior year minimum tax (statch Form 800)  (4) Credit for prior year minimum tax (statch Form 800)  (4) Credit for prior year minimum tax (statch Form 800)  (4) Credit for prior year minimum tax (statch Form 800)  (5) Credit for prior year minimum tax (statch Form 800)  (6) Credit for prior year minimum tax (statch Form 800)  (7) Credit for prior year minimum tax (statch Form 800)  (8) Credit for prior year minimum tax (statch Form 800)  (9) Credit for prior year minimum tax (statch Form 800)  (1) Credit for small employer health insurance premium (state tax (state 100, state 100, sta		Controlled group members (sections 1561 and 1563) check here   Sections 1561 and 1563)	ee instructions an	d:				
b Selfer organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brace	kets (in that order)	<u>):</u>		ŀ		
(2) Additional 3% tax (not more than \$100,000) (a) Income tax on the amount on line 34  Trasts Taxable at Trust Rate. Sae instructions for tax computation. Income tax on the amount on line 34 from:    Tax tax schedule or   Schedule D (Form 1041)   38    Trasts Taxable at Trust Rate. Sae instructions   37   Trasts Taxable at Trust Rate. Sae instructions   37   Trusts Taxable at Trust Rate. Sae instructions   37   Trusts Taxable at Trust Rate. Sae instructions   38   Alternative minimum tax   38   Trust Non-Compliant Facility Income, See instructions   39   Trust Non-Compliant Facility Income, See instructions   40   On-Part IV   Tax and Payments   Central business crecit. Attach Form 1118; trusts attach Form 1116)   11   Central business crecit. Attach Form 3800   416   Central business crecit. Attach Form 3801 or 8827)   418   Subtract line 4 is from line 40   Subtract line 4 is large line line line 40   Subtract line 4 is large line line 40   Subtract line 4 is large line line line 40   Subtract line 4 is large line line line 40   Subtract line 40 is large line line line 40   Subtract line 40 is large line line line 40   Subtract line 40 is large line line line 40   Subtract line 40 is large line line 10   Subtract line 40 is large line line line 40			(3) [\$]					
c Income tax on the amount on line 34  8 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)   S6  37 Proxy tax. See instructions   S3  38 Alternative minimum tax   S3  39 Tax on Non-Compliant Facility Income. See instructions   S3  39 Tax on Non-Compliant Facility Income. See instructions   S3  39 Tax on Non-Compliant Facility Income. See instructions   S3  39 Tax on Non-Compliant Facility Income. See instructions   S3  412 Foreign tax orded (corporations attach Form 1118; trusts attach Form 1116)   413    413 Foreign tax orded (corporations attach Form 1118; trusts attach Form 1116)   415    414 Foreign tax orded (corporations attach Form 1118; trusts attach Form 1116)   415    415 Contact tax Add lines 41 at through 41d   416    42 Subtact line 41 from time 40   416   416    43 Subtact line 42 from time 40   42   0.  44 Total tax Add lines 42 and 43   44   0.  45 Payments. A 2016 overpayment credited to 2017   459   459   44   0.  45 Payments. A 2016 overpayment credited to 2017   459   459   459   46   0.  46 Total tax Add lines 42 and 43   44   0.  47 Estimated tax payments   450	b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$					
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Tax rate schedule or   Schedule D (Form 1041)	C					3!	<u>5c</u>	0.
37 Proxy tax. See instructions 38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add times 37, 39 and 39 to line 35 or 36, whichever applies 41 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41b Cher credits (see instructions) 41c Credit for prior year minimum tax (attach Form 8801 or 8827) 41c Total credit (see instructions) 41c Credit for prior year minimum tax (attach Form 8801 or 8827) 41c Total credit from time 40 42 Subtract line 41 from time 40 43 Other taxes. Check if from: □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8686 □ Other (instant activation) 43 Total tax. Add times 42 and 43 45 a Payments. A 2016 overpayment credited to 2017 45 a Payments. A 2016 overpayment credited to 2017 45 a Payments. A 2016 overpayment set of the form 8698 □ Form 8697 □ Form 8698 □ Other (instant activations) 45 a Foreign organizations; Tax paid or withheld at source (see instructions) 5 a Credit for small employer health insurance premiums (Attach Form 8941) 5 Other credits and payments. 5 □ Form 4136 □ Other organizations; Tax paid or withheld at source (see instructions) 45 a Foreign organizations; Tax paid or withheld at 50 United Form 8941) 5 Other credits and payments. 6 □ Foreign organizations; Tax paid or withheld at 50 United Form 8941) 6 Other credits and payments. 6 □ Form 4136 □ Other Form 4136 □ Other Form 4259 □ Form 4136 □ Other Form	36		ax on the amount of	on line 3	4 from:		4	
38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 97, 38 and 98 to line 35c or 36, whichever applies 41 Foreign tax credit (corporations attach Form 1116; trusts attach Form 1116) 5 Other credits (see instructions) 6 General tax credit (corporations attach Form 3800 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 6 Total credits. Add lines 4 at through 410 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 6 Total credits. Add lines 4 at through 410 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 7 Total credits. Add lines 4 and 43 7 Total tax Add lines 4 and 43 7 Total started tax payments 7 Total or expect the started tax payments (attach Form 8801 or 8821) 8 Eackup withholding (see instructions) 9 Credit for small employer health insurance premiums (Attach Form 8841) 9 Other credits and payments: 9 Form 4136 9 Other credits and payments: 9 Form 4136 1 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overall 9 Oversyment. If line 46 is less than the total of lines 44 and 47, enter amount overall 9 Oversyment. If line 46 is less than the total of lines 44 and 47, enter amount overall 9 Oversyment. If line 46 is less than the total of lines 44 and 47, enter amount overall 9 Oversyment. If line 46 is less than the total of lines 44 and 47, enter amount overall 10 Total prior the form 110 Report of Program 8801 or 8801 10 Total prior the form 110 Report of Program 8801 10 Total prior the form 110 Report of Program 8801 10 Total prior the form 110 Report of Program 8801 10 Total prior the form 110 Report of Program 8801 10 Total prior the form 110 Report of Program 8801 10 Total prior the form 110 Report of Program 8801 10 Total prior the form 110 Report of Program 8801 10 Total prior the form 110 Report of Program 8801 10 Total prior the								
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Total Add lines 37, 38 and 39 to line 35 or 36, whichever applies   40   0.				1				
## Form #136  ## Payments  ### Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  ### #14  ##		* * * * * * * * * * * * * * * * * * * *			0			
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  b Other credits (see instructions)  c General business credit Attach Form 8801 or 8827)  t Total credits. Add lines 41a 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 (attach schedule)  44 Total tax. Add lines 42 and 43  45 a Payments: A 2016 overpayment credited to 2017  b 2017 estimated tax payments and 45 a Payments: A 2016 overpayment credited to 2017  b 2017 estimated tax payments over the form 8686 ☐ Other (attach schedule)  45 a Payments: A 2016 overpayment credited to 2017  b 2017 estimated tax payments over the form 8686 ☐ Other (attach schedule)  45 a Payments: A 2016 overpayment credited to 2018 overpayments. ☐ Total ☐ Form 8439 ☐ Other credits and payments. ☐ Total ☐ Form 8439 ☐ Other Credits and payments. ☐ Total ☐ Form 8439 ☐ Other Credits and payments. ☐ Other ☐ Total ☐ Form 8439 ☐ Other ☐ Total ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Other ☐ Form 4136 ☐ Other ☐ Form 8439 ☐ Other ☐ Form 8430 ☐						<del>ا ا سبب</del>	<u> </u>	
b. Other credits (see instructions) c. General business credit. Attach Form 8801 or 8827) d. Credit for prior year minimum tax (attach Form 8801 or 8827) e. Total credits. Add lines 4 fa through 41d 2. Subtract line 4 fe from line 40 42. Subtract line 4 fe from line 40 43. Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8666 ☐ Other (attach schedule) 43. ■	•			412				
d Credit for prior year minimum tax (attach Form 8801 or 8827)  d Total redits. Add lines 42 that through 41d  42 Subtract line 41 from line 40  43 Other taxes. Check if from:   Form 4255   Form 8611   Form 8697   Form 8866   Other (amach 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)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:   Form 2439    d Total payments. Add lines 45a through 45g  f Estimated tax penalty (see instructions). Check if Form 220 is attached ▶    45 Tax dec. If line 46 is larger 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  9 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   Finish Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country   Yes   No    Pouring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign country   Yes   No    Pouring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign country   Yes   No    Pouring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign country   Yes   No    Pouring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign country   Yes   No    Pouring the tax year, did the organization receive a dis				$\vdash$		$\dashv$		
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42 O.  43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (anach schedule)  44 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (anach schedule)  45 Total tax Add lines 42 and 43 ☐ 44 ☐ O.  45 a Payments: A 2016 overpayment credited to 2017 ☐ Each deposited with Form 8686 ☐ Check ☐ If a deposited with Form 8686 ☐ For						4	1e	
43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8666 Other (attach schedule) 44 Total tax Add lines 42 and 43 45 a Payments: A 2016 everpayment credited to 2017 5 2017 estimated tax payments c Tax deposited with Form 8668 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 2439 0 Other credits and payments: Form 2439 0 Other credits and payments: Form 2439 46 Total payments. Add lines 45a through 459 47 Estimated tax penalty (see instructions), Check if Form 2220 is attached Porepayment. If line 46 is larger 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.  Form 4136 Refunded 50 2,589.  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 Porecine and the payment of the pay		ū				_	_	0.
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 (Attach Form 8941) g Other credits and payments: Form 4136 Great Total payments. Add lines 45a through 45p f Total payments. Add lines 45a through 45p f Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶  45 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overpaid f Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶  47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶  48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overpaid f Set in employed power and to the 49 you want; Credited to 2018 estimated tax  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Enter the amount of line 49 you want; Credited to 2018 estimated tax  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  54 Date  55 Date  56 Date  57 Date  57 Date  58 Prim's part of officer  59 Date  50 Date  50 Date  50 Date  50 Date  51 Date  51 Date  52 Date  53 Date  54 Date		Other taxes. Check if from: Form 4255 Form 8611 Form 86	97 Form 88	66 🗀	Other (attach sch	edule) 4	3	
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c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Ordelt for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136 Form 4136 Total payments. Add lines 45a through 45g f Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶  1 Total payments. Add lines 45a through 45g f Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶  1 Total payments. If line 46 is lasrer than the total of lines 44 and 47, enter amount owed f So enter the amount of line 49 you want: Credited to 2018 estimated tax ▶  1 Refunded f So 2 , 589.  Part V Statements Regarding Certain Activities and Other Information (see instructions)  5 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 ▶  1 Uuring the lax 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  1 WES, see instructions for other forms the organization may have to file.  5 Signal Under penalties of peryry, Idective that have examined the return, including accompanying schedules and statements, and to the beat of my knowledge and belief, it is true.  5 Signal Under penalties of peryry, Idective that have examined the return, including accompanying schedules and statements, and to the beat of my knowledge and belief, it is true.  5 Signal Under penalties of peryry, Idective that have examined the return, including accompanying schedules and statements, and to the beat of my knowledge a	45 a	Payments: A 2016 overpayment credited to 2017		45a				
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e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:	C	Tax deposited with Form 8868		45c	<u> </u>			
Credit for small employer health insurance premiums (Attach Form 8941)   g Other credits and payments:	d	Foreign organizations: Tax paid or withheld at source (see instructions)		45d	_			
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Form 4136	f	Credit for small employer health insurance premiums (Attach Form 8941)		45f	2,5	89.		
Total payments. Add lines 45a through 45g  Estimated tax penalty (see instructions). Check if Form 2220 is attached   47  48  Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  49  Overpayment. If line 49 you want: Credited to 2018 estimated tax  Enter the amount of line 49 you want: Credited to 2018 estimated tax  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  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  Variable Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name  Pr	9			1		1	- }	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 48  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 ▶ Refunded  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  Under penalties of perlay, 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  Primitype preparer's name  Preparer's signature  Preparer's signature  Date  Check If PRIM  Self- employed  Prim's earne ▶ WIPFLI LLP  303 N. 28TH STREET, SUITE 503  Firm's address ▶ BILLINGS, MT 59101  Phone no. 406.248.1681			Total <b>&gt;</b>	45g				2 500
48 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  Firm's address  49 2,589.  40 49 2,589.  40 40 40 40 40 40	46	•					$\neg$	2,589.
Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid   So		, , ,					<del> </del>	
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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 ▶\$  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.  Sign Here  Print/Type preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see Instructions)? It is the preparer shown below (see Instructions)? It is the preparer shown below (see Instructions)? It is firm's name ▶ WIPFLI LLP  Firm's name ▶ WIPFLI LLP  Firm's name ▶ WIPFLI LLP  Firm's elin ▶ 39 - 0758449  303 N. 28TH STREET, SUITE 503  Firm's address ▶ BILLINGS, MT 59101								
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