

		990-T	Ex	empt Organization Bu	ısin	ess Income	e Tax Retu	rn	L	OMB No 1545-0687
For	m i	99U-I		(and proxy tax un						2017
			For caler	ndar year 2017 or other tax year beginning		, an	d ending	·	1	
Dep	artm	ent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for in tenter SSN numbers on this form as it may				c)/3)	ō	pen to Public Inspection for 01(c)(3) Organizations Only
- IIIIC		Check box if				e changed and see in:				r Identification number
÷	<u>닏</u>	address changed empt under section		Forest Lake Athletic Association	(1) II Call	ie Glanged and see in:	Structions)	(Emp	loyee	s' trust, see instructions)
•		501 (C 623)		Number, street, and room or suite no. If a F	O bo	v see instructions			,	1-1780770
	屵	408(e) 220(e)	Print		.0. 50	x, acc mandendina		E Unre		1 business activity codes
	H	408A 530(a)	or	5530 206th Street	State		ZIP code			ctions)
	H		Туре	1 *						
	ш	529(a)		Forest Lake Foreign country name Fo	MN reign n	rovince/state/county F	55025			;
				,,,	. o.g., p	, our object of the second of	oroign poolar oodo	71	320	o
C	Вос	ok value of all assets at	F˜ Grou	ip exemption number (See instruct	ions.)	>				
	end	of year 670,577	G Chec	ck organization type > X 501(c) coi	poration 50	1(c) trust	401(a)	trus	t Other trust
H		escribe the organiza	ation's pri	mary unrelated business activity.		Lawful Gaming,	Concessions an	d Rents		
ī				poration a subsidiary in an affiliated gr						Yes X No
	lf	"Yes," enter the name	e and ider	tifying number of the parent corporat		·		·		
J		he books are in care				Telep	hone number	(65	1) 9	82-2857
	art			Business Income		(A) Income	(B) Ex	penses		(C) Net
1		Gross receipts or sa			١.			}		
		Less returns and allowa		c Balance ►	1c	5,287,331				
3		•	•	e A, line 7)	3	4,500,032 787,299		 		707 200
		•		ch Schedule D)	4a	101,299				787,299
7				rt II, line 17) (attach Form 4797)	4b					,
		•		sts	4c					,
5		•		nd S corporations (attach statement).	5					
6					6					
7		Unrelated debt-final	-		7				_	
8			-	from controlled organizations (Schedule F)	8					
ຸ 9		Investment income of a se	ection 501(c)	(7), (9), or (17) organization (Schedule G)	9	-				
2 10		Exploited exempt a	ctivity inc	ome (Schedule I)	10					
£11				e J)	11					
当12				ns; attach schedule)						
季13				gh 12	13			0		787,299
۲	art			ken Elsewhere (See instruction			•	Except	tor	contributions,
€14				directly connected with the united to the directors, and trustees (Schedule K)	<u>relate</u>	ed business inc	ome.)		44	
引 5		•		•	٠.				14	272 726
÷16									15 16	272,736
€17									17	
									18	
19	:								19	21,819
19 19 20	y	Charitable contribut	ions (See	e instructions for limitation rules) .				[20	
21				562)						
22				n Schedule A and elsewhere on ref				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2b	
23		Depletion			· {	RECE	VED	_	23	
24		Contributions to det	erred con	npensation plans	N.			-	24	
25		Employee benefit p	rograms	:	. }				25	
26		Excess exempt exp	enses (S	chedule I)	· 13	ă ·APR 0 5	9 2018 5]		26	
27		Other deductions /a	#aah aah	ا ماریام ا					27	101 100
28 29		Total deductions (a	1118011 SCN Add Iwon	edule)	· 1	CGDF	N. UT' 1	_	28 29	464,196
30		Unrelated husiness	tavahla ::	ncome before net operating loss de	j	on Subtract line	20 from line 12		29 30	758,751 28,548
31				(limited to the amount on line 30)					30_ 31	28,548
32				ncome before specific deduction. S					32	20,348
33				/ \$1,000, but see line 33 instruction					33	
34				income. Subtract line 33 from line						
				or line 32				[:	34	ol

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

53	Enter the amount of tax-exempt unterest received or accrued during the tax year	
	Under pepalities of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowled and complete. Declaration of preparer other than taxpayer) is based on all information of which preparer has any knowledge	edge and belief, it is true, correc
Sign	and complete Declaration of preparer has any knowledge	May the IRS discuss this ret

Here Signature of officer Title Print/Type preparer's name Preparer's signature Paid James A Dittmer James A Dittmer

If YES, see instructions for other forms the organization may have to file.

ım with the preparer shown below (see instructions)? X Yes

Check

4/3/2018 self-employed Preparer Firm's name Firm's EIN F 61-1631164 Anderson, Dittmer & Co., LTD Use Only 2512 Hillsboro Ave N, Golden Valley, MN 55427 Phone no (651) 697-9040

P01259783

Form	99	10-1	7 (2رُ	17
Cal	_	<u>.</u>	.1.	<u> </u>

Forest Lake Athletic Association	tion	Associat	Athletic	Lake	Forest
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41-1780770

10	TOOL Edito / terrior	10 / 1000014170	···					Fage 3
Schedule A-Cost of Good	ds Sold. Ente	r method o	f inventory val	luation	>			
1 Inventory at beginning of	year	1		6 Inv	entory at en	d of year	6	
2 Purchases	[7	2				sold. Subtract		
3 Cost of labor	Г	3			_	5. Enter here		!
4 a Additional section 263A of	osts			an	d in Part I, hi	ne 2	7 4,50	00,032
(attach schedule)	4	la l	1 1	8 Do	the rules of	section 263A (with		Yes No
b Other costs (attach sched		b 4,50	00,032			ced or acquired fo		
5 Total. Add lines 1 through	n 4b		00,032			ganization?		X
Schedule C-Rent Income		Property a	nd Personal	Prope	rty Lease	With Real Pro	operty)	
(see instructions)	•			•	•		• • • • • • • • • • • • • • • • • • • •	
Description of property								
(1)			-					
(2)								
(3)								
(4)								
<u></u>	2. Rent receiv	ed or accrued						
(a) From personal property (if the per for personal property is more than more than 50%)		percentag	om real and personal e of rent for personal f the rent is based or	l propert	v exceeds		rectly connected with a) and 2(b) (attach so	
(1)								
(2)			/					
(3)								
(4)								
Total	0	Total			0			
(c) Total income. Add totals of col here and on page 1, Part I, line 6, o					0	(b) Total deduction Enter here and control Part I, line 6, col	on page 1,	0
Schedule E-Unrelated De			ee instructions)					
1. Description of debt-			2. Gross income tallocable to debt-fi		3. (Deductions directly con to debt-financ		ble
1. Description of destr	milanoed property		property	inanced		line depreciation h schedule)	(b) Other dec (attach scho	
(1) Sports Complex								·
(2)			<u> </u>		L			
(3)								
(4)		·			<u> </u>			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adj of or alloc debt-financed (attach sch	able to i property	6. Column 4 divided by column 5	5		come reportable 2 × column 6)	8. Allocable de (column 6 × total 3(a) and 3	of columns
(1)				%		0		0
(2)		, , , , , , , , , , , , , , , , , , , 		%		0		0
(3)				%		0		0
(4)				%		o	 _	0
			·		Enter here	and on page 1,	Enter here and	
						7, column (A).	Part I, line 7, or	
Totals						0	,	0.00)
Total dividends-received deduct	ions included in	column 8						
								

Schedule F-Interest, Annuiti	es, Royalties,				gani	zations (see	ınstru	ictions)	
}		Exempt	Controlled	Organizations					
Name of controlled organization	Employer Identification number		related income e instructions			5. Part of colunt included in the organization's gr	controlls	ng con	Deductions directly nected with income in column 5
(1)									
(2)									
(3)			· · · · · · · · · · · · · · · · · · ·			L			
(4)		L				<u> </u>			
Nonexempt Controlled Organization	S					,			
7. Taxable Income	8. Net unrelated ((loss) (see instru			Total of specified payments made		10. Part of column included in the organization's gr	controlla	ng conn	Deductions directly ected with income in column 10
(1)						1			
(2)									
(3)									
(4)									
						Add columns Enter here and Part I, line 8, c	on page	e 1, Enter A) Part	columns 6 and 11. here and on page 1, I, line 8, column (B)
Totals			· · · · ·	· 11=: 2 · · · ·	<u> </u>	<u> </u>		0	0
Schedule G—Investment Inco	me of a Section	on 507(C			zatio	n (see instru	ctions)		
1. Description of income	2. Amount of I	ncome	dire	. Deductions ctly connected ach schedule)	\perp	4. Set-asides (attach schedu		and s	otal deductions set-asides (col. 3 plus col. 4)
(1)	ļ								0
(2)	 		 	 	+-			<u> </u>	0
(3)	 				4-			ļ	0
(4)	Enter here and o	n nogo 1			٠Ļ.			Fuin ha	0
Totals	Part I, line 9, col								re and on page 1, ne 9, column (B). 0
Schedule I-Exploited Exemp	t Activity Inco	me, Oth	er Than A	Advertising Inc	come	e (see instruc	tions)		
Description of exploited activity	2. Gross unrelated business incon from trade or business	3. E d conn proc	expenses irrectly ected with fuction of irelated ess income	4. Net income (loss from unrelated trade or business (column 2 minus column 3), if a gain, compute cols. 5 through 7	5.	. Gross income om activity that s not unrelated usiness income	6. E	xpenses outable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					0				0
(2)					0				0
(3)					0				0
(4)					0		<u></u>		0
	Enter here and page 1, Part I line 10, col (A	, page). line 1	nere and on e 1, Part I, 0, col (B)						Enter here and on page 1, Part II, line 26
Totals		_0	0						0
Schedule J-Advertising Inco									
Part I Income From Perio	dicals Reporte	<u>ed on a (</u>	Consolida	ated Basis					
1. Name of periodical	2. Gross advertising income		Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.		5. Circulation income		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)					-		<u> </u>		
Totals (carry to Part II, line (5))	•		ol		اه	0		a	
· · · · · · · · · · · · · · · · · · ·	<u></u>		01		<u> </u>		L		orm 990-T (2017)

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

Total La	RE Milliotto Modool	ation			- 41-1700770	Page 3
Part II Income From Periodi	-	-	Basis (For each	periodical liste	ed in Part II, fi	
columns 2 through 7 o	n a line-by-line l	pasis.)	, 			
1. Name of penodical	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)			0			0
(2)			0			0
(3)			0			0
(4)	<u> </u>		0			0
Totals from Part I ▶	0	0			The Management of the Control of the	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) ▶	0	o)	.A	<u> </u>	0
Schedule K—Compensation of	Officers, Direct	tors, and Trus	stees (see instruction	ons)		
1. Name			2. Title	3. Percent of time devoted to business	4. Compensa	ation attributable to ted business
(1) Al Hauge		President		Part		
(2) Myron Plautz		Vice Preside	ent	Part		
(3) Sue Nolan		Treasurer		Part		
(4) Ellen Antony		Secretary		Part		

Form 990-T (2017)

Line 28	(990-T)	- Other	Deductions
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1	Legal and professional fees	1	140
2	Miscellaneous	2	478
3	Office expenses	3	21,767
4	Advertising	4	2,400
5	Lawful Purposes	5	45,299
6	Rent	6	66,730
7	Gambling Taxes and Licenses	7	262,267
8	Product Costs	8	64,051
9	Cash Short	9	964
10	Bonds	10	100
11	Total other deductions	11	464,196
12	Total deductions less expenses for offsetting credits	. 12	464,196

Line 4b, Sch A (990-T) - Other Costs for Cost of Goods Sold

1	Travel, Meals and Entertainment		1
	a Travel	. 1a	
	b Total meals and entertainment	_	
	c 50% of line b	-	
	d Subtract line c from line b	_ 1d	0
2	Depreciation	_	
3	Compensation of officers		
4	Salesperson wages and commissions		
5	Indirect labor		
6	Rent	_	
7	Amortization		
Я	Freight-in	_	
ā	Supplies		
10	Taxes		
11	Utilities	_	
12	Prizes Paid	12 -	4,500,032
13	Filzes Falu	- 12 - 13 -	4,500,032
14		_ ``	
		- 14 -	
15	7.1.1	_ 15 _	4 500 000
76	Total other costs	_	4,500,032
17	Reduction of expenses for offsetting credits (see attached statement)		0
18	Total other costs less expenses for offsetting credits	18	4,500,032