

Form 990-T

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018 (809)

2017

Department of the Treasury  
Internal Revenue Service► Go to [www.irs.gov/Form990T](http://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 for  
501(c)(3) Organizations Only

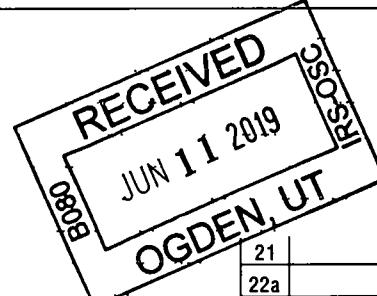
A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>GRANDMA'S MARATHON-DULUTH, INC.</b>	D Employer identification number (Employees' trust, see instructions) <b>41-1573627</b>
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 16234</b>	E Unrelated business activity codes (See instructions) <b>900099</b>
C Book value of all assets at end of year <b>3,022,004.</b>		City or town, state or province, country, and ZIP or foreign postal code <b>DULUTH, MN 55816</b>	
F Group exemption number (See instructions.) ►		G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ► **QUALIFIED TRANSPORTATION BENEFITS**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  
If "Yes," enter the name and identifying number of the parent corporation ►J The books are in care of ► **THE ORGANIZATION** Telephone number ► **218-727-0947**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance		
2	Cost of goods sold (Schedule A, line 7)	1c		
3	Gross profit. Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b		
5	Income (loss) from partnerships and S corporations (attach statement)	4c		
6	Rent income (Schedule C)	5		
7	Unrelated debt-financed income (Schedule E)	6		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	7		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8		
10	Exploited exempt activity income (Schedule I)	9		
11	Advertising income (Schedule J)	10		
12	Other income (See instructions; attach schedule)	11		
13	<b>Total. Combine lines 3 through 12</b>	12	<b>2,450.</b>	
		13	<b>2,450.</b>	<b>2,450.</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions. Add lines 14 through 28</b>	29	<b>0.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<b>2,450.</b>
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	<b>2,450.</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	<b>1,000.</b>
34	Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	<b>1,450.</b>



**Part III Tax Computation**

35 Organizations Taxable as Corporations See instructions for tax computation

Controlled group members (sections 1561 and 1563) check here ►  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).

(1)  (2)  (3) b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) 

c Income tax on the amount on line 34

SEE STATEMENT 2

35c

283.

36 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)

36

37 Proxy tax See instructions

37

38 Alternative minimum tax

38

39 Tax on Non-Compliant Facility Income See instructions

39

40 Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies

44

40

283.

**Part IV Tax and Payments**

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e Total credits Add lines 41a through 41d

41e

283.

42 Subtract line 41e from line 40

42

43 Other taxes. Check if from  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44

283.

45a Payments. A 2016 overpayment credited to 2017

45a

b 2017 estimated tax payments

45b

c Tax deposited with Form 8868

45c

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:

 Form 2439 \_\_\_\_\_

Total ►

45g

46 Total payments. Add lines 45a through 45g

46

47 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

53

48

283.

49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49

50 Enter the amount of line 49 you want Credited to 2018 estimated tax ►

Refunded

50

**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 ►

Yes  No  X

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.

X

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, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

**Sign Here**► 

1 X-6-1-19

► EXECUTIVE DIRECTOR

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHELLE SWOBODA	MICHELLE SWOBODA	05/21/19		P01275603
	Firm's name ► WIPFLI LLP			Firm's EIN ►	39-0758449
1502 LONDON ROAD, SUITE 200			Firm's address ► DULUTH, MN 55812		
			Phone no.		218.722.4705

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

QUALIFIED TRANSPORTATION BENEFITS

2,450.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

2,450.

FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT 2
1. TAXABLE INCOME . . . . .	1,450	
2. LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	1,450	
3. LINE 1 LESS LINE 2 . . . . .	0	
4. LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0	
5. LINE 3 LESS LINE 4 . . . . .	0	
6. INCOME SUBJECT TO 34% TAX RATE . . . . .	0	
7. INCOME SUBJECT TO 35% TAX RATE . . . . .	0	
8. 15 PERCENT OF LINE 2 . . . . .	218	
9. 25 PERCENT OF LINE 4 . . . . .	0	
10. 34 PERCENT OF LINE 6 . . . . .	0	
11. 35 PERCENT OF LINE 7 . . . . .	0	
12. ADDITIONAL 5% SURTAX . . . . .	0	
13. ADDITIONAL 3% SURTAX . . . . .	0	
14. TOTAL INCOME TAX		218
		<hr/>
15. TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	305	
		<hr/>
	DAYS	
16. TAX PRORATED FOR NUMBER OF DAYS IN 2017	92	55
17. TAX PRORATED FOR NUMBER OF DAYS IN 2018	273	228
18. TOTAL TAX PRORATED	365	283
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