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-	Extended to Nov				•
`Form 990-T	Exempt Organization Bus			ax Return	OMB No 1545-0687
P	(and proxy tax und	er se	ction 6033(e))		2018
	► Go to www irs gov/Form990T for in	structio		tion	
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may				Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	Name of organization (Check box if name cl	hanged	and see instructions)		Employer identification number (Employees' trust, see
address changed	Cass County, North Dak	ota	Historical		instructions)
B Exempt under section	Print Society		·		45-0306858
X 501(c)(3)/	Or Number, street, and room or suite no. If a P.O. box	k, see in	structions		Unrelated business activity code See instructions)
408(e) 220(e)	1351 Main Avenue w	,			
408A530(a) 529(a)	City or town, state or province, country, and ZIP of West Fargo, ND 58078	r toreigi	n postal code	E	31120 (
Book value of all assets	E Group examption number (See instructions)		·-		31120 (
at end of year 2 396 4	51. G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a) tri	ust Other trust
H Enter the number of the o	organization's unrelated trades or businesses	1	Describe th	ne only (or first) unrel	
	► Wedding and Event Rental			omplete Parts I-V If r	
	lank space at the end of the previous sentence, complete Pa	rts I an		•	·
business, then complete	Parts III-V.				
I During the tax year, was	the corporation a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	▶ □	Yes X No
	nd identifying number of the parent corporation				
	▶ Brad Stedman	1		_	1-282-2822
	d Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sale		.			
b Less returns and allow		1c 2			
2 Cost of goods sold (S3 Gross profit. Subtract		3			
4a Capital gain net incom		4a			
. •	4797, Part II, line 17) (attach Form 4797)	4b		··· ··· ··· ··· ··· ··· ··· ··· ··· ··	
c Capital loss deduction		4¢			
_	partnership or an S corporation (attach statement)	5			
∞6 Rent income (Schedu	le C)	6	48,225.	87,74	139,516.
	ed income (Schedule E)	7			
111	valties, and rents from a controlled organization (Schedule F)	8			
=	a section 501(c)(7), (9), or (17) organization (Schedule G)				
L	vity income (Schedule I)	10			
Advertising income (S	•	11	+		
▼13 Total. Combine lines	structions; attach schedule)	13	48,225.	87,74	139,516.
Part II Deduction	ns Not Taken Elsewhere (See instructions fo			01,14	1. 32,310.
	contributions, deductions must be directly connected			income)	
14 Compensation of off	icers, directors, and trustees (Schedule K)	•			14
15 Salaries and wages					15
16 Repairs and mainten	ance	·	1	_	16
17 Bad debts	RECEIVED			<u> </u>	17
·	dule) (see instructions)	S	21	-	18
19 Taxes and licenses	ons (See instructions for limit arrules) V 1 9 2019	9 0	(1		19
		ŏ	21		20
21 Depreciation (attach22 Less depreciation cla	nimed on Schedule A and elsewhere of GDEN, U	7	22a		2b
23 Depletion	inned on senedale A and else there of A and el	<u> </u>	ا		23
	erred compensation plans				24
25 Employee benefit pro	•				25
26 Excess exempt exper	nses (Schedule I)				26
27 Excess readership co	osts (Schedule J)				27
28 Other deductions (at	lach schedule)			:	28
	dd lines 14 through 28				29 0.
	axable income before net operating loss deduction. Subtrac			 	-39,516.
·	erating loss arising in tax years beginning on or after Januar	ry 1, 20	18 (see instructions)		31 30 516
32 Unrelated business to	axable income. Subtract line 31 from line 30				-39,516.

Form **990-T** (2018

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

823711 01-09-19

Use Only

Firm's name ► EIDE BAILLY LLP

Firm's address ► FARGO, ND 58108-2545

45-0250958

Phone no. 701-239-8500

Firm's EIN ▶

4310 17TH AVE S PO BOX 2545

Cass County, North Dakota Historical

Form 990-1 (2018) Society

45-0306858

Page 3

Schedule A - Cost of Goods	Sold Fater	mothod of soven	ton unlustran BT / 7					
1 Inventory at beginning of year	1	method of mven	tory valuation ► N/A 6 Inventory at end of year	_		6	Ţ	
2 Purchases	2		7 Cost of goods sold S	ne 6	۳			
3 Cost of labor	3	.	from line 5. Enter here					
4a Additional section 263A costs			line 2		u,	7		
(attach schedule)	4a		8 Do the rules of section	vith respect to		Yes	No	
b Other costs (attach schedule)	4b	-	property produced or		•			
5 Total Add lines 1 through 4b	5		the organization?	•	., ., .,		j	
Schedule C - Rent Income (see instructions)	From Real	Property and	d Personal Property	Lease	ed With Real Pro	per	ry)	
1 Description of property								
(1) Pavilion and Daw	son Hali	l wedding	and event re	ental	with pers	ona	l proper	ty
(2)							_	
(3)								
(4)								
	2 Rent receiv	ed or accrued			0() 5			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	ind personal property (if the percent personal property exceeds 50% or it it is based on profit or income)	tage f	3(a) Deductions directlicolumns 2(a) a See Stat	nd 2(b)	(attach schedule)	ın
(1)		48,225.					87,7	41.
(2)					***			
(3)					_			
(4)								
Total	0.	Total	48,2	<u> 225.</u>	1			
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column	(A)	<u> </u>	48,2	225.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	87,7	41.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2 Gross income from		3 Deductions directly cor to debt-finan			
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
				<u> </u>				
(1)								
(2)								
(3)								
(4)				<u> </u>				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%	i				
			^					
					iter here and on page 1, art I, line 7 column (A)		Enter here and on pag Part I, line 7, column (
Totals			>				, ,	(B) O .
	cluded in columi	18	>		art I, line 7 column (A)		, ,	(B)

Form 990-1 (2018) Societ Schedule F - Interest,	Annuitie	s. Rova	lties, and	Rent	s From C	ontroll	ed Organiz	atio	45-03			Page
\$ mtoroot,	-	1.030			Controlled O				1000 111	51, 501,0		
Name of controlled organize	ation	2 Em identifi num	ployer cation	3 Net uni	related income e instructions)	4. Tot	tal of specified ments made	includ	rt of column 4 ded in the con zation's gross	trolling	6 Deductions d connected with in column 5	ncome
/1\							·					
(1)							<u> </u>					
(3)												
(4)												
Nonexempt Controlled Organ	nizations	ļ									• •	
7 Taxable Income	8 Net u	nrelated inconsee instructions		9 Total	of specified pay made	ments	10 Part of column the controll gross		nization's		eductions directly o	
(1)												
(2)				•								
(3)												
(4)												
							Add colun Enter here and line 8, c		e 1, Part I,	l	dd columns 6 and 1 here and on page 1, line 8, column (B)	
Totals						▶			0.			0
Schedule G - Investme	ent Inco	me of a	Section 5	01(c)(7), (9), or	(17) Or	ganization	1				
(see ins	tructions)											
1 Des	cription of inco	ime			2 Amount of	ıncome	3 Deduction directly connect (attach schedule)	cted	4. Set-	-asides schedule)	5 Total dec and set-a (col 3 plus	asides
(1)			- "									
(2)												
(3)												
(4)					ļ				<u> </u>			
					Enter here and Part I, line 9, co						Enter here and o Part I, line 9, co	
Totals						0.						0
Schedule I - Exploited (see instr	-	Activity	Income,	Othe	r Than Ac	lvertisi	ng Income	}	·	····		
1 Description of exploited activity	unrelated incom	Gross business e from business	3. Expension directly confined with product of unrelated business in the second confined at	nected ction ted	4 Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses table to mn 5	7 Excess e expenses (c 6 minus colu but not mor column	olumn umn 5, e than
(1)	+				+				 			
(2)	-									····		
(3)			•									
(4)				.								
		e and on , Part I, col (A)	Enter here a page 1, Pa line 10, col	arti,							Enter here on page Part II, line	1,
Totals •		0.		0.								0
Schedule J - Advertis												
Part I Income From	Periodic	als Rep	orted on a	a Con	solidated	Basis						
1 Name of periodical		2 Gross advertising income		Direct sing costs	or (toss) (co		5 Circulat income		6 Read		7 Excess read costs (column 6 column 5, but no than column	minus ot more
(1)												
(2)]	
(3)]	
(4)												
Totals (carry to Part II, line (5))	>		0.	0					i		<u></u>	0
											OOO]	T 10040

Cass County, North Dakota Historical

orm 990-₹ (2018) Society					<u>45-030685</u>	8 Page 5
Part Ii Income From Perio	dicals Report	ed on a Sepa	rate Basis (For eac	ch periodical list	ed in Part II, fill in	-
columns 2 through 7 on a	a line-by-line basis)	<u> </u>				
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)						
(2)						-
(3)						
(4)				-		
otals 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

Sc	hedu	ıle i	< - (Compensat	ion of	Officers,	Directors,	and	Trustees	(see instructions	;)
----	------	-------	-------	-----------	--------	-----------	------------	-----	----------	-------------------	----

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

0.

Form 990-T (2018)

0.

Totals, Part II (lines 1-5)

Form 990-T	Deductions	Connected	with Rental	Income	Statement	2
Description			Activity Number	Amount	Total	
Depreciation				8,955.		
Building and G	rounds Expense	es		1,229.		
Elevator Repair	_	-		709.		
General Repairs				301.		
Parking Lot Exp				51.		
Inspections/Lic				16.		
Interest				5,481.		
Salaries and Wa	ages			51,945.		
Payroll Taxes				3,974.		
Workers Comp				253.		
Payroll Service	es			468.		
Supplies				3,633.		
Security				4,499.		
Other Expense				2,098.		
Private Event 1	_			1,547.		
Property Insura	ance			458.		
Utilities				2,124.		
		- SubTotal	. – 1		87,7	41.
Total to Form	990-T, Schedu	le C, Colum	nn 3		87,7	41.