EXTENDED TO NOVEMBER 15, 2019 2939334100905 Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization ( Check box if name changed and see instructions.) Check box if address changed FORT ABRAHAM LINCOLN FOUNDATION **B** Exempt under section Print or X 501(c)(3 075 Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 401 WEST MAIN STREET 408A \_\_530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) MANDAN, ND 58554 C Book value of all assets F Group exemption number (See instructions.) 1,656,156. G Check organization type ► X 501(c) corporation 501(c) trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here **SEE STATEMENT 1** . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V X No 1 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. Telephone number  $\triangleright$  701-222-4100 The books are in care of HAGA KOMMER. Part I Unrelated Trade or Business Income (A) Income (C) Net (B) Expenses 54,605. 1a Gross receipts or sales 54,605 b Less returns and allowances c Balance 1¢ 40,438. SATE APPROPRIE Cost of goods sold (Schedule A, line 7) RIMETED (DE 14,167. Gross profit. Subtract line 2 from line 1c 3 TO THE SECTION OF THE Capital gain net income (attach Schedule D) 4a THE SELL MILL b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b FREE COLUMN c Capital loss deduction for trusts 4c 是是他们的原 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 80,000. 80,000. interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 LIMETTATE Other income (See instructions; attach schedule) 12 12 94,167. 80,000. 14,167. Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (Segmentations for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustee 14 111519 37,067. 15 15 Salaries and wages 32. Repairs and maintenance 16 16 17 Bad debts 17 interest (attach schedule) (see instructions) 18 18 Charitable contributions (See instructions for imitation rules) 3.428 19 19 SEE STATEMENT 2 STATEMENT 4 20 20 Depreciation (attach Form 4562) 21 22a Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 Depletion 23 24 24 Contributions to deferred compensation plans 25 25 Employee benefit programs Excess exempt expenses (Schedule I) 26 26

SEE STATEMENT 3 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

2,540. 29 43,067. -28,900.30 111 11 11 11

-28,900.

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27

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Excess readership costs (Schedule J)

Other deductions (attach schedule) Total deductions. Add lines 14 through 28

27

28

29

30

31

Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or	businesses (see instructions)	3	33 -2	8,900
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2		5 3	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line	e 35 from the sum of			
	lines 33 and 34				<u>8,900.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		<u> </u>	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is gr	reater than line 36,			
D-4 1	enter the smaller of zero or line 36		. 13	$\frac{38}{}$ $-2$	<u>8,900.</u>
Part I					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>▶</b>   3	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of	on the amount on line 38 from;	, F.	<del></del>	
	Tax rate schedule or Schedule D (Form 1041)			10	<del></del>
41	Proxy tax. See instructions		· —	11	
42	Alternative minimum tax (trusts only)		-	12	
43 44	Tax on Noncompliant Facility Income See instructions  Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			13   14	0.
Part V			1 4	<del>2</del>	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
	Other credits (see instructions)	45b		- [	
c	General business credit. Attach Form 3800	45c			
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		,	
e	Total credits. Add lines 45a through 45d		45	5e	
46	Subtract line 45e from line 44		4	16	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 8866 Other (attach sch	nedule) 4	7	
48	Total tax. Add lines 46 and 47 (see instructions)		4	8	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k)	), line 2	4	9	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a	,		
	2018 estimated tax payments	50b		,	
	Tax deposited with Form 8868	50c	,.		
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		ı	
	Backup withholding (see instructions)	50e		`	
	Credit for small employer health insurance premiums (attach Form 8941)	50f	<del></del>	.	
g	Other credits, adjustments, and payments: Form 2439	 Total ▶ 50g			
E4	Form 4136 Other Other Total payments. Add lines 50a through 50g	Total <b>50g</b>	5	<del>-                                    </del>	
51 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	7	5		
52 53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>▶</b> 5		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amou		5		
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	5:		
Part V	Statements Regarding Certain Activities and Other I	nformation (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," to	he organization may have to file		ſ	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	ne name of the foreign country		Ĺ	- 1
	here <b>&gt;</b>				X
57	During the tax year, did the organization receive a distribution from, or was it the g	grantor of, or transferor to, a foreign trus	it?	<u> </u>	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 perjury, I declare that I have examined this return, including accompanying s		. le servis des se		
Sign	Under penalties of perjury, I declare that I have examined this feturn, including accompanying correct, and complete Declaration of preparer (other than taxpayer) is based on all information	of which preparer has any knowledge	vuowiedge a	na pener, it is irde,	,
Here	11/15/2019 N	EXECUTIVE DIRECTOR	May the	e IRS discuss this r	
	Signature of officer Date	tle		parer shown below tions)? X Yes	•
	Print/Type preparer's name Preparer's signature	Date Check [	_	PTIN	- 140
Date	TONYA HOLMSTROM, TONYA HOLMSTRO	1			
Paid	bna bna	11/14/19		P006155	590
Prepa	CCHMITT HOTMETROW III	Firm's I		83-3970	
Use C	1400 W CENTURY AVE				
	Firm's address BISMARCK, ND 58503	Phone	no. 701	-221-26	<u> 555</u>
823711 01-					<b>0-T</b> (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory va	aluation LOW	VER	OF COST OR I	MARKET	
1 Inventory at beginning of year	1	75,021.		Inventory at end of year			6	46,680.
2 Purchases	2	12,097.	1	Cost of goods sold. S		line 6	•	
3 Cost of labor	3		}	from line 5. Enter here	and in	Part I,		
4a Additional section 263A costs				line 2			7	40,438.
(attach schedule)	4a		8	Do the rules of section	1 263A (	with respect to		Yes No
<b>b</b> Other costs (attach schedule)	4b		j	property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	87,118.	<u> </u>	the organization?		<u></u>		X
Schedule C - Rent Income (see instructions)	(From Real F	Property and	Pers	onal Property L	.ease	d With Real Prop	erty) 	·
1. Description of property								
(1) <sup>1</sup>								
(2)		<u></u>						
(3)								
(4)								
	2. Rent receive					0/->2		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` of rent for pe	rsonal (	nal property (if the percenta property exceeds 50% or if d on profit or income)	ıge	3(a) Deductions directly columns 2(a) ar	connected with t nd 2(b) (attach sci	he income in nedule)
(1)							·	
(2)								
(3)								
(4)								
Total	0.	Total			0.		- <del>-</del>	-
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er <b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶.	0.
Schedule E - Unrelated Del	bt-Financed	Income (see i	nstruc	ctions)				
			,	0	ľ	Deductions directly confit to debt-finance		ocable
1 0				Gross income from or allocable to debt-	(a)	Straight line depreciation	<del> </del>	er deductions
Description of debt-fi	mariced property			financed property	` ′	(attach schedule)		h schedule)
(1)							+	
<u>(1)</u> <u>(2)</u>					† —		<del> </del>	
(3)	<del></del>				<b>†</b>		<u> </u>	
(4)							<u> </u>	<del></del> _
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finan	adjusted basis locable to ced property schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deductions x total of columns a) and 3(b))
<u>(1)</u>	† — — — — — — — — — — — — — — — — — — —					<del></del>		<u> </u>
(2)				%				
(3)				%				, <u> </u>
(4)				%				
	· — —				Е	nter here and on page 1,	Enter here	and on page 1,
						Part I, line 7, column (A)		7, column (B)
Totals				<b>&gt;</b>		0		0.
Total dividends-received deductions	ncluded in column	8				<u></u>		0.

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Schedule F - Interest, A	Annuities, Roya	ities, and					tions	(see ins	struction	ns)
4	0.5			Controlled O	Τ .		T	<del></del>	Т	C 2 1 1 1 1 1
Name of controlled organizati	identi	nployer fication mber		related income e instructions)	4, To	tal of specified ments made	includ	t of column 4 ted in the contraction's gross i	olling	6. Deductions directly connected with income in column 5
(1) MISSOURI					-					
(2) RIVERBOAT, INC	C. 45-04	15961			<u> </u>				1	- · · · · · · · · · · · · · · · · · · ·
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8 Net unrelated inco		9. Total	of specified payr	nents	10. Part of colur				eductions directly connected
	(see instruction	ns)		made		in the controlli gross	ng organ income		wit	h income in column 10
								}	S'	ratement 6
_(1)										
(2)				80,	000.		80	,000.		80,000.
_(3)										
_(4)					_					
						Add colum	ns 5 and	1 10	A	dd columns 6 and 11
						Enter here and	on page olumn (A		Enter I	nere and on page 1, Part I,
						11118 0, 0	,			line 8, column (B)
Totals	<del></del>						80	,000.	_	80,000.
Schedule G - Investmen		Section	501(c)(7	7), (9), or ( <sup>•</sup>	17) Org	ganization				
(see instr	uctions)			1		0.5				
1. Descr	iption of income			2. Amount of	ıncome	<ol> <li>Deduction directly conne</li> </ol>	cted	4. Set-a		<ol><li>Total deductions and set-asides</li></ol>
(4)	<del></del>			ļ		(attach sched	ule)	- (0110011 3		(col 3 plus col 4)
(1)				-						
(3)				<del>-</del>				·		
(2) (3) (4)	<del></del>			<del>                                     </del>						<del>                                     </del>
_ <del>(4</del> )				Enter here and o	on page 1,			<del> –</del>		Enter here and on page 1,
				Part I, line 9, co		•		•	•	Part I, line 9, column (B)
Totals			•		0.					. 0.
Schedule I - Exploited I	Exempt Activity	Income	, Other	Than Adv		g Income				-1
(see instru	ctions)									
		3 Exp	ansae	4. Net incom						7. Excess exempt
1. Description of	2 Gross unrelated business	directly co	onnected	from unrelated business (co		<ol> <li>Gross inco from activity the</li> </ol>		6. Expe		expenses (column
exploited activity	income from trade or business	of unre	elated	minus columi gain, compute		is not unrelate business inco		colun		6 minus column 5, but not more than
		business	income	through	7					column 4)
(1)		<u> </u>								
(1) (2) (3) (4)										
(3)	<u> </u>									
(4)					لـــيــا	<del></del>				
	Enter here and on page 1, Part I,	Enter her page 1,	Part I,		-					Enter here and on page 1,
	line 10, col (A)	line 10,			•	•		٠,	•	Part II, line 26
Totals	0.		<u> </u>				_		····	
Schedule J - Advertisin				odidatad	Pacia					
Part i income From F	eriouicais nep	orteu or	i a Cons	Soliuateu	Dasis					
	<del></del>	<del></del>				<del></del>				
	2. Gross advertising		3 Direct	4. Advert or (loss) (co	ol 2 minus	5. Circulati	on	6. Reade	rship	7. Excess readership costs (column 6 minus
Name of periodical	income	adve	rtising costs	col 3) If a ga		e income		costs	3	column 5, but not more than column 4)
(1)	<del></del>	_		+		<del></del> -				- <del></del>
(1) (2)	<del>-  </del>			٠,		<b>—</b>		<del></del>		
(3)		_+_		-	•	<b>—</b>				
(4)	<del></del>	_		┨ `	7.			<del></del>		
	-	<del>-   -</del>		+		+	$\dashv$			~ * ^ 4
Totals (carry to Part II, line (5))		0.	0			1				0.
										Form <b>990-T</b> (2018)

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed 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	Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)			<u>.</u>				
Totals from Part I	▶	0.	0.	17	mm 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	The second second	0
		Enter here and on page 1, Part I, ine 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.	0.				0

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) AARON BARTH	EXECUTIVE DIRECTOR	.00%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>•</b>	0.

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		<del></del>				
FORM '990-T	DESCRIPTION O	OF ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	1
		BUSINESS ACTIVIT	ľΥ			

SALE OF INVENTORY ITEMS
PROVIDING ADMINISTRATIVE SERVICES TO A RELATED PARTY

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FIVE NATIONS ARTS	N/A	7,642.
TOTAL TO FORM 990-T, PAGE 1, I	INE 20	7,642.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
BANK SERVICE CHARGES CONTRACT LABOR TELEPHONE UTILITIES DUES AND SUBSCRIPTIONS INSURANCE MISCELLANEOUS		411. 885. 433. 378. 250. 118.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	2,540.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017			
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBUTIONS	7,642		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	7,642	_	
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	7,642 0 7,642	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		_	0
TOTAL CONT	RIBUTION DEDUCTION			0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/01	4,217.	4,217.	0.	0.
12/31/02	17,678.	17,678.	0.	0.
12/31/03	31,128.	31,128.	0.	0.
12/31/04	6,278.	6,278.	0.	0.
12/31/05	45,558.	45,558.	0.	0.
12/31/06	52,040.	36,278.	15,762.	15,762.
12/31/07	70,324.	0.	70,324.	70,324.
12/31/08	6,704.	0.	6,704.	6,704.
12/31/09	4,557.	0.	4,557.	4,557.
12/31/14	982.	0.	982.	982.
12/31/16	14,176.	0.	14,176.	14,176.
12/31/17	20,722.	0.	20,722.	20,722.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	133,227.	133,227.