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	Extended to J		
Form 990-T	Exempt Organization Bu		OMB No 1545-0687
n		der section 6033(e))	1900
ν	For calendar year 2018 or other tax year beginning SEP 1		2019 2018
Department of the Treasury	► Go to www.irs gov/Form990T for ► Do not enter SSN numbers on this form as it ma	instructions and the latest information	Open to Public Inspection for
Internal Revenue Service	Name of organization (Check box if name		1(C)(3) 501(c)(3) Organizations Only [] Employer identification number
A Check box if address changed	Name of organization (Check box if hame	changed and see instructions)	(Employees' trust, see instructions)
B Exempt under section	Print Central Dakota Enterpr	cises. Inc.	45-0340393
X 501(c)(3)	or Number, street, and room or suite no. If a P.O. b		E Unrelated business activity code (See instructions.)
408(e) 220(e)	Type PO Box 516	,	(See insudelions)
408A530(a)	City or town, state or province, country, and ZIP		
529(a)	Mandan, ND 58554-0516	5	541800
C Book value of all assets at end of year	F Group exemption number (See instructions)	>	(
	10. G Check organization type ► X 501(c) co		401(a) trust Other trust
	organization's unrelated trades or businesses. Radio Advertising	1 Describe the only (or	•
	lank space at the end of the previous sentence, complete F	. If only one, complete Pa	
business, then complete		raits I and II, complete a Schedule Willor each	additional trade of
	the corporation a subsidiary in an affiliated group or a pari	ent-subsidiary controlled uroup?	Yes X No
	and identifying number of the parent corporation	grap	
J The books are in care of	► Kathy Sougstad	Telephone number	▶ (701)663-2345
Part I Unrelated	d Trade or Business Income	(A) Income (B) E	xpenses (C) Net
1a Gross receipts or sale	s <u>36,036.</u>		i l
b Less returns and allo		16 36,036.	
2 Cost of goods sold (S	•	2 26 036	
3 Gross profit. Subtract		3 36,036.	36,036.
4 a Capital gain net incon b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	Ab R	FCEIVED
c Capital loss deduction		40	
•	partnership or an S corporation (attach statement)	5 89	110 A 11 a 10
6 Rent income (Schedu	•	6 3 M	IAR 0 2 2020 O
7 Unrelated debt-finance	ed income (Schedule E)	7_	88
8 Interest, annuities, roy	valties and rents from a controlled organization (Schedule F	8 00	DEN LIT
9 Investment income of	f a section 501(c)(7), (9), or (17) organization (Schedule G	9	2211.01
	vity income (Schedule I)	10	
11 Advertising income (S	•	11	
· ·	structions; attach schedule)	13 36,036.	36,036.
Part II Deduction	ins Not Taken Elsewhere (See instructions to		
·	contributions, deductions must be directly connecte	-	
14 Compensation of of	icers, directors, and trustees (Schedule K)		14 935.
15 Salaries and wages	, ,		15 16,736.
16 Repairs and mainter	ance		16
17 Bad debts			17
•	dule) (see instructions)		18
19 Taxes and licenses	and the second s		19 255.
	ions (See instructions for limitation rules)	lea l	180.
21 Depreciation (attach22 Less depreciation of	aimed on Schedule A and elsewhere on return	21 4 22a	22b 480.
23 Depletion	miles on Schedule A and elsewhere on return	[228]	23
, ·	erred compensation plans		24
25 Employee benefit pr	·		25 6,109.
26 Excess exempt expe	-		26
27 Excess readership c	osts (Schedule J)		27
28 Other deductions (a		See Statement	
	dd lines 14 through 28		29 <u>46,638.</u>
	taxable income before net operating loss deduction. Subtra		$\frac{30}{10000000000000000000000000000000000$
	perating loss arising in tax years beginning on or after Janu	iary 1, 2018 (see instructions)	$\frac{81}{32}$ -10,602.
32 Unrelated business	taxable income Subtract line 31 from line 30		9\ 32 -10,602.

Form 990-	Conclus Danota Zintelpribably and		45-	034	0393		rage Z
Part I	Total Unrelated Business Taxable Income						_
• 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instructio	ns)		33	-10,	602.
34	Amounts paid for disallowed fringes				34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instri	uctions)	Stmt :	3	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	sum of					
	lines 33 and 34			<u></u>	36	-10,	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			38	37	1,	000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,		24			
	enter the smaller of zero or line 36			<u> 39</u>	88	-10,0	<u>602.</u>
Part I	V Tax Computation						
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)			•	39		0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 38 fi	rom:				_
	Tax rate schedule or Schedule D (Form 1041)				40		
41	Proxy tax See instructions				41		
42	Alternative minimum tax (trusts only)				42		_
43	Tax on Noncompliant Facility Income See instructions				43		
_44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44		0.
Part \	Tax and Payments						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a					
	Other credits (see instructions)	45b			1 1		
	General business credit. Attach Form 3800	45c		-	1 1		
4	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			1 1		
	Total credits Add lines 45a through 45d	1 43u			45.		
	Subtract line 45e from line 44				45e		Ö.
46	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 88	.cc 🗀 o			46		<u> </u>
47	——————————————————————————————————————	0000	ther (attach sch	edule)	47		
48	Total tax Add lines 46 and 47 (see instructions)				48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1			49		0.
	Payments: A 2017 overpayment credited to 2018	50a			4		
b	2018 estimated tax payments	50b			∤ [
C	Tax deposited with Form 8868	50c			↓		
đ	Foreign organizations Tax paid or withheld at source (see instructions)	50d			1 1		
е	Backup withholding (see instructions)	50e			<u> </u>		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f					
g	Other credits, adjustments, and payments Form 2439						
	☐ Form 4136 Other Total ▶	50g]]		
51	Total payments Add lines 50a through 50g				51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.				52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			•	53		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				54		
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax.	1	Refunded		55		
Part \		n (see in	structions)		1 00 1		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature					Yes	No
00	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		•			150	140
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts II "Yes," enter the name of the	•					ļ
	here	i lui eigii çou	ии у			-	X
67			a farana tura				$\frac{\hat{x}}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ransieror to,	a foreign trus	(/		<u> </u>	+^-
50	If 'Yes," see instructions for other forms the organization may have to file					1	1
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\Bar\$ Under penalties of perjury 1 declare that I have examined this return including accompanying schedules and state.		4- 1b- b4-4	i e e e e e e	4		Щ
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare			KUDWIE	oge and belief	t is true	
Here	12/1/-201 31:			м	ay the IRS disc	uss this return	with
	Stanton of other	an			e preparer show		— . I
	Signature of officer Date Title			In:	structions)?	X Yes	No
	Print/Type preparer's name Preparer's signature Da	ate	Check		1 PTIN		
Paid			self- emp	loyed			
Prepa		<u>2/06/2</u>	0			193453	
Use (only Firm's name ► Eide Bailly LLP		Firm's E	IN ►	45-	025095	58
	PO Box 1914						
	Firm's address ► Bismarck, ND 58502-1914		Phone r	10. 7	01-25	5-1091	L
				_		000	_

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/	<u> </u>				
1 Inventory at beginning of year	1		6 Inventory at end of y			6		
2 Purchases	2		7 Cost of goods sold.		line 6			
3 Cost of labor	3		from line 5. Enter he					
4 a Additional section 263A costs			line 2	·	7			
(attach schedule)	4a		8 Do the rules of secti	on 263A ((with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced o	r acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property	Lease	ed With Real Prop	erty)	-	-
1 Description of property	· · · · · · · · · · · · · · · · · · ·							
(1)	<u></u>							
(2)								
(3)				,				
(4)								
		ed or accrued			2/a) Deductions describ		and with the manner	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	and personal property (if the percei personal property exceeds 50% or nt is based on profit or income)	ntage if	3(a) Deductions directly columns 2(a) a	nd 2(b) (a	attach schedule)	1
(1)								
(2)								
(3)								
(4)					<u> </u>			
Total	0.	Total		0.				
(c) Total income Add totals of columns		ter		_	(b) Total deductions Enter here and on page 1,			_
here and on page 1, Part I, line 6, column		<u> </u>		0.	Part I line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated De	bt-rinanced	income (see	instructions)		0.5			
			2 Gross income from	ł	3 Deductions directly con to debt-finan-	nected v ced prop	vilh or allocable erly	
1 Description of debt-1	Inanced property		or allocable to debt- financed property	(a)	Straight line depreciation		(b) Other deduction (attach schedule)	าร
			,	-	(attach schedule)	1	(attach schedule)	
(1)			 	+-				
(2)			 	\dashv		- -		
(3)			<u> </u>	 		 		
(4)	,. =-			+-		-		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis billocable to inced property h 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)	 			+		\dashv		
(2)	 		%					
(3)	†		%			十		
(4)			%					
	_				Enter here and on page 1 Part I, line 7 column (A)		Enter here and on pag Part I, line 7 column	
Totals			1		0	- 1		0.
Total dividends-received deductions	included in colum	n 8	,			- - - - - - - - - - 		0

Form 990-T (2018) Cent Schedule F - Interes	ral Dak	ota En	terpri	ses	, Inc.				<u>45-03</u>	40393	Page 4
Schedule F - Interes	st, Annuitie	s, Royalt	ies, and R	ents	From Cor	ntrollec	l Organiza	tions	(see ins	structions)
•			Ex	empt (Controlled Or	ganizatio	ons				
 Name of controlled org 	anization	2 Emp identific numb	ation (le		elated income instructions)		el of specified nents made	ınclud	rt of column 4 ed in the conti ation is gross i	rolling	6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)		<u> </u>									
Nonexempt Controlled Or	nanizations	·L			<u></u>						
7 Taxable Income		inrelated incomi	e (loss)	Total	of specified paym	ents	10. Part of colur	nn 9 tha	t is included	11 Ded	uctions directly connected
,		see instructions		,	made		in the controlli	ng organ income	nization's		ncome in column 10
(1)											<u> </u>
(2)					-						
(3)											
(4)											
			<u> </u>				Add colum Enter here and line 8 c	on page	1 Parti,	Enter he	t columns 6 and 11 re and on page 1 Part I ine 8 column (B)
						_ [i "	
Totals				44 14=) (0) 1:			_	0.		0.
Schedule G - Invest		ne of a S	ection 501	1(c)(7), (9), or (1	7) Org	anization				
(see	instructions)								,		
1	Description of inco	me			2 Amount of i	ncome	3 Deduction directly connect (attach sched	cled	4 Set- (attach s		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)									_		
					Enter here and o Part I line 9 cof						Enter here and on page 1, Part I line 9 column (B)
Totals				▶		0.					0.
Schedule I - Exploit	ed Exempt nstructions)	Activity	Income, O	ther	Than Adv	ertisin	g Income				
		_	3 Expense	25	4 Net incom	e (loss)	٠.				7 Excess exempt
1 Description of exploited activity	unrelated	Gross I business ne from business	directly connectivity production of unrelated business inco	cted Ion d	from unrelated business (col minus column gain compute through	umn 2 3) If a cols 5	 Gross inco from activity the is not unrelate business inco 	nat ed	6 Exp attribut colur	able to	expenses (column 6 minus column 5 but not more than column 4)
(1)											
(1)									-		
(3)											
											
(4)	page 1	re and on 1 Part I col (A)	Enter here and page 1 Part line 10 col (B)							Enter here and on page 1 Part II, line 26
Totals Colored to the Colored	<u>▶ </u>	0.1		0.							0.
Schedule J - Adver											
Part I Income Fro	m Periodic	als Repo	orted on a	Cons	solidated	Basis					
1 Name of periodic	at	2. Gross advertising income	3 Di advertisin		4 Adverti or (toss) (co col 3) If a ga cols 5 th	1 2 minus in, compute	5. Circulal income	ion	6 Reade		7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)											
(2)					7						}
(3)			\top		7		<u> </u>		<u> </u>	$\neg \neg$	
(4)					7						
<u> </u>					 		 		 		
Totals (carry to Part II, line (5)) 🕨).	0		<u> </u>					0. Form 990-T (2018)
											• (2010)

Form 990-T (2018) Central Dakota Enterprises, Inc. 45-03403

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	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	$\neg \neg$						
(2)							
(3)			<u> </u>		<u> </u>		
(4)							
Totals 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
Totals, Part il (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	4 Compensation attributable to unrelated business
(1) Brad Bales	Station Manager	%	935.
(2)		- %	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	935.

Form 990-T (2018)

Footnotes

Statement 1

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The organization is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Form 990-T Other Deductions	Statement 2
Description	Amount
Licenses & Fees Postage	19,162. 79.
Printing	202.
Software Support	2,680.
Total to Form 990-T, Page 1, line 28	22,123.

Form 990-T	Net	Operating Loss D	eduction	Statement 3
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
08/31/99	67,505.	0.	67,505.	67,505.
08/31/00	75,496.	0.	75,496.	75,496.
08/31/01	75,781.	0.	75,781.	75,781.
08/31/02	71,165.	0.	71,165.	71,165.
08/31/03	74,045.	0.	74,045.	74,045.
08/31/04	68,522.	0.	68,522.	68,522.
08/31/05	70,361.	0.	70,361.	70,361.
08/31/06	68,012.	0.	68,012.	68,012.
08/31/07	65,143.	0.	65,143.	65,143.
08/31/08	4,578.	0.	4,578.	4,578.
08/31/09	10,194.	0.	10,194.	10,194.
08/31/10	12,608.	0.	12,608.	12,608.
08/31/11	14,326.	0.	14,326.	14,326.
08/31/12	12,637.	0.	12,637.	12,637.
08/31/13	10,969.	0.	10,969.	10,969.
08/31/14	12,864.	0.	12,864.	12,864.
08/31/15	11,440.	0.	11,440.	11,440.
08/31/16	2,631.	0.	2,631.	2,631.
08/31/17	11,757.	0.	11,757.	11,757.
08/31/18	11,255.	0.	11,255.	11,255.
NOL Carryov	er Available This	Year	751,289.	751,289.