

Franchise Tax for Nonprofit Organizations 2000

M-4NP

For organizations with unrelated business income

For calendar year 2000 or fiscal year beginning _____, 2000, ending (mm/dd/yyyy) _____

| | | | | | |
|---|------------------------|---|--------------------------|--|---------------------------|
| Name of organization Minnesota Ground Water Association | | | | Minnesota ID number 3511766 | FEIN 41-1434403 |
| Street 4779 126th St. N | | | | This organization files federal Form (check one box): | |
| City White Bear Lake | County Wash. | State MN | Zip code 55110 | <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 990-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL | |
| Check all that apply: | | <input type="checkbox"/> Amended return or claim for refund | | <input type="checkbox"/> Filing under an extension | |
| | | <input type="checkbox"/> Final return | | <input type="checkbox"/> Mail forms to me next year | |

| | | | |
|---|---|----|-------------|
| 1 | Federal taxable income (from the taxable income line of your federal form) | 1 | <u>-453</u> |
| 2 | Federal net operating loss deduction, if any | 2 | <u>0</u> |
| 3 | Add lines 1 and 2 | 3 | <u>-453</u> |
| 4 | 990-T filers only: Charitable contributions not deducted on federal return (see instructions) | 4 | <u>0</u> |
| 5 | Minnesota net income (or loss) (subtract line 4 from line 3) | 5 | <u>-453</u> |
| If all of your activities are conducted in Minnesota, fill in the amount from line 5 on line 6. If your activities are conducted partly outside Minnesota or you have a net operating loss on your federal return, complete Schedule A on the back and check here <input type="checkbox"/> | | | |
| 6 | Taxable income (if zero or less, fill in zero) | 6 | <u>0</u> |
| 7 | Regular tax (multiply line 6 by 9.8% [.098]) | 7 | <u>0</u> |
| 8 | Additional charge for underpayment of estimated tax (attach Schedule M-15NP) | 8 | <u>0</u> |
| 9 | Add lines 7 and 8 | 9 | <u>0</u> |
| 10 | Portion of your 1999 refund applied to your 2000 estimated tax (from line 16 of your 1999 Form M-4NP) | 10 | _____ |
| 11 | 2000 estimated tax payments | 11 | _____ |
| 12 | Extension payment for 2000 | 12 | _____ |
| 13 | Add lines 10, 11 and 12 | 13 | _____ |
| 14 | If line 9 is more than or equal to line 13, subtract line 13 from line 9 and fill in AMOUNT OWED . Check <input type="checkbox"/> if paying by EFT. If not, make check payable to: MN Dept. of Revenue | 14 | <u>0</u> |
| 15 | If line 13 is greater than line 9, subtract line 9 from line 13 and fill in OVERPAYMENT | 15 | _____ |
| 16 | Amount of line 15 to be credited to your 2001 estimated tax | 16 | _____ |
| 17 | Refund (subtract line 16 from line 15) | 17 | _____ |

I declare that this return is correct and complete to the best of my knowledge and belief.

| | | | | |
|---|---------------------------|------------------------|--|--|
| Authorized signature Eric Hansen | Title Treasurer | Date 5/15/01 | Daytime phone (763) 3154501 | <input type="checkbox"/> I authorize the MN Dept of Revenue to discuss this tax return with the person below |
| E-mail address for correspondence, if desired | | | This e-mail address belongs to (check one box): | |
| | | | <input type="checkbox"/> Employee <input type="checkbox"/> Paid preparer <input type="checkbox"/> Other: | |

| | | | |
|---|---|--------------------------|--|
| Paid preparer's signature Janell J. Leete | Minnesota ID number, SSN or PTIN 41-1571648 | Date 5/11/2001 | Daytime phone (651) 276 8208 |
|---|---|--------------------------|--|

Attach a copy of your complete federal return including schedules.

Mail to: MN Franchise Tax for Nonprofit Organizations, Mail Station 1257, St. Paul, MN 55146-1257