

2009 Unrelated Business Income Tax (UBIT)

For tax-exempt nonprofit organizations, cooperatives, homeowners associations, and political organizations with unrelated business income.

Tax year beginning _____, 2009, and ending _____

Please print or type	Name of organization	FEIN	Minnesota tax ID (required)
	Current address	This organization files federal Form (check one) <input type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL	
	City County State Zip code	Under federal tax-exempt status (check one) <input type="checkbox"/> 501(c)(_____) <input type="checkbox"/> 501(_____) <input type="checkbox"/> Other:	
	Check all that apply: <input type="checkbox"/> Amended return <input type="checkbox"/> Filing under an extension <input type="checkbox"/> Final return (see <i>inst.</i> , pg. 3) Enter close date: _____	Unrelated business activity codes /	
	Are you filing a combined income return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was 100% of the business conducted in Minnesota for this tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)	

Round amounts to the nearest whole dollar.

Determining tax	1 Federal taxable income before net operating loss and specific deduction (from federal Form 990-T, line 30; 1120-C, line 25; 1120-H, line 17; or 1120-POL, line 17c) 1 _____
	2 Total subtractions from federal taxable income (from M4NPI, line 1) 2 _____
	3 Federal taxable income or (loss) after subtractions (see instructions) 3 _____ If you conducted business both within and outside Minnesota, complete M4NPA (see instructions, pg. 6). If 100% of your activities were conducted in Minnesota, enter amount from line 3 on line 4.
	4 Minnesota taxable net income or (loss) (from M4NPA, line 14, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above) 4 _____
	5 Minnesota net operating loss deduction (from NOL) 5 _____
	6 Subtract line 5 from line 4 (if zero or less, enter zero) 6 _____
	7 Total deductions from taxable net income (from M4NPI, line 2) 7 _____
	8 Taxable income (subtract line 7 from line 6; if zero or less, enter zero) 8 _____
	9 Regular tax (multiply line 8 by 9.8% [0.098]; if zero or less, enter zero) 9 _____
	10 Proxy tax (see instructions, pg. 3) 10 _____
11 Tax before credits (add lines 9 and 10) 11 _____	
12 Total credits against tax (from M4NPI, line 3) 12 _____	
13 Minnesota tax liability (subtract line 12 from line 11; if zero or less, enter zero) 13 _____	
14 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3) 14 _____	
15 Add lines 13 and 14 15 _____	
16 Total refundable credits (from M4NPI, line 4) 16 _____	
17 Amount credited from your 2008 Form M4NP, line 16 17 _____	
18 2009 estimated tax payments 18 _____	
19 2009 extension payment 19 _____	
20 Total refundable credits and payments (add lines 16, 17, 18 and 19) 20 _____	
21 Subtract line 20 from line 15 21 _____	
22 Penalty (see instructions, pg. 3) 22 _____	
23 Interest (see instructions, pg. 4) 23 _____	
24 Additional charge for underpayment of estimated tax (from M15NP, line 17) 24 _____	
25 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 15, 22, 23 and 24) 25 _____	

Continued on next page.

2009 Unrelated Business Income Tax (UBIT) (continued)

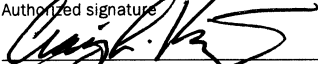
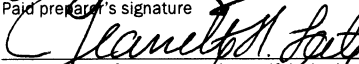
Name of organization Minnesota Ground Water Association	FEIN 41-1434403	Minnesota tax ID
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Amount due or overpaid	26 Amount from line 25 on the front of this form	26	<u>0</u>
	27 Amount from line 20 on the front of this form	27	<u>0</u>
	28 AMOUNT DUE. If line 26 is more than or equal to line 27, subtract line 27 from 26	28	<u>0</u>
	Payment method: <input type="checkbox"/> Electronic (see inst., pg. 2) <input type="checkbox"/> Check (attach PV56 voucher) <input type="checkbox"/> Amended return payment by check (attach PV66 voucher)		
	29 OVERPAYMENT. If line 27 is more than line 26, subtract line 26 from line 27	29	_____
	30 Amount of line 29 to be credited to your 2010 estimated tax	30	_____
31 Refund (subtract line 30 from line 29)	31	_____	

To have your refund direct deposited, enter your banking information below.

Account type:	Routing number	Account number
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____

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

Sign here	Authorized signature 	Title Treasurer	Date 7/9/2010	Daytime phone 612-968-5420	<input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.
	Paid preparer's signature 	Minnesota tax ID, SSN or PTIN 41-1571648	Date 7/9/2010	Daytime phone 651-705-6464	
	Email address for correspondence, if desired calcfen@gmail.com	This email address belongs to (check one): <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Paid preparer			

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.

Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257

2009 Income Adjustments, Deductions and Credits

For Tax-Exempt Organizations

See instructions on page 5.

Name of organization	FEIN	Minnesota tax ID
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Round amounts to the nearest whole dollar.

Subtractions	1	Subtractions from federal taxable income		
		a Federal specific, special and section 1382 deductions	1a	_____
		b Advertising revenues from a newspaper published by a section 501(c)(4) organization	1b	_____
		c Lawful gambling expenditures under Minnesota Statutes, Chapter 349, not deducted on federal return (see instructions, pg. 5)	1c	_____
		d Other subtractions from income (you must provide a brief explanation below)	1d	_____
		Total subtractions (add lines 1a through 1d)	1	_____
		Enter on Form M4NP, line 2.		
Deductions	2	Deductions from taxable net income		
		a Job Opportunity Building Zone (JOBZ) exemptions (from JOBZ, line 17)	2a	_____
		b Other deductions (you must provide a brief explanation below)	2b	_____
		Total deductions from taxable net income (add lines 2a and 2b)	2	_____
		Enter on Form M4NP, line 7.		
Credits	3	Credits against tax		
		a Employer transit pass credit (from ETP, line 4)	3a	_____
		b SEED capital investment credit (see instructions, pg. 5)	3b	_____
		c Other credits against tax (you must provide a brief explanation below)	3c	_____
		Total credits against tax (add lines 3a, 3b and 3c)	3	_____
		Enter on Form M4NP, line 12.		
	4	Refundable credits		
		a Jobs credit for participating in a Job Opportunity Building Zone (JOBZ) (from JOBZ, line 43)	4a	_____
		b Credit for tuberculosis testing on cattle (see instructions, pg. 5)	4b	_____
		c Other refundable credits (you must provide a brief explanation below)	4c	_____
		Total refundable credits (add lines 4a, 4b and 4c)	4	_____
		Enter on Form M4NP, line 16.		