

M4NP MINNESOTA · REVENUE

2015 Unrelated Business Income Tax (UBIT) Return

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

Tax year beginning 1-1-2015, 2015, and ending 12-31-2015 (required)

Please Print or Type

| | | | |
|--|--------|---|---|
| Name of Organization Minnesota Ground Water Association | | FEIN 41-1434403 | Minnesota Tax ID (required) 3511766 |
| Mailing Address 4779 126th St N <input type="checkbox"/> Check if New Address | | This Organization Files Federal Form (check one) <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL | |
| City White Bear Lake | County | State MN | Zip Code 55110 |
| Check All That Apply: <input type="checkbox"/> Amended Return <input type="checkbox"/> Filing Under an Extension <input checked="" type="checkbox"/> Final Return (see inst., pg. 3) Enter Close Date: | | Exempt Under IRS Section (check one) <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> 528 <input type="checkbox"/> Other: | |
| Enter your NAICS Codes (see instructions, pg. 3) 541860 / 453220 | | Was 100% of the business conducted in Minnesota for this tax year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA) | |
| Are you filing a combined income return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

You must round amounts to 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 25a; 1120-H, line 17; or 1120-POL, line 17c) .. | 1 | <u>0</u> |
| 2 | Total subtractions from federal taxable income (from M4NPI, line 1) | 2 | <u> </u> |
| 3 | Federal taxable income or (loss) after subtractions (see instructions) | 3 | <u>0</u> |
| | If you conducted business both within and outside Minnesota, complete M4NPA (see instructions, pg. 6). If 100% of your activities were conducted in Minnesota, do not complete M4NPA. Enter line 3 on line 4. | | |
| 4 | Minnesota taxable net income or (loss) (from M4NPA, line 15, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above) | 4 | <u>0</u> |
| 5 | Minnesota net operating loss deduction (from NOL) | 5 | <u> </u> |
| 6 | Subtract line 5 from line 4 (if zero or less, enter zero) | 6 | <u>0</u> |
| 7 | Total deductions from taxable net income (from M4NPI, line 2) | 7 | <u>0</u> |
| 8 | Taxable income (subtract line 7 from line 6; if zero or less, enter zero) | 8 | <u> </u> |
| 9 | Regular tax (multiply line 8 by 9.8% [0.098]; if zero or less, enter zero) | 9 | <u>0</u> |
| 10 | Proxy tax (see instructions, pg. 3) | 10 | <u> </u> |
| 11 | Tax before credits (add lines 9 and 10) | 11 | <u>0</u> |
| 12 | Total credits against tax (from M4NPI, line 3) | 12 | <u> </u> |
| 13 | Minnesota tax liability (subtract line 12 from line 11; if zero or less, enter zero) | 13 | <u>0</u> |
| 14 | Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3) | 14 | <u>0</u> |
| 15 | Add lines 13 and 14 | 15 | <u>0</u> |

Credits and Payments

Continued next page

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2015 Unrelated Business Income Tax (UBIT) Return (continued)

| | | |
|---|---------------------------|------------------------------------|
| Name of Organization Minnesota Ground Water Association | FEIN 41-1434403 | Minnesota Tax ID 3511766 |
|---|---------------------------|------------------------------------|

| | |
|---|---|
| Credits and Payments, Cont. | 16 Total refundable credits (from M4NPI, line 4) 16 _____ |
| | 17 Amount credited from your 2014 Form M4NP, line 30 17 _____ |
| | 18 2015 estimated tax payments 18 _____ |
| | 19 2015 extension payment 19 _____ |
| 20 Total refundable credits and payments (add lines 16, 17, 18 and 19) 20 _____ | |

| | |
|--|---|
| Tax, Donation, Penalty, Interest, Charges | 21 Subtract line 20 from line 15 21 _____ |
| | 22 Penalty (determine from worksheet in the instructions, pg. 4) 22 _____ 0 |
| | 23 Interest (determine from worksheet in the instructions, pg. 4) 23 _____ 0 |
| | 24 Additional charge for underpayment of estimated tax (from M15NP, line 17) 24 _____ 0 |
| 25 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 15, 22, 23 and 24) 25 _____ | |

| | |
|-------------------------------|--|
| Amount Due or Overpaid | 26 Amount from line 25 26 _____ |
| | 27 Amount from line 20 27 _____ |
| | 28 AMOUNT DUE. If line 26 is more than or equal to line 27, subtract line 27 from 26 28 _____ 0 |

Payment method: Electronic (see inst., pg. 2) Check (see inst., pg.2) Amended return payment by check (see inst., pg. 2)

| | |
|-------------------------------|--|
| Amount Due or Overpaid | 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 2015 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: Checking Savings Routing number _____ Account number (use an account not associated with any foreign banks) _____

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

| | | | | | |
|--|---------------------------|------------------------------|--|--------------------------------------|---|
| Sign Here | Authorized Signature | Title Business Mgr | Date 02/24/2017 | Daytime Phone 651-276-8208 | <input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here. |
| | Paid Preparer's Signature | PTIN | Date | Daytime Phone | |
| Email Address for Correspondence, if Desired _____ | | | This email address belongs to (check one): <input type="checkbox"/> Employee <input 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