

**2021 M4NP, Unrelated Business Income Tax (UBIT) Return**

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2021 Unrelated Business Income Tax Return Instructions* on our website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us).

Tax year beginning (MM/DD/YYYY) 01/01/2021, and ending (MM/DD/YYYY) 12/31/2021 (required)

**MAPLE LAKE - LAKE PROPERTY OWNERS ASSO**  
Name of Organization

**411463171**  
FEIN

**5945731**  
Minnesota Tax ID (required)

**PO BOX 460**  
Mailing Address  Check if New Address

**MAPLE LAKE** **WRIGHT** **MN 55358**  
City County State ZIP Code

This Organization Files Federal Form (check one)

990-T  1120-C  1120-H  1120-POL

Exempt Under IRS Section (check one)

501(c)( 3 )  528  Other: \_\_\_\_\_

Check All That Apply:  Amended Return  Filing Under an Extension  Final Return (refer to inst., pg. 4)  Enter Close Date:

Enter your NAICS Codes (refer to inst., pg. 4)

**713200** / \_\_\_\_\_

Was 100% of the business conducted in Minnesota for this tax year?

Yes  No (complete and attach Schedule M4NPA)

Are you filing a combined income return?  Yes  No

**You must round amounts to nearest whole dollar.**

<b>1</b>	Federal taxable income <b>before</b> net operating loss and specific deduction (total from all federal Form 990-T Schedule As, Part II line 16; 1120-C, line 25c; 1120-H, line 17; or 1120-POL, line 17c).....	<b>1</b>	<u>-4112</u>
<b>2</b>	Total additions to federal taxable income (from Form M4NPI, line 1) .....	<b>2</b>	_____
<b>3</b>	Federal taxable income after additions (add lines 1 and 2) .....	<b>3</b>	<u>-4112</u>
<b>4</b>	Total subtractions from federal taxable income (from Form M4NPI, line 2) .....	<b>4</b>	_____
<b>5</b>	Federal taxable income (loss) after subtractions (refer to instructions). If you conducted business both within and outside Minnesota, complete Form M4NPA (refer to instructions, pg. 4). If 100% of your activities were conducted in Minnesota, do not complete Form M4NPA. Enter line 5 on line 6 .....	<b>5</b>	<u>-4112</u>
<b>6</b>	Minnesota taxable net income (loss) (from Form M4NPA, line 10.) If 100% of your activities were conducted in Minnesota, enter amount from line 5 above.....	<b>6</b>	<u>-4112</u>
<b>7</b>	Minnesota net operating loss deduction (from Form M4NP NOL) .....	<b>7</b>	_____
<b>8</b>	Subtract line 7 from line 6 (if zero or less, enter zero).....	<b>8</b>	<u>0</u>
<b>9</b>	Total deductions from taxable net income (from Form M4NPI, line 3) .....	<b>9</b>	_____
<b>10</b>	Taxable income (subtract line 9 from line 8; if zero or less, enter zero) .....	<b>10</b>	<u>0</u>
<b>11</b>	Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero) .....	<b>11</b>	<u>0</u>
<b>12</b>	Proxy tax (refer to instructions, pg. 4) .....	<b>12</b>	_____
<b>13</b>	Tax before credits (add lines 11 and 12) .....	<b>13</b>	_____
<b>14</b>	Total credits against tax (from Form M4NPI, line 4).....	<b>14</b>	_____
<b>15</b>	Minnesota tax liability (subtract line 14 from line 13; if zero or less, enter zero) .....	<b>15</b>	_____

Continued next page

**2021 M4NP UBIT Return, Page 2 (continued)**

**MAPLE LAKE - LAKE PROPERTY OWNERS ASSOCI** 411463171 5945731  
 Name of Organization FEIN Minnesota Tax ID

- 16** Minnesota Nongame Wildlife Fund donation (refer to instructions, pg. 4) ..... **16** \_\_\_\_\_
- 17** Add lines 15 and 16 ..... **17** \_\_\_\_\_
- 18** Total refundable credits (from Form M4NPI, line 5) ..... **18** \_\_\_\_\_
- 19** Amount credited from your 2020 Form M4NP, line 32 ..... **19** \_\_\_\_\_
- 20** 2021 estimated tax payments ..... **20** \_\_\_\_\_
- 21** 2021 extension payment ..... **21** \_\_\_\_\_
- 22** Total refundable credits and payments (add lines 18, 19, 20, and 21) ..... **22** \_\_\_\_\_
- 23** Subtract line 22 from line 17 ..... **23** \_\_\_\_\_
- 24** Penalty (determine from worksheet in the instructions, pg. 5) ..... **24** \_\_\_\_\_
- 25** Interest (determine from worksheet in the instructions, pg. 5) ..... **25** \_\_\_\_\_
- 26** Additional charge for underpayment of estimated tax (from Form M15NP, line 17) ..... **26** \_\_\_\_\_
- 27** Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26) ..... **27** \_\_\_\_\_
- 28** Amount from line 27 ..... **28** \_\_\_\_\_
- 29** Amount from line 22 ..... **29** \_\_\_\_\_
- 30** **AMOUNT DUE.** If line 28 is more than or equal to line 29, subtract line 29 from 28 ..... **30** \_\_\_\_\_

Payment method:  Electronic  Check  Amended Return Payment by Check  
 (Refer to instructions, page 2.)

- 31** **OVERPAYMENT.** If line 29 is more than line 28, subtract line 28 from line 29 ..... **31** \_\_\_\_\_
- 32** Amount of line 31 to be credited to your 2022 estimated tax ..... **32** \_\_\_\_\_
- 33** Refund (subtract line 32 from line 31) ..... **33** \_\_\_\_\_

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.

*Robert L. Porter*  
 Authorized Signature  
**SHELLEY M. GAETZ**  
 Signature of Preparer

**TREASURER**  
 Title  
**P00066049**  
 PTIN

**07/11/2022**  
 Date (MM/DD/YYYY)  
**06/30/2022**  
 Date (MM/DD/YYYY)

**6123844324**  
 Daytime Phone  
**3202510286**  
 Preparer's Daytime Phone

**BCPORTER@Q.COM**  
 Email Address for Correspondence, if Desired

This email address belongs to (check one)  Employee  Paid Preparer

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

I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.

Mail to: Minnesota Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257



## 2021 M4NP NOL, Net Operating Loss Deduction

For tax-exempt organizations and cooperatives that file federal Form 990-T or 1120-C.

**MAPLE LAKE - LAKE PROPERTY OWNERS** 411463171 5945731  
 Name of Organization FEIN Minnesota Tax ID

Year	Minnesota Taxable Net Income/Loss	Minnesota Losses Used	Minnesota Losses Carried Back	Losses Remaining
Oldest Loss Year				
<b>12312020</b>	<b>-22951</b>			<b>-22951</b>
Subsequent Year 1				
<b>12312021</b>	<b>-4112</b>			<b>-27063</b>
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
<b>2021 Summary:</b>		Net Operating Loss Deduction	Total Losses Remaining (to be carried forward)	
			<b>-27063</b>	

Enter on Form M4NP, line 7



# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

# 2021

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>MAPLE LAKE - LAKE PROPERTY OWNERS ASSOCIATION INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>PO BOX 460</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>MAPLE LAKE, MN 55358</b></p>	<p><b>D</b> Employer identification number  <b>41-1463171</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... <b>127,577.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **ROBERT PORTER** Telephone number ▶ **(612) 384-4324**

<b>Part I Total Unrelated Business Taxable Income</b>		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

<b>Part II Tax Computation</b>		
1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
<b>b</b> Other credits (see instructions) .....	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7 .....	<b>2</b>		0.
<b>3</b> Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		0.
<b>5</b> Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	<b>5</b>		0.
<b>6a</b> Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>		
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	<b>6g</b>		
<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....			
<b>7 Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> .....	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	<b>Yes</b>	<b>No</b>
		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
If "Yes," see instructions for other forms the organization may have to file.		
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year .....	▶ \$ .....	
<b>4</b> Enter available pre-2018 NOL carryovers here .....	▶ \$ .....	
Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
713200	\$ 22,951.	
	\$ .....	
<b>6a</b> Did the organization change its method of accounting? (see instructions) .....		X
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	<i>Robert L Porter</i> Signature of officer	07/11/2022 Date	TREASURER Title		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SHELLEY M. GAETZ	SHELLEY M. GAETZ	06/30/22		P00066049
	Firm's name ▶ SCHLENNER WENNER & CO. CPA'S, PA	Firm's EIN ▶ 41-1656121			
Firm's address ▶ 630 ROOSEVELT RD. STE. 201 ST. CLOUD, MN 56301	Phone no. 320-251-0286				

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>MAPLE LAKE - LAKE PROPERTY OWNERS ASSOCIATION INC.</b>	<b>B</b> Employer identification number <b>41-1463171</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>713200</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **CHARITABLE GAMBLING**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>1,520,774.</u>			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b> 1,520,774.		
<b>2</b> Cost of goods sold (Part III, line 8) _____	<b>2</b> 1,337,905.		
<b>3</b> Gross profit. Subtract line 2 from line 1c _____	<b>3</b> 182,869.		182,869.
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions _____	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions _____	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts _____	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) _____	<b>5</b>		
<b>6</b> Rent income (Part IV) _____	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) _____	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) _____	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) _____	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII) _____	<b>10</b>		
<b>11</b> Advertising income (Part IX) _____	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) _____	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 _____	<b>13</b> 182,869.		182,869.

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) _____	<b>1</b>	7,970.
<b>2</b> Salaries and wages _____	<b>2</b>	18,612.
<b>3</b> Repairs and maintenance _____	<b>3</b>	
<b>4</b> Bad debts _____	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions _____	<b>5</b>	
<b>6</b> Taxes and licenses _____	<b>6</b>	1,898.
<b>7</b> Depreciation (attach Form 4562). See instructions _____	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return _____	<b>8a</b>	
<b>9</b> Depletion _____	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans _____	<b>10</b>	
<b>11</b> Employee benefit programs _____	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII) _____	<b>12</b>	
<b>13</b> Excess readership costs (Part IX) _____	<b>13</b>	
<b>14</b> Other deductions (attach statement) _____ <b>SEE STATEMENT 1</b>	<b>14</b>	158,501.
<b>15 Total deductions.</b> Add lines 1 through 14 _____	<b>15</b>	186,981.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____	<b>16</b>	-4,112.
<b>17</b> Deduction for net operating loss. See instructions _____	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 _____	<b>18</b>	-4,112.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year .....	1	0.
2 Purchases .....	2	21,813.
3 Cost of labor .....	3	0.
4 Additional section 263A costs (attach statement) .....	4	0.
5 Other costs (attach statement) ..... <b>STATEMENT 3</b>	5	1,316,092.
6 <b>Total.</b> Add lines 1 through 5 .....	6	1,337,905.
7 Inventory at end of year .....	7	0.
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	1,337,905.
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
**A**  \_\_\_\_\_  
**B**  \_\_\_\_\_  
**C**  \_\_\_\_\_  
**D**  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
<b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ►				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
**A**  \_\_\_\_\_  
**B**  \_\_\_\_\_  
**C**  \_\_\_\_\_  
**D**  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement) .....				
<b>b</b> Other deductions (attach statement) .....				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>				0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	2	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	3	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	4	
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	5	
5 Gross income from activity that is not unrelated business income .....	6	
6 Expenses attributable to income entered on line 5 .....	7	
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....		



**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)	DIRECTOR/PAST	%	
(2) MICHAEL RAICHE	PRESIDENT	100.00%	7,970.
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 .....			7,970.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
PROVIDER FEES		27,022.	
OCCUPANCY		41,814.	
SUPPLIES		1,946.	
PROFESSIONAL FEES		1,519.	
PROGRAM EXPENDITURE		86,100.	
LICENSES & PERMITS		100.	
TOTAL TO SCHEDULE A, PART II, LINE 14		158,501.	

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT	2	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	22,951.	0.	22,951.	22,951.
NOL CARRYOVER AVAILABLE THIS YEAR			22,951.	22,951.

FORM 990-T (A)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 3
DESCRIPTION		AMOUNT
GAMBLING PRIZES		1,266,441.
GAMBLING TAXES		45,688.
CASH SHORT (OVER)		3,963.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5		1,316,092.

## Attn Required: 990 Tax Return

Final Audit Report

July 11, 2022

Created: June 30, 2022





By: Schlenner Wenner & Co.(smolitor@schlennerwenner.cpa)

Status: ESigned

Transaction ID: C72R8Z9Q5XDM14N5Z2WHPFZHKR

Documents: MAPLE LAKE-LAKE PROPERTY OWNERS ASSOCIATION INC\_ARRANGEMENT LETTER  
MAPLE LAKE-LAKE PROPERTY OWNERS ASSOCIATION INC\_FORM 88798\_2021.pdf  
MAPLE LAKE-LAKE PROPERTY OWNERS ASSOCIATION INC\_MN ATTORNEY GENERAL  
MAPLE LAKE-LAKE PROPERTY OWNERS ASSOCIATION INC\_MN FORM M-4NP FILING  
MAPLE LAKE-LAKE PROPERTY OWNERS ASSOCIATION INC\_TAX RETURN\_2021.pdf

### "Attn Required: 990 Tax Return" History

-  Document emailed to (bcporter@q.com) for signature  
6/30/2022 09:11:57 AM Central Daylight Time
-  Document viewed by (bcporter@q.com)  
6/30/2022 18:55:36 PM Central Daylight Time - IP address: 52.158.215.147
-  Document viewed by (bcporter@q.com)  
7/11/2022 11:24:54 AM Central Daylight Time - IP address: 52.158.215.147
-  Document e-signed by (bcporter@q.com)  
Signature Date: 7/11/2022 11:27:44 AM Central Daylight Time - IP address: 52.158.215.147
-  Document Signed  
7/11/2022 11:27:44 AM Central Daylight Time