			TENDED TO NOVEMBER 15,		<u> </u>	
F	m 99	າດ	Return or Organization Exempt Fro	om ir	ncome Tax	OMB No. 1545-0047
Fon	m 33	0	Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Co			¹⁰⁾ ZU18
	artment of t nai Revenu	the Treesury Je Service	Do not enter social security numbers on this form as it Go to www.irs.gov/Form990 for instructions and the			Open to Public
_			Bryear, or tax year beginning and end		information.	Inspection
Bo	Check If	C Name of	rorganization	ung.	D Employer identifi	cetion number
8	spplicable:					
	Addrees change	LAUR	A BAKER SCHOOL ASSOCIATION		Ciem	t Copy
	initiei		usiness as		41-1	291483
	return Final		and street (or P.O. box if mail is not delivered to street address) Roo OAK STREET	m/sulte	E Telephone number	
	return/ termin- etad	-	own, state or province, country, and ZIP or foreign postal code			645-8866
Г	Amende		HFIELD, MN 55057		G Gross receipts \$ H(a) is this a group re	5,665,040.
	Applica-	F Name a	nd address of principal officer: SANDRA GERDES		for subordinates	
	pending		AS C ABOVE		H(b) Are all subordinates in	
_		npt status: [527		list. (ase Instructions)
			LAURABAKER.ORG		H(c) Group exemption	n number ⊳
			X Corporation Trust Association Other >>	L Year o	formation: 1977	A State of legal domicile: MN
P	7	Summary				
8	1 B	riefly describ	e the organization's mission or most significant activities: TO PROT	VIDE	HOUSING ANI	OTHER
Activities & Governance			S TO ADULTS AND CHILDREN WITH INTELL			
E			if the organization discontinued its operations or disposed of the operation of the oper			
200			Ing members of the governing body (Part VI, line 1a)			14
	4 N	iumber of ind	ependent voting members of the governing body (Part VI, line 1b)			14
3	6 To	otal number (of individuals employed in calendar year 2018 (Part V, line 2a)			237
۲.	6 To	otal number (of volunteers (estimate if necessary)			258
¥		let uprelated	business revenue from Part VII, column (C), line 12 business taxable income from Form 990-T, line 38			0.
						0.
	B C	ontributions	and grants (Part VIII, line 1h)	-	Prior Year 484,430.	<u>Current Year</u> 405,610.
Revenue					4,987,438.	4,831,691.
Ē			ome (Part VIII, line 2g) ome (Part VIII, column (A), lines 3, 4, and 7d)		7,925.	39,608.
Å	11 0	thar revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· -	275,470.	274,350.
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,755,263.	5,551,259.
			nllar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			o or for members (Part IX, column (A), line 4)		0.	0.
60		-	compensation, employee benefits (Part IX, column (A), lines 5-10)		3,764,185.	3,822,153.
Expenses	16a Pi	rofessional fu	Indraising fees (Part IX, column (A), line 11e)		0.	0.
ē	ь То	otal fundraisi	ng expenses (Part IX, column (D), line 25) 🕨169, 517 .			
Ш	17 0	ther expense	s (Part IX, column (A), lines 11a-11d, 11f-24s)		1,947,662.	1,923,503.
	18 To	otal expense:	a. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,711,847.	5,745,656.
	19 Re	evenue less e	expenses. Subtract line 18 from line 12		43,416.	-194,397.
Assets or A Balances				Beg	inning of Current Year	End of Year
tage -	20 To		art X, line 16)		6,231,055.	5,746,452.
Net A			(Part X, line 26)		1,921,120.	1,683,245.
	Stational Stationary Pro-	et assets or t Signature	und balances, Subtract line 21 from line 20		4,309,935.	4,063,207.
	and the second se					
	ar penaitii	es or perjury, l	declare that I have examined this return, including accompanying schedules and	statemen	its, and to the best of my	knowledge and bellef, it is
u 08.	GOLIBUL	anu compiete.	Declaration of preparer (other than officer) is based on all information of which p	reparer h	as any knowledge.	

Sign	Signature of officer		Date
Here	SANDRA GERDES, EXECUTIT Type or print name and title	VE DIRECTOR	
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Pald	DARREN KRAY		06/11/19 self-emport P00296781
Preparer	Firm's name 👞 LB CARLSON, LLP		Firm's EIN >> 41-1504933
Use Only	Firm's address 👞 605 US HIGHWAY 1	69 SUITE 650	
	MINNEAPOLIS, MN	55441	Phone no. 763-535-8150
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)	
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic		Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

I Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III ieify describe the organization's mission: D PROVIDE HOUSING AND OTHER SERVICES TO ADULTS AND CHILDREN NTELLECTUAL AND DEVELOPMENTAL DISABILITIES. OUR MISSION IS HE LIFE CHOICES AND DREAMS OF PEOPLE WITH DEVELOPMENTAL DIS AND HELP THEM REACH THEIR GOALS. If the organization undertake any significant program services during the year which were not listed on the or Form 990 or 990-E27 Yes, 'describe these new services on Schedule O. if the organization cease conducting, or make significant changes in how it conducts, any program services, as measure criton 500 (c)(4) organizations are required to report the amount of grants and allocations to others, the t renue, if any, for each program service accomplishments for each of its three largest program services, as measure toin 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t renue, if any, for each program service reported. MESTRET RESIDENTIAL SERVICES: AN INTERMEDIATE CARE FACILI ERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. TH REVICES ARE LICENSED BY THE MINNESOTA DEPT OF HEALTH (ICF-D JPERVISED LIVING FACILITY) AND THE MINNESOTA DEPT OF HUMAN CONSOLIDATED STANDARDS FOR LICENSED PROGRAMS SERVING PEOPLE RIMARILY THROUGH MEDICAID AND ARE AUTHORIZED THROUGH EACH P TTERDISCIPLINARY TEAM AND THEIR COUNTY OF FINANCIAL RESPONS IR RATES ARE DETERMINED BY THE MN DEPT OF HUMAN SERVICES. ARCEASES/DECREASES ARE APPROVED THROUGH THE MN LEGISLATURE. 29, WE ARE LICENSED TO SERVE 30 PEOPLE WITH INTELLECTUAL MIMUNITY SERVICES: THESE SERVICES ARE PROVIDED IN THE NORTH I EACH PERSON'S HOME. WE OPERATE 6 COMMUNITY RESIDENTAL HOM IPPORT 3 OR 4 PEOPLE EACH. WE HAVE ANOTHER 12 CLIENTS TO WH	TO RESPEC SABILITIES SABILITIES Yes Yes To red by expenses. Sotal expenses, and 5,134,5 TY FOR IESE DD AND SERVICES WITH UNDED PERSONS SERVICES SERVICES WITH UNDED PERSONS SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERV	5 X N 5 07.
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URA BAKER SCHOOL: IN 2016, WE CLOSED OUR DETVATE SCHOOL AND		CT2
AT SPACE TO THE CANNON VALLEY SPECTAL FOUCATION COODEBARTY		29
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Horagina Aurite of a Aurite a)	
al program service expenses >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
	Form 990	1/201
	AT SPACE TO THE CANNON VALLEY SPECIAL EDUCATION COOPERATIV SEC. CVSEC UTILIZES THIS SPACE TO PROVIDE SCHOOLING TO CHI TELLECTUAL AND DEVELOPMENTAL DISABILITIES. THIS EDUCATIONA DESIGNED FOR CHILDREN WHO ARE UNABLE TO THRIVE IN A TYPIC HOOL SETTING.	er program services (Describe in Schedule O.) nese I Including grants of \$ (Revenue \$) I program service expenses > 5,054,485.

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Form	990	(20	18)	

LAURA BAKER SCHOOL ASSOCIATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
	if "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? // "Yes," complete Schedule C, Part /	3	ų	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? // "Yes," complete Schedule C, Part II/	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10	If "Yes," complete Schedule D, Part IV	9	_	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_	X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	-		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Der die organization report an amount for land, buildings, and equipment in Part X, line TU? If "Yes," complete Schedule D,			
Ь	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u>11a</u>	A	_
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	44		x
c	Did the organization report an amount for Investments - program related in Part X, line 13 that is 5% or more of its total	11b		-
-	assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VIII	44.0		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c	-	<u> </u>
	Part X, line 16? if "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other llabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		-
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(li)? if "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? if "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? // "Yes," complete Schedule F, Parts II and IV	15		X
16	DId the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? // "Yes," complete Schedule F, Parts III and IV	16	_	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? // "Yes, " complete Schedule G, Part /	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00-	complete Schedule G, Part III	19	_	X
20a	Did the organization operate one or more hospital facilities? If "Yas," complete Schedule H	20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
- 1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? // "Yes," complete Schedule I, Parts Land //	1227		v
892009	12-31-18	21	000	X
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Form 990 (2018) LAURA BAKER SCHOOL Part IV Checklist of Required Schedules (continued) LAURA BAKER SCHOOL ASSOCIATION

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			N
	Part IX, column (A), line 2? if "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		-	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	b		1
	Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	-		1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25e	248	x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	2
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	-	-
	any tax-exempt bonds?	04.		2
d	any tax-exempt bonds?	24c	-	
25.0	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	-	H
	transaction with a discuslified person during the year? I such a set is a set in an excess benefit	1		Ι.
ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been received an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		2
28	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compansated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		2
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? # "Yes," complete Schedule L, Part III	27		2
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV	28a	-	2
þ	A family member of a current or former officer, director, trustee, or key employee? // "Yes, " complete Schedule L, Part IV	28b	-	2
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	250		-
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			2
29	Did the organization receive more than \$25,000 In non-cash contributions? If "Yes," complete Schedule M	28c		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		Σ
	contributions? If these account of an an instance in the second of the similar assets, or qualified conservation			Ι.,
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		2
	·	1 1		_
32	/f "Yes," complete Schedule N, Part /	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete			
	Schedule N, Part II	32		X
53	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
94	was the organization related to any tax-exempt or taxable entity? if "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		_	1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	-	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		-
	Note. All Form 990 filers are required to complete Schedule O	12		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	_
	Check If Schedule O contains a response or note to any line in this Part V			-
-			A	
4-	Enter the sumbar and the Day And Day and Day and the sum of the Day And		Yes	N
1 8	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			
Þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		16 1	100	

Form 990	(2018)
Part V	Sta

2018)	LAURA	BAKEF	SCHOO	L ASSO	CIATION	
Statements	Regarding	Other II	RS Filings	and Tax	Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2 a	237	-	l <u> </u>	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
30	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	is)				
- Da - h	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•••••		3a		X
4a	If "Yes," has it filed a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other	o		3b	-	
-144	financial account in a foreign country (such as a bank account, securities account, or other financial	autho	rity over, a			
b	If "Yes," enter the name of the foreign country:	accou	nt)?	4a	-	X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5 a		GGOUI	its (FDAR).	En	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?)	5a 5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	ouom		5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th		anization solicit	00	-	
	any contributions that were not tax deductible as charitable contributions?			68		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	iona o	r alfts		_	
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	_7d	1			
t t	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	70		
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f	_	
9 h	If the organization received a contribution of qualified intellectual property, did the organization file Fo	98 mi	99 as required?	7g	-	
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza Sponeoring organizations maintaining donor advised funds. Did a donor advised fund maintained	tion fi	le a Form 1098-C?	7h	-	_
-	enoncoring organization have exceene business half and the start of th				-	
9	Sponsoring organizations maintaining donor advised funds.	•••••••		8	_	_
8	Did the sponsoring organization make any toychic distributions wader eaction (2000)			0-	-	
Ь	Did the sponsoring organization make a distribution to a depart depart edulars, or related parage 2			9a 9b		
10	Section 501(c)(7) organizations. Enter:			30	-	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	[
b	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				-
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1			
10-	amounts due or received from them.)	11b				
12a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form	1	2	12a		
D 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	-	
ь	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	401	2			
C	Enter the amount of reserves on hand	135				
4a	Lid the ordanization receive any payments for indoor tenning pensions during the text woord	13c		44=		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedula			14a 14b		Δ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation 4	or	196J	-	-
	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.					
6	is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	197	16		X
_	If "Yes," complete Form 4720, Schedule O.					

Form 990 (2018)

832005 12-91-18

Sac	Check if Schedule O contains a response or note to any line in this Part VI				
000	Juon A. Governing Body and Management		_	1.	
1a	Enter the number of voting members of the governing body at the end of the tax year	14		Yes	
	If there are material differences in voting rights among members of the governing body, or if the governing				
				t l	
b		14			
2					
		-	2		2
3		ion		-	
	of officers, directors, or trustees, or key employees to a management company or other person?		3	11	2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	-	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		2
6	Did the organization have members or stockholders?		6		Z
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			-	1
			7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		- 10		
			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following;	F			
8			8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	1
9	Is there any officer, director, trustee, or key employee listed in Part VI, Section A, who cannot be reached at the				
_	organization's mailing address? // "Yes " provide the names and addresses in Schedule O	0000000	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				-
				Yes	N
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?	11a	X	
b					
12 a	Did the organization have a written conflict of Interest policy? // "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	
C			_		
	in Schedule O how this was done	L	12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15		: [1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	2.1		
a	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yea" to line 15a or 15b, describe the process in Schedule O (see Instructions).				
1 8e					
_			16a		X
b	there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, explain in Schedule 0. In the the number of voting members included in line 1a, above, who are independent	1		-2.1	
			-	_	
		in the second second	16b		_
_					
17					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section	501(c)(3)s c	nly) a	vailab	ele
18					
18					
	Describe in Schedule O whether (and it so, how) the organization made its governing documents, conflict of interest pr	olicy, and fi	nancl	al	
18 19					
19					
	State the name, address, and telephone number of the person who possesses the organization's books and records	▶	_		_
19		▶			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check If Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether Individuals or organizations), regardless of amount of compensation. Enter O in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	bo	c, unie	Pos sheck	reon	n than Is bot or/true	h an 🗌	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	knotividual trustice or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GREG CLOSSER	2.00									
PRESIDENT (2) BOB GILBERTSON	0.00	X	-	X	-	-	_	0.	0.	0.
(2) BOB GILBERTSON VICE PRESIDENT	2.00									
(3) FRANK ZASTERA	2.00	X	-	X	-	-	-	0.	0.	0.
SECRETARY	4.00	x		x				0.	0	
(4) KENT HOLDEN	2.00		-		-	-		0.	0.	0.
TREASURER	2100	x		x				0.	0.	0.
(5) CHERYL BUCK	1.00	<u> </u>	-	-	t		-			V.
TRUSTEE		x						0.	0.	0.
(6) JOE HARGIS	1.00					-				
TRUSTRE		X						0.	0.	0.
(7) RUTHIE NEUGER	1.00	1								
TRUSTEE		X					_	0.	0.	0.
(8) STEVE UNDERDAHL	1.00									
TRUSTEE (9) BARB ANDERSON	1 00	X	-				_	0.	0.	0.
TRUSTEE	1.00	x								
(10) MATT CHRISTENSEN	1.00		-	-		-	-	0.	0.	0.
TRUSTEE	1.00	x						0.	0.	•
(11) MARIAH JACOBSEN	1.00		1	-	-	-	-	0.		0.
TRUSTEE		x						0.	0.	0.
(12) MARGARET CLOUD	1.00		-				-			
TRUSTEE		x						0.	0.	0.
(13) MARY CLOSNER	1.00									
TRUSTEE		X						0.	0.	0.
(14) MATT SEWICH	1.00									
TRUSTEE		X	_					0.	0.	0.
(15) SANDRA GERDES	40.00			_				4.4.4.4.4		
EXECUTIVE DIRECTOR (16) PAUL JUREWICZ	20.00	_		X				104,239.	0.	6,082.
CFO	32.00			-				E1 .004		- 1 -
		-		X	-		-	51,934.	0.	319.
		-			-		-			

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Form 990 (2018)

Name and title	(B) Average hours per week	(do box,	not ci uniei	(C) Posit heck m)	one than	ompensated Employee (D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estimat arnount other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustae	Officer	Key employee Highest compensated	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s SC)	compense from th organizati and relati organizati
				_						
						1.1	1			
c Total from continuation sheets to Part	: VII, Section A					A .	156,173.		0.	6,4
c Total from continuation sheets to Part d Total (add lines 1b and 1c) 2 Total number of individuals (including bu	t VII, Section A				•••••		0. 156,173.	000 of reportable		6,4
c Total from continuation sheets to Part d Total (add lines 1b and 1c) Total number of individuals (including bu compensation from the organization	t VII, Section A	ose li	stec	l abo	ve) wt	o rec	0 • 156 , 173 • eived more than \$100,0		0.	
C Total from continuation sheets to Part <u>d Total (add lines 1b and 1c)</u> Total number of individuals (including bu <u>compensation from the organization</u> Did the organization list any former office	t rot limited to the	ose li stee,	stec	abo emp	ve) wh	o rec	0 . 156,173 . seived more than \$100,0 ghest compensated err	nployee on	0.	6,4
 c Total from continuation sheets to Part d Total (add lines 1b and 1c) 2 Total number of individuals (Including bu compensation from the organization) 3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J to</i> b For any Individual listed on line 1a, is the 	t VII, Section A	stee,	stec key	d abo v emp	ve) wt	or his	0. 156,173. eived more than \$100,0 ghest compensated err	nployee on ne organization	0.0.	6,4
 c Total from continuation sheets to Part d Total (add lines 1b and 1c) ? Total number of individuals (including bu compensation from the organization) ? Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J fo</i> ? For any individual listed on line 1a, is the and related organizations greater than \$1 	t VII, Section A	stee,	stec key	d abo	ve) wh	or his	0. 156,173. evived more than \$100,0 ghest compensated em r compensation from the r such individual	iployee on le organization	0.0.	6,4
 c Total from continuation sheets to Part d Total (add lines 1b and 1c) d Total (add lines 1b and 1c) e Total number of individuals (including but compensation from the organization Did the organization list any former office line 1a? <i>if</i> "Yas," <i>complete Schedule J fo</i> For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yas," complete Schedule J for the organization greater than \$1 	t VII, Section A t not limited to the cer, director, or true or such individual o sum of reportable 150,000? <i>If</i> "Yes, or accrue compen-	stee, e con corr	key nper n <i>ple</i>	emp nsatic te Sciom ar	loyee, on and heduk	or his	0 • 156,173 • seived more than \$100,0 ghest compensated err or compensation from the r such individual	iployee on le organization	0. 0.	6,4 Yes 3
 c Total from continuation sheets to Part d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization) 3 Did the organization list any former office line 1a? if "Yes," complete Schedule J fo 4 For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive of rendered to the organization? If "Yes," or ection B. Independent Contractors 	t VII, Section A it not limited to the ser, director, or true or such individual o sum of reportable 150,000? <i>if</i> "Yes," or accrue compen- complete Schedule	stee, con corr satio	key nper nper	emp nsatic te Scom ar	loyee, on and heduk	or his	0. 156,173. selved more than \$100,0 ghest compensated err r compensation from the r such individual	nployee on te organization ual for services	0.	6,4 Yes 3 4 5
 c Total from continuation sheets to Part d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization) 3 Did the organization list any former office line 1a? if "Yes," complete Schedule J for For any Individual listed on line 1a, is the and related organizations greater than \$" 5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," or Section B. Independent Contractors 1 Complete this table for your five highest of 	t vii, Section A it not limited to the per, director, or true or such individual o sum of reportable 150,000? <i>If "Yes,"</i> or accrue compen- compensated index	stee, e con sation	key nper nper n fro	y emp nsatic te Sci om ar	loyee, on and heduk iy unre	or hill othe	0. 156,173. selved more than \$100,0 ghest compensated err or compensation from the r such individual l organization or individual t received more than \$	aployee on te organization ual for services	0.	6,4 Yes 3 4 5
 c Total from continuation sheets to Part d Total (add lines 1b and 1c)	t vii, Section A the not limited to the ear, director, or true or such individual sum of reportable 150,000? <i>If "Yes,</i> or accrue compen- compensated inde- or the calendar year	stee, e con sation	key nper nper n fro	y emp nsatic te Sci om ar	loyee, on and heduk iy unre	or hill othe	0. 156,173. seived more than \$100,0 ghest compensated en r compensation from the r such individuai l organization or individ t received more than \$ he organization's tax ye (B)	nployee on te organization ual for services 100,000 of compo tar.	0 . 0 .	6,4(Yes 3 4 5 (C)
 c Total from continuation sheets to Part d Total (add lines 1b and 1c)	t vii, Section A the not limited to the ear, director, or true or such individual sum of reportable 150,000? <i>If "Yes,</i> or accrue compen- compensated inde- or the calendar year	stee, e con sation	key nper nper n fro	y emp nsatic te Sci om ar	loyee, on and heduk iy unre	or hi othe of foi plated	0. 156,173. selved more than \$100,0 ghest compensated en r compensation from the r such individual	nployee on te organization ual for services 100,000 of composi- terrices	0 . 0 .	6,40 Yes 3 4 5
 d Total (add lines 1b and 1c)	t VII, Section A	stee, e con " con sation sation ar en	key nper nper n fro	y emp nsatic te Sci om ar	loyee, on and heduk iy unre	or hill otheo J for elated	0. 156,173. seived more than \$100,0 ghest compensated en r compensation from the r such individuai l organization or individ t received more than \$ he organization's tax ye (B)	aployee on the organization ual for services 100,000 of composi- tar.	0. 0.	6,4(Yes 3 4 5 (C)
 c Total from continuation sheets to Part d Total (add lines 1b and 1c)	t VII, Section A	stee, e con " con sation sation ar en	key nper nper n fro	y emp nsatic te Sci om ar	loyee, on and heduk iy unre	or hill otheo J for elated	0. 156,173. selved more than \$100,0 ghest compensated en r compensation from the r such individual	aployee on the organization ual for services 100,000 of composi- tar.	0. 0.	6,4 Yes 3 4 5 m from (C) mpensation
 c Total from continuation sheets to Part d Total (add lines 1b and 1c)	t VII, Section A	stee, e con " con sation sation ar en	key nper nper n fro	y emp nsatic te Sci om ar	loyee, on and heduk iy unre	or hill otheo J for elated	0. 156,173. selved more than \$100,0 ghest compensated en r compensation from the r such individual	aployee on the organization ual for services 100,000 of composi- tar.	0. 0.	6,4 Yes 3 4 5 m from (C) mpensation
 c Total from continuation sheets to Part d Total (add lines 1b and 1c)	t VII, Section A	stee, e con " con sation sation ar en	key nper nper n fro	y emp nsatic te Sci om ar	loyee, on and heduk iy unre	or hill otheo J for elated	0. 156,173. selved more than \$100,0 ghest compensated en r compensation from the r such individual	aployee on the organization ual for services 100,000 of composi- tar.	0. 0.	6,4 Yes 3 4 5 m from (C) mpensation
 c Total from continuation sheets to Part d Total (add lines 1b and 1c) 2 Total number of individuals (including bu compensation from the organization) 3 Did the organization list any former office line 1a? if "Yes," complete Schedule J for 4 For any Individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive of rendered to the organization? If "Yes," or Section B. Independent Contractors 1 Complete this table for your five highest the organization. Report compensation for (A) Name and busine IMMY CLEAN, LLC 	t VII, Section A	stee, e con " con sation sation ar en	key nper nper n fro	y emp nsatic te Sci om ar	loyee, on and heduk iy unre	or hill otheo J for elated	0. 156,173. selved more than \$100,0 ghest compensated en r compensation from the r such individual	aployee on the organization ual for services 100,000 of composi- tar.	0. 0.	6,4 Yes 3 4 5 m from (C) mpensation
 c Total from continuation sheets to Part d Total (add lines 1b and 1c)	t VII, Section A	stee, e con " con sation sation ar en	key nper nper n fro	y emp nsatic te Sci om ar	loyee, on and heduk iy unre	or hill othe o J for elated	0. 156,173. selved more than \$100,0 ghest compensated en r compensation from the r such individual	aployee on the organization ual for services 100,000 of composi- tar.	0. 0.	6,4 Yes 3 4 5 m from (C) mpensation

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					e in this Part VIII	#100. 1		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenu exclu from tax und sections 512 - 514
113	1 a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b	100 100				1.0
ł	C	Fundraising events	10	187,152.				
lar		Related organizations						
E S		Government grants (contribut			1			
EL.	T	All other contributions, gifts, grau		210 450				
ö	_	similar amounts not included abo		218,458. 16,343.				
D L		Noncesh contributions included in lines Total, Add lines 1a-1f			405,610.			
1		rotal Aud intes facti		Business Code	405,610.			
	2 a :	RESIDENT SERVIC	ES		4,827,079.	4 827 079		
Revenue				722320	4,612.	4,612.		
200	c			70000	-,0121	H, ULZI		
ave	d							
4								
L	t	All other program service reve	enue					
		Total. Add lines 2a-21			4,831,691.			
	3	Investment Income (including						
		other similar amounts)			12,263.			12,26
Ľ	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(iii) Personal				
	6 a	Gross rents	281,947.					
	b	LASS: rental expenses	1 12.					
1	C	Rental income or (loss)	281,947.					
L		Net rental income or (loss)			281,947.	281,947.		
	78	Gross amount from sales of	(i) Securities	(iii) Other				
I.		assets other than inventory Less: cost or other basis	89,859.					
Ł	D	and sales expenses	62 514					1
L	~	Gain or (loss)	27,345.					
L		Net gain or (loss)	1	•	27,345.			27,34
I.		Gross income from fundralsin			A1,545.			47,34
L		including \$ 187,1						
		contributions reported on line						
		Part IV, line 18		22,801.				1.24
	þ	Less: direct expenses		51,267.				
		Net income or (loss) from fund			-28,466.			-28,46
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
1		Less: direct expenses	b					
		Net income or (loss) from garr	ning activities	▶				v
1		Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
H	C	Net income or (loss) from sale		and the second division of the second divisio				
F	4	Miscellaneous Revenu OTHER INCOME	0	Business Code 900099	20.950	20.000		
['	1 a b			300033	20,869.	20,869.	_	
	0							
	ы И	All other revenue						
	ų A	Total. Add lines 11a-11d			20,869.			
		TARRELING HIDO TIG. IN			,551,259.			

Form 990 (2018)

LAURA BAKER SCHOOL ASSOCIATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX	(0)	X
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic Individuals. See Part IV, line 22				
3	Grante and other assistance to foreign				
	organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	156,173.	137,276.	14,056.	4,841
8	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		0 0 0 0 0 0 1		
	persons described in section 4958(c)(3)(B)	3,183,357.	2,868,301.	219,711.	95,345.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	20 554	14.200	15 000	225
_	section 401(k) and 403(b) employer contributions)	30,554.	14,360.	15,888.	306
9	Other employee benefits	186,986.	162,677.	18,699.	5,610.
0	Payroli taxes	265,083.	238,574.	21,207.	5,302
1	Fees for services (non-employees):				
8	Management				
b	Legal	45 520	455	45.055	
C	Accounting	45,532.	455.	45,077.	
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion	20,226.	1,214.		19,012.
3	Office expenses	13,632.	31.	12,002.	1,599.
4	Information technology				
5	Royalties				
8	Occupancy	330,540.	318,546.	11,994.	
7		20,228.	19,621.	607.	
B	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	58,779.	52,901.	4,702.	1,176.
0	Interest	47,940.	47,461.	479.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	327,862.	291,797.	36,065.	
3	Insurance	128,517.	95,101.	31,006.	2,410.
4	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	PURCHASED SERVICES	368,717.	272,851.	66,369.	29,497.
b	FOOD	193,706.	191,769.	1,937.	
C	PROGRAM EXPENSES	178,782.	173,419.	5,363.	0
d	PROGRAM SUPPLIES	86,317.	82,864.	2,590.	863
	All other expenses SEE SCH O	102,725.	85,267.	13,902.	3,556
5	Total functional expenses. Add lines 1 through 24e	5,745,656.	5,054,485.	521,654.	169,517
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Information SOP 98-2 (ABC 955-720)				

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Form 990 (2018)

11 2018.03050 LAURA BAKER SCHOOL ASSOCI 500091.1

LAURA	BAKER	SCHOOL	ASSOCIATION	
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		Check If Schedule O contains a response or note		(A)		(B) End of year
	_			Beginning of year		End of year
	1	Cash - non-Interest-bearing		168,174.	1	165,334.
	2	Savings and temporary cash investments		548,957.	2	383,074
	3	Pledges and grants receivable, net		100 000	3	200 052
	4	Accounts receivable, net		403,908.	4	389,953
	5	Loans and other receivables from current and for				
- 1		trustees, key employees, and highest compensation				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sections				
2		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
	7	Notes and loans receivable, net			7	
2	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		58,979.	9	70,601
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 8,075,552. 10b 3,672,929.			
	Ь	Less: accumulated depreciation	4,705,701.	10c	4,402,623	
	11	Investments - publicly traded securities		342,986.	11	332,517
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets		14		
- 1	15	Other assets. See Part IV, line 11	2,350.	15	2,350	
_	16	Total assets. Add lines 1 through 15 (must equa	and the second se	6,231,055.	16	5,746,452
	17	Accounts payable and accrued expenses	421,079.	17	387,936	
	18	Grants payable		18		
	19	Deferred revenue	21,731.	19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee				and the second second
9		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela		1,478,310.	23	1,295,309
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		Schedule D			25	
	26	Total liabilities, Add lines 17 through 25		1,921,120.	26	1,683,245
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and			
60	1	complete lines 27 through 29, and lines 33 an				
Net Assets or Fund Balances	27	Unrestricted net assets		4,309,935.	27	4,063,207
	28	Temporarily restricted net assets			28	
ŏ	29				29	
Š		Organizations that do not follow SFAS 117 (A				
E L		and complete lines 30 through 34.				
8	30	Capital stock or trust principal, or current funds			30	
	31	Paid-In or capital surplus, or land, building, or ec			31	
¥.	32	Retained earnings, endowment, accumulated in			32	
Ž	33	Total net assets or fund balances		4,309,935.	33	4,063,207
	34	Total liabilities and net assets/fund balances		6,231,055.		5,746,452

Form 990 (2018) Part X Balance Sheet

Form	990 (2018) LAURA BAKER SCHOOL ASSOCIATION	41-129	1483	Pag	e 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
_			E EE1	0	50
1	Total revenue (must equal Part VIII, column (A), line 12)		5,551	_	
2	Total expenses (must equal Part IX, column (A), line 25)		5,745		
3	Revenue less expenses. Subtract line 2 from line 1	3	-194		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4,309	the second se	
5	Net unrealized gains (losses) on investments	5	-52	, 3,	49.
6	Donated services and use of facilities	6			
7	Investment expenses	7		_	
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				~ =
De	column (B))	10	4,063	1.	07.
Pa					
_	Check if Schedule O contains a response or note to any line in this Part XII				No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	-	х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:	UT LA			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	X	
N	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit		_	
U	review, or compliation of its financial statements and selection of an independent accountant?		20	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		20		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		-	-	-
99	Act and OMB Circular A-133?	-	3a		x
Ŀ.	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			-	
0	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
_	or and the events in the line of learning of and describe any states taken to describe sectored and the		Form	990	2018

SCHEDU	JLE A	Ĕ					1		OMB No. 1645-0047
	or 990-EZ)		Public Charity Status and Public Support						2010
			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2010	
Department of ti Internal Revenue				Attach to Form 990 or //Form990 for Instructi			nformation		Open to Public Inspection
Name of th	e organizati		do to mininaryo					Employe	Identification number
		LAUR	A BAKER SC	HOOL ASSOCIA	TION			4	1-1291483
Part I	Reason	for Public (Charity Status (All organizations must c	omplete th	is part.) S	ee instruction	3.	
				For lines 1 through 12, o	-				
				n of churches described			1)(A)(I) .		
				Attach Schedule E (For					
				anization described in a					
			ation operated in co	njunction with a hospital	described	i in sectio	on 170(b)(1)(A)(lii). Enter	the hospital's name,
	city, and stat		with a homefit of a se			ad burn an			
			Complete Part II.)	llege or university owned	a or operat	eo by a go	overnimental u		ad ill
				nental unit described in	eestion 1	70/6//4//4	6.0		
				ntial part of its support f					public described in
			omplete Part II.)		ioni a gori			lo gonora	
				(1)(A)(vi). (Complete Par	t II.)				
				in section 170(b)(1)(A)		ed in conju	unction with a	land-grant	college
				ulture (see instructions).					
	university: 🔄								
10 🗌 /	An organizati	on that normal	lly receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, members	nip fees, ar	d gross receipts from
				ct to certain exceptions,					
				(less section 511 tax) fro	om busines	sses acqui	red by the org	janization a	after June 30, 1975.
and the second se			mplete Part III.)			_			
				vely to test for public sa					
				vely for the benefit of, to					
				d in section 509(a)(1) of supporting organization					Jneck the dox in
a 🗖				upervised, or controlled		•		-	aivina
<u> </u>				gularly appoint or elect a		-			
			complete Part IV, Se						ala la cui a
b 🗔	_			or controlled in connect	tion with it:	s supporte	ed organizatio	n(s), by hav	ving
	control or n	nanagement o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the sup	ported
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
c	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
). You must complete I					
d 📖				orting organization oper				-	
				ation generally must sat	-			an attentiv	/eness
•				nplete Part IV, Sections				U. 75 10	
•				written determination fro nally integrated support			турет, туре	п, туре ш	
f Enter									
			about the supporte						<u>.</u>
	Name of supp	orted	(II) EIN	(IE) Type of organization	s e orgi	n calican leated nig document?	(v) Amount o	monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions)	Yes	No	support (see in	structions)	support (see instructions)
-	_								
			· · · · · · · · · · · · · · · · · · ·						
Total									

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 1.3

Schedule A (Form 990 or 990-EZ) 2018 LAUKA BAKER SCHOOL ASSOCIATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🍉	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and				0,00	-6.59/1	
	membership fees received. (Do not						
	include any "unusual grants.")	322,038.	345,135.	395,678.	484,430.	405,610.	1952891.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			r			
4	Total. Add lines 1 through 3	322,038.	345,135.	395,678.	484,430.	405,610.	1952891.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						116,696.
8	Public support, Subtract line 5 trom line 4						1836195.
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🍉	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	322,038.	345,135.	395,678.	484,430.	405,610.	1952891.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	24,094.	25,469.	159 314.	285,753.	321 555.	816,185.
9	Net income from unrelated business				200,1001	011,0001	010/1001
ø	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
IV.	or loss from the sale of capital						
	assets (Explain in Part VI.)	45,718.	69,963.	67,393.	22,102.	20 869	226,045.
44			05,5051	07,333.	44,104.	20,009.	2995121.
	Total support. Add lines 7 through 10	ata /aca lanta atla				12	477JI4I.
12	Gross receipts from related activities, First five years. If the Form 990 is for	•		d des sale es difie de			
10	-	-			-		
Sec	organization, check this box and stor ction C. Computation of Public	c Support Per	centade				
	Public support percentage for 2018 (li			olumo (A)		14	61.31 %
15							62.44 %
	33 1/3% support test - 2018. If the o						
roe	stop here. The organization qualifies	-					
	33 1/3% support test - 2017. If the o						
	and stop here. The organization quali						
17~	10% -facts-and-circumstances test						
170							•
	and if the organization meets the "fact meets the "facts-and-circumstances" if						
0	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n dia not check a	<u>00x on line 13, 16</u>	a, 160, 1/a, or 17b	, cneck this box a	na see instructions	

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 LAUKA BAKER SCHOOL ASSOCIATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🍉 📘	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	1011					200
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
Ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			1			
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			1			
8 Public support. Spittar ine 7(turn ine 6)			2			
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🍉	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6		1010		0.02		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net Income from unrelated business activities not included In line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	the organization'	's first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
		-				
Section C. Computation of Public	Support Pe	rcentage			o	
15 Public support percentage for 2018 (IIn	e 8, column (f), (divided by line 13,	column (f))		15	9
16 Public support percentage from 2017 S					16	9
Section D. Computation of Invest						
17 Investment income percentage for 201	8 (line 10c, colu	mn (1), divided by i	ine 13, column (f))		17	9
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2018. If the c	organization did	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	i stop here. The	organization qual	lfies as a publicly s	supported organiza	ation	
THORE THAT 35 1/370, CHECK LINE DOX AIK		not check a box or	line 14 or line 19	a and line 16 is m	ore than 33 1/3%, a	and
b 33 1/3% support tests - 2017. If the c	*				-	
-	*				-	
b 33 1/3% support tests - 2017. If the c	k this box and a	top here. The orga	anization qualifies	as a publicly supp	orted organization	

Schedule A (Form 990 or 990-EZ) 2018 LAURA BAKER SCHOOL ASSOCIATION

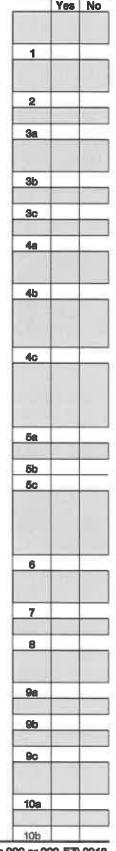
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported* organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? // "Yes," enswer
 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *if* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? // "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether In the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (II) Individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *if "Yes," provide detail in Part Vi.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization hard excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 LAURA BAKER SCHOOL ASSOCIATION

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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	118		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
380	tion B. Type I Supporting Organizations			
	Did the directory to store as membership of one or more supported examinations have the neuronte		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		_
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		_
Sec	tion C. Type II Supporting Organizations	_	<u> </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		- I	
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) coples of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		L 1	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
8	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		-	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Technicity and (a) and (b) below	uctions		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
ь	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2.0		_
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		-
3	Parent of Supported Organizations. Answer (a) and (b) below.	_	-	
a				
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		-
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		

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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 LAURA BAKER SCHOOL ASSOCIATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross Income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see Instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
. 8	Average monthly value of securities	18		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition Indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemad held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)			
7	Check here if the current year is the organization's first as a non-functional	6		

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 LAURA BAKER SCHOOL ASSOCIATION

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
	on D - Distributions		(NEW) THE SECOND	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets	A- A		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	provide details in Part VI). See Instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2018	(ili) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
	From 2017			
÷.	Total of lines 3a through e			
g	Applied to underdistributions of prior years		1	
h	Applied to 2018 distributable amount			
1	Carryover from 2013 not applied (see instructions)			
i.	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: S			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
-	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See Instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018	LAURA	BAKER	SCHOOL	ASSOCIATION
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Part VI Supplemental information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A. PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

990-EZ) 201

				\sim				
(Forr	MEDULE D m 990) ment of the Treasury J Revenue Service	Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Stateme anization answered "Yes" on Forr 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, Attach to Form 990. 90 for instructions and the latest I	n 990, , or 12b.	OMB No. 1545-0047			
	e of the organization			mormation.		entification number -1291483		
Par	tl Organiza	ations Maintaining Donor Advise		inds or Ac	counts. Co	mplete if the		
		n answered "Yes" on Form 990, Part IV, lir						
			(a) Donor advised funds	(1	b) Funds and c	ther accounts		
1	Total number at er	nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4	Aggregate value at	t end of year						
5		on Inform all donors and donor advisors in						
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		[Yea 🗌 No		
6	-	on inform all grantees, donors, and donor a						
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other pur	pose conferri	ng			
0	impermissible priva				Í	Yes No		
Pa		ation Easements. Complete If the or		990, Part IV,	line 7.			
1		ervation easements held by the organizat						
		of land for public use (e.g., recreation or e	' =	-				
	=	f natural habitat	Preservation of	a certified his	storic structure			
~		l of open space						
2		through 2d if the organization held a qual	tied conservation contribution in the	form of a cor				
-	day of the tax year			3		the End of the Tax Year		
8 L		All all a second s		3	2a			
C		ricted by conservation easements vation easements on a certified historic str			2b 2c			
d		vation easements included in (c) acquired			20			
		nal Register			2d			
3		vation easements modified, transferred, re				e tav		
Ŭ.,	vear >		ionsed, extinguished, or terminated	oy ullo ol gerliz	adon danng d	IO LEA		
4		where property subject to conservation ea	sement is located >>					
5		tion have a written policy regarding the pe		ng of				
		orcement of the conservation easements I			Г	Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing	conservatio	n easements d	uring the year		
7	Amount of expens	es incurred in monitoring, Inspecting, hand	ling of violations, and enforcing con	servation eas	ementa during	the year		
	► \$				_	-		
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section	n 170(h)(4)(B)(0			
	and section 170(h)	(4)(B)(II)?			[Yes 🛄 No		
9	In Part XIII, descrit	be how the organization reports conservat	on easements in its revenue and exp	oense stateme	ent, and baland	æ sheet, and		
		ble, the text of the footnote to the organiza	tion's financial statements that desc	ribes the orga	nization's acc	punting for		
-	conservation ease							
Pal		ations Maintaining Collections o		or Other Si	milar Asse	S .		
-		f the organization answered "Yes" on Form						
18		elected, as permitted under SFAS 116 (AS				-		
		s, or other similar assets held for public ex		rtherance of p	ublic service,	provide, in Part XIII,		
_		tnote to its financial statements that descri						
b		elected, as permitted under SFAS 116 (AS						
		similar assets held for public exhibition, e	ducation, or research in furtherance	of public serv	rice, provide th	e following amounts		
	relating to these it							

	(I) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets Included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovic	e
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
a	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets Included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2018

632051	10-29-18

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Sector Journal of the collowing that are a significant use of its collection items 6 Using the comparisation's accession, and other records, check any of the following that are a significant use of its collection items Check at that apply. Check at the comparisation's acceptance of the comparisation's acceptance of	and the second second	dule D (Form 990) 2018 LAURA E	BAKER SCHOO		TION	Other Ol	41-12	91483	Page 2
check all that apply): d Loan or exchange programs a Debia exhibition d Loan or exchange programs b Scholerly research e Other	121011	Using the organization's acquisition access	on and other record	e check any of the	tellowing that	Other Sir		(continu	ed)
a Public exhibition d Lean or exchange programs b Scheinry research e Char	Ŭ		NOTI BUILD OTHER RECORD	is, check any of the	FOR WING THE	are a signino	ant use of its (ems
b Scholarly research e Other were deep pogulates c Determination for future generations Provide a description of the organization solid to reacive donations of art, historical treasures, or other attriller assets to be add the organization solid to reacive donations of art, historical treasures, or other attriller assets to be add the organization and/other than to be maintained as part of the organization collection? Yes No Part/W Escrew and Custocial Arrangements. Complete if the organization answered "Vee" on Form 980, Part IV, line 9, or responded an amount on Form 980, Part X, line 21. Yes No b If we is the organization an agent, trustee, custocian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Yes No b If Yes Yes No Id Id Id Destribution during the year 10 14 Id	я								
c Prevention for future generations 4 Provide a description of the organization's exempt purpose in Part XII. 5 During the year, did the organization collections of art, histochell treasures, or other similar assets to be add to raise funds enter than to be maintained as part of the organization's occession? Ves No PartIVI Encome and Custochella Arrangements. Complete if the organization and explain how they further the organization's occession? Ves No PartIVI Encome and Custochella Arrangements. Complete if the organization and explain how they further the organization's exempt purpose in Part XII. 1e is the organization and each triated organization or other intermediary for contributions or other assets not included on Form 980, Part X, line 21, intermediary for contributions or other assets not included on Form 980, Part X, line 21, intermediary for contributions or other assets not included on Form 980, Part X, line 21, intermediary for contributions or custochella account liability? Ves No b If "Yes," exclusin the arrangement in Part XIII. Check rare if the explanation has been provided on Part XIII b Encomment in Part XIII. Check rare if the explanation has been provided on Part XIII. B adjust the organization include an amount on Form 990, Part X, line 21, for excrement Yee in Complete If the organization include on Part XIII. B adjust the organization include an arrow of the organization has been provided on Part XIII. B adjust the organization include an arrow of the organization has been provided on Part XIII. B adjust the organization include an arrow of the organization has been provided on Part XIII. B adjust the organization account the organization has been provided on Part XIII. B adjust the organization account the organization that are held and administered for the organization by: B and the stimuted percentage of the current year end balance (line 1g, column (ql) haid as: B add degine ordinamise and explain answered Yea' on Form 990. Part X, line 10. Complete If the organization	_				cuange program	1116			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization aloit or receive donatons of art, historical treasures, or other strails readets to be sold to raise lunds runner than to be methatemed as part of the organization's collection? Part IV Endrow and Custorial Arrangements. Complete if the organization answered "Yes" on Form 900, Part X, line 9, or respondent as amount on Form 900, Part X, line 21, or secret or outfluctions or other assets not included on Form 900, Part X? Beginning balance Generation of the organization answered "Yes" on Form 900, Part X, line 21, or secret or outfluctions or other assets not included on Form 900, Part X? Beginning balance Generation includes an amount on Form 900, Part X, line 21, for secret or or custorial account itability? Ind Distributions during the year Ind Generation includes an amount on Form 900, Part X, line 21, for secret or or outfluctions or Part XIII Beginning of year balance Generation includes an amount on Form 900, Part X, line 21, for secret or or outfould account itability? Indowment Funct8. Complete if the organization nativeed "Yes" on Form 900, Part X line 20, for years back (c) Three years back (c) Four years back Gontration includes an amount on Form 900, Part X, line 21, for secret Yes" on Form 900, Part X line 20, for years back (c) Three years back (c) Four years back Gontration scholarability Endowment Funct8. Complete if the organization nativeed "Yes" on Form 900, Part X, line 21, for secret yes of the organization includes an amount on Form 900, Part X, line 21, for secret yes of the organization answered "Yes" on Form 900, Part X, line 21, for secret yes of the organization answered Yes" on Form 900, Part X line 20, for the organization answered Yes" on Form 900, Part X, line 21, for secret yes of Form 900, Part X, line 21, for secre								_	
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b Contributions			(a) Current year	(b) Prior year	(c) Two years	back (d) T	hree years back	(e) Four ye	ars back
c Net investment earnings, gains, and losses	1a								
d Grants or scholarships	b								
e Other expenditures for facilities	C								
e Other expenditures for facilities	d	Grants or scholarships							
f Administrative expenses									
f Administrative expenses		and programs							
g End of year balance	- f								
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% a Are there endowment Indus not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations 4 Describe in Part XIII the Intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990. Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) basis (investment) 379, 109. 379, 109. 379, 109. basis (investment) 741, 751. 4 Description of property (a) Cost or other basis (other) (b) Buildings 6, 251, 114. 2, 585, 570. basis (investment) 379, 109. 379, 109. building	g								
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by: Yes No (i) unrelated organizations 3a(i) 3a(i) (ii) related organizations 3a(ii) 3a(ii) b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) 3a(ii) 4 Describe in Part XIII the Intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. Complete If the organization answered "Yes" on Form 990. Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 379,109. 379,109. 379,109. b Buildings 6,251,114. 2,585,570. 3,665,544. c Leasehold improvements 741,751. 474,386. 267,365. d Equipment 703,578. 612,973. 90,605.	3a			tion that are held a	nd administere	d for the om	anization		
(i) unrelated organizations 3a(1) (ii) related organizations 3a(i) b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(i) 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete If the organization answered "Yes" on Form 990. Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 379,109. 379,109. b Buildings 6,251,114. 2,585,570. 3,665,544. c Leasehold improvements 741,751. 474,386. 267,365. d Equipment 703,578. 612,973. 90,605.									
(ii) related organizations 3a(ii) b if "Yee" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the Intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 379, 109. Complete If the organization answered "Yes" on Form 990. Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 379, 109. 379, 109. b Buildings 6, 251, 114. 2, 585, 570. 3, 665, 544. c Leasehold improvements 741, 751. 474, 386. 267, 365. d Equipment 703, 578. 612, 973. 90, 605.									98 140
b If "Yee" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the Intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990. Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 379,109. 379,109. 379,109. b Buildings 6,251,114. 2,585,570. 3,665,544. c Leasehold improvements 741,751. 474,386. 267,365. d Equipment 703,578. 612,973. 90,605.		(ii) related organizations							
4 Describe in Part XII the Intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete If the organization answered "Yes" on Form 990. Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) basis (other) 379,109. 1a Land c Leasehold improvements d 741,751. 474,386. 267,365. d Equipment other 0	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R2				36(11)	+
Part VI Land, Buildings, and Equipment. Complete If the organization answered "Yes" on Form 990. Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 379,109. 379,109. 379,109. 379,109. 379,109. b Buildings 6,251,114. 2,585,570. 3,665,544. 3,665,544. c Leasehold improvements 741,751. 474,386. 267,365. d Equipment 703,578. 612,973. 90,605.	4	Describe in Part XIII the Intended uses of the	omanization's ando	vmont funda				30	
Complete if the organization answered "Yes" on Form 990. Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land379,109.379,109.379,109.b Bulldings6,251,114.2,585,570.3,665,544.c Leasehold improvements741,751.474,386.267,365.d Equipment703,578.612,973.90,605.	Par	t VI Land, Buildings, and Equipm	ient.	minorit nanda,					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land379,109.379,109.379,109.b Buildings6,251,114.2,585,570.3,665,544.c Leasehold improvements741,751.474,386.267,365.d Equipment703,578.612,973.90,605.	the local de la company			Part IV line 11e 9	See Form 900 I	Dart V. line 1	0		
basis (investment) basis (other) depreciation (a) Don Value 1a Land 379,109. 379,109. 379,109. b Buildings 6,251,114. 2,585,570. 3,665,544. c Leasehold improvements 741,751. 474,386. 267,365. d Equipment 703,578. 612,973. 90,605.								(-B. D 1	
1a Land 379,109. 379,109. b Buildings 6,251,114. 2,585,570. 3,665,544. c Leasehold improvements 741,751. 474,386. 267,365. d Equipment 703,578. 612,973. 90,605.		beactified of property	4.7					(d) Book v	alue
b Buildings 6,251,114. 2,585,570. 3,665,544. c Leasehold improvements 741,751. 474,386. 267,365. d Equipment 703,578. 612,973. 90,605.	10	land				dehtecis	uon	270	100
c Leasehold improvements 741,751. 474,386. 267,365. d Equipment 703,578. 612,973. 90,605. e Other 703,578. 703,578. 703,578.	I¢I F	Bulldinge				9 605	570		
d Equipment 703,578. 612,973. 90,605.	0								
e Other									
				/	13,5/8.	612	,973.	90,	605.
Lotal. Add lines 1a through Te. (Column (d) must equal Form 990. Part X. column (R), line 10c.)								1 1 1 2 2	
	lota	Add lines 1a through Te. (Column (d) must e	aual Form 990, Part 3	K. column (B), line 1	(0c.)			4,402,	623.

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Schedule D (Form 990) 2018

832052 10-29-18

	Complete If the organization answered "Yes" o Description of security or category (including name of security)	(b) Book value			d-of-year market value
	inancial derivatives	(1)			
	Closely-held equity interests				
	Other				
)				
)				
)				
)				
)				
)				_
	1				
)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
	t VIII Investments - Program Related.				
	Complete if the organization answered "Yes" o (a) Description of investment				
		(b) Book value	(c) Method of Valu	ation: Cost or end	d-of-year market value
7)				
1	1				
	3				
ī	i				
)				
)				
	1				
	9				
	t IX Other Assets.				
	Complete If the organization answered "Yes" or (a) D	n Form 990, Part IV, Iin Rescription	a 11d. See Form 990, Pa	t X, line 15.	(b) Book value
	Complete If the organization answered "Yes" or (a) D		e 11d. See Form 990, Pa	t X, line 15.	(b) Book value
	Complete If the organization answered "Yes" or (a) D		s 11d. See Form 990, Pa	t X, line 15.	(b) Book value
	Complete If the organization answered "Yes" or (a) D)		e 11d. See Form 990, Pa	t X, line 15.	(b) Book value
	Complete If the organization answered "Yes" or (a) D		e 11d. See Form 990, Pa	t X, line 15.	(b) Book value
	Complete If the organization answered "Yes" or (a) D)		e 11d. See Form 990, Pa	t X, line 15.	(b) Book value
	Complete if the organization answered "Yes" or (a) D)))		e 11d. See Form 990, Pa	t X, line 15.	(b) Book value
	Complete if the organization answered "Yes" or (a) D))))		e 11d. See Form 990, Pa	t X, line 15.	(b) Book value
	Complete if the organization answered "Yes" or (a) D)))))		e 11d. See Form 990, Pa	t X, line 15.	(b) Book value
	Complete If the organization answered "Yes" or (a) D))))))))) (Column (b) must equal Form 990, Part X, col. (E) line	escription	e 11d. See Form 990, Pa	t X, Ilne 15.	(b) Book value
	Complete If the organization answered "Yes" or (a) D))))))))))))))))))	rescription			
	Complete if the organization answered "Yes" or (a) D))))))) (Column (b) must equal Form 990, Part X, col. (F) line t X Other Liabilities. Complete if the organization answered "Yes" or	rescription	e 11e or 11f. See Form 95		
	Complete if the organization answered "Yes" or (a) D (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	rescription			
	Complete if the organization answered "Yes" or (a) D (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	rescription	e 11e or 11f. See Form 95		
	Complete if the organization answered "Yes" or (a) D (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	rescription	e 11e or 11f. See Form 95		
	Complete if the organization answered "Yes" or (a) D (a) D (b) (column (b) must equal Form 990, Part X, col. (F) line (Column (b) must equal Form 990, Part X, col. (F) line t X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of Ilability Federal Income taxes	rescription	e 11e or 11f. See Form 95		
	Complete if the organization answered "Yes" or (a) D (a) D (b) (course of the organization answered "Yes" or (course of the organization answered "Yes" or (a) Description of Ilability Federal Income taxes	rescription	e 11e or 11f. See Form 95		
	Complete if the organization answered "Yes" or (a) D (b) (course for must equal Form 990. Part X. col. (E) line (Column (b) must equal Form 990. Part X. col. (E) line (Complete if the organization answered "Yes" or (a) Description of Ilability Federal Income taxes	rescription	e 11e or 11f. See Form 95		
	Complete if the organization answered "Yes" or (a) D (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	rescription	e 11e or 11f. See Form 95		
	Complete if the organization answered "Yes" or (a) D (b) (course for must equal Form 990. Part X. col. (E) line (Column (b) must equal Form 990. Part X. col. (E) line (Complete if the organization answered "Yes" or (a) Description of Ilability Federal Income taxes	rescription	e 11e or 11f. See Form 95		
	Complete if the organization answered "Yes" or (a) D (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	rescription	e 11e or 11f. See Form 95		
	Complete if the organization answered "Yes" or (a) D (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	15:)	e 11e or 11f. See Form 95		

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832053 10-29-18

10280611 310893 500091.000

	dule D (Form 990) 2018 LAURA BAKER SCHOOL ASSOCIAT			41-:	L291483 Page
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				40-
1				1	5,550,197
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	a a			
8	Net unrealized gains (losses) on investments	2a	-52,329.		
b	Donated services and use of facilities	2 b			
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		51,267.		
	Add lines 2a through 2d			2e	-1,062
3	Subtract line 2e from line 1		•	3	5,551,259
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
8	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0
5	Total revenue, Add lines 3 and 4c, (This must equal Form 990, Part L line 12)	at the second		5	5,551,259
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per P	eturr	1.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,796,924
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
8	Donated services and use of facilities	28			
b	Prior year adjustments	2b			
C	Other losses	20		1.1	
d	Other (Describe in Part Xill.)	2d	51,268.		
	Add lines 2a through 2d			20	51,268
3	Subtract line 2e from line 1	•		3	5,745,656
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	40			
Ь	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,745,656
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

INCOME TAX STATUS

THE ORGANIZATION IS EXEMPT FROM TAXATION AS A NONPROFIT ORGANIZATION IN

ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE ON THE FINANCIAL

STATEMENTS. THE ORGANIZATION IS CLASSIFIED AS A PUBLICLY-SUPPORTED

CHARITABLE ORGANIZATION UNDER SECTION 509(A)(1) OF THE CODE AND

CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS A CHARITABLE TAX DEDUCTION BY

THE CONTRIBUTOR.

EFFECTIVE JANUARY 1, 2009	THE ORGANIZATION ADOPTED ACCOUNT	INTING GUIDANCE
832054 10-29-18	29	Schedule D (Form 990) 2018
10280611 310893 500091.000		SCHOOL ASSOCI 500091.1

Schedule D (Form 990) 2018 LAURA BAKER SCHOOL ASSOCIATION Part XIII Supplemental Information (continued)	41-1291483 Page 5
RELATED TO UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE (LARIFIES THE
RECOGNITION THRESHOLD AND MEASUREMENTS REQUIREMENTS FOR	R INCOME TAX
POSITION TAKEN OR EXPECTED TO BE TAKEN ON INCOME TAX RE	TURNS. THIS
INCLUDES POSITIONS THAT THE ENTITY IS EXEMPT FROM INCOM	E TAXES OR NOT
SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. U	INDER THE ACCOUNTING
STANDARDS, THE ORGANIZATION RECOGNIZES TAX BENEFITS FRO	M UNCERTAIN TAX
POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE T	AX POSITIONS WILL
BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES. THE	ORGANIZATION HAS
IDENTIFIED NO INCOME TAX UNCERTAINTIES.	
THE ORGANIZATION IS OPEN TO EXAMINATION FOR THE TAX YEA	ARS 2014 THROUGH
2017.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	51,267.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	51,267.
ROUNDING ADJUSTMENT	1
TOTAL TO SCHEDULE D, PART XII, LINE 2D	51,268.

Schedule D (Form 990) 2018

882055 10-29-18

	Complete if the	nta: information Regarding e organization answered "Yes" on		rais i	ng or Gaming A	ctiv	ities 📔	OMB No. 1545-0047
partment of the Treasury		organization answered "Yes" on I					-	CONTRACTOR OF THE R
Department of the Treasury Internal Revenue Service Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						r 19,		2018
		10 m				00		Open to Public Inspection
ame of the organization		to www.we.gowi officeo for met		0 0110			Employer ide	ntification number
		AKER SCHOOL ASSOCIA					41-1291	
required to a	complete this part					ne 17	7. Form 990-EZ	filers are not
a Mall solicitati b Internet and c c Phone solicit d In-person soli 2 a Did the organization key employees lists b If "Yes," list the 10	ions email solicitations ations lcitations n have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p iduals or entities (fundraisers) pursue	ion of tion of fundra (includ	non-g gover ilsing of ing of onal fe	overnment grants nment grants events ficers, directors, trua undraising services?		🗌 Yea	
compensated at lea	ast \$5,000 by the	organization.						
(i) Name and address or entity (fund		(II) Activity	(ili) fund have c or cor contribu	ustody trol of	(Iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (I)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit o		utions	or has been notified	it is (exempt from re	gistration
HA For Penerwork Pr	duction Act Not	ice, see the instructions for Form §	990 or	990-E	Z. (Sche	dule G (Form 9	90 or 990-EZ) 201

	rt۱	Fundraising Events. Complete If				
-	_	of fundraising event contributions and g				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
				GOLF EVENT		col. (c))
			(event type)	(event type)	(total number)	
GTH HAART	1	Gross receipts	164,870.	45,083.		209,953
	2	Less: Contributions	146,965.	40,187.		187,152
	3	Gross income (line 1 minus line 2)	17,905.	4,896.		22,801
	4	Cash prizes				
	5	Noncash prizes				
CONT INFO	6	Rent/facility costs				
DILARI EXPANSION	7	Food and beverages				
د	8	Entertainment				
1	9	Other direct expenses		9,788.		51,267
1	10	Direct expense summary. Add lines 4 through			•	51,267
	11	Net income summary. Subtract line 10 from				-28,466
	4	Gröss revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
	2	Cash prizes				
NHOULD NI	3	Noncash prizes				
	4	Rent/facility costs				
	·	Rent/facility costa				
	5		Yes%	└── ¥es% ○ No		
	5	Other direct expenses	Yes%		No	
DIRC	5 6 7	Other direct expenses	gh 5 in column (d)	No	No No	
	5 6 7 8	Other direct expenses	gh 5 In column (d)	No	No No	
	5 6 7 8 Ent	Other direct expenses	gh 5 In column (d)	No	No	
	5 6 7 8 Ent Is t	Other direct expenses	gh 5 In column (d)dy 7 from line 1, column (d) ducts gaming activities:activities in each of these a	No No	No	Yes N
	5 6 7 8 Ent 1s ti 1f "	Other direct expenses	gh 5 In column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s	states?	No No	
	5 6 7 8 Ent 1s ti 1f "l We	Other direct expenses	gh 5 In column (d) 7 from line 1, column (d) 2 ucts gaming activities: activities in each of these a revoked, suspended, or te	states?	No	
	5 6 7 8 Ent 1s ti 1f "l We	Other direct expenses	gh 5 In column (d) 7 from line 1, column (d) 2 ucts gaming activities: activities in each of these a revoked, suspended, or te	states?	No	

che	dule G (Form 990 or 990 EZ) 2018 LAUKA BAKER SCHOOL	ASSOCIATION	41-1:	291483	Page 3
1	Does the organization conduct gaming activities with nonmembers?			Yes	No
	s the organization a grantor, beneficiary or trustee of a trust, or a member	of a partnership or other entity formed			
	to administer charitable gaming?			Yea	No No
	Indicate the percentage of gaming activity conducted in:				
	The organization's facility			13a	9
	· · · · · · · · · · · · · · · · · · ·			13b	9
	An outside facility	a coming (appendix) queste books and record	ler 🔅		
+	Enter the name and address of the person who prepares the organization		9.		
	Name 🕨				
	Address 🕨				
5 a	Does the organization have a contract with a third party from whom the or	rganization receives gaming revenue?		Yes	
	If "Yes," enter the amount of gaming revenue received by the organization	and the arrow	unt		
	of gaming revenue retained by the third party 🕨 \$				
C	If "Yes," enter name and address of the third party:				
	Name 🍺				
	Address 🌬				
R	Gaming manager information:				
	Name 🕨				
	Gaming manager compensation 🕨 💲				
	where the subscription of the				
	Description of services provided 🕨		_		
		pendent contractor			
17 8	Mandatory distributions: Is the organization required under state law to make charitable distributio	ns from the gaming proceeds to			
-	retain the state gaming license?				- 🗌 N
-	Enter the amount of distributions required under state law to be distribute	ed to other exempt organizations or spent	in the		
U	organization's own exempt activities during the tax year > \$				
Pa	rt IV Supplemental Information. Provide the explanations req	ulred by Part L line 2b. columns (iii) and (v)	: and Par	t III. lines 9	. 9b. 10b.
ra	15b, 15c, 16, and 17b, as applicable. Also provide any additional				,,,
	15D, 15C, 16, and 17D, as applicable. Also provide any additional				
_				_	
_					
-					
_					
-			_		_
1920	83 10-03-18		e Q (Form	n 990 or 9	90-EZ) 20
20	S11 210802 500001 000 2018	3 .03050 LAURA BAKER SCH		ASSOCI	5000
٥U	611 310893 500091.000 2018	10000 TOUR DOLLE DOLL			

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chedule G (Form 990 pr 990-EZ) LA Part IV Supplemental Information	DRA BAKER SCHOOL AS	41-1291483 Page
	(continued)	
		Schedule G (Form 990 or 990-E
2084 04-01-18		
	34	

(Form 990) Postment of the Treesury Marriel Revenue Service Postment Revenue Service	Complete if the organization explanat	re organization answered "Yes" on Form 990, Part IV, line 24a. Provide des explanations, and any additional information in Part VI. Revealed the latest information.	answered "Yes" on Form 380, Part IV, line 24a. Provide descriptions, ions, and any additional information in Part VI. irs.gov/Form980 for instructions and the latest information.	answered "Yes" on Form 990, Part IV, line 24a ons, and any additional information in Part VI. irs.gov/Form990 for instructions and the lates	24a. Provide de VI. lest Informatio:	scriptions, 1.		Open to Pu Inspection	Open to Public Inspection
ization LAUR2	SCHOOI	SOCIATION					Employer 41-1	Employer identification number 41-1291483	n number
Part I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		(f) Description of purpose	(g) Defeased	of iss	(i) Poo
A CITY OF NORTHFIELD	41-6005424NONEAVAIL	NONEAVAIL	05/28/14	1,256,715		BUILDING CONSTRUCTION			
a 0							_		
빏			×	-	ß	U		٥	
Amount of bonds retired Amount of bonds legally defeased	sfeased			1					
4 Gross proceeds in reserve funds	e funds		Ì						
5 Capitalized interest from proceeds									
Proceeds in refunding escrows									
Issuance costs from proceeds		******							
8 Credit enhancement from proceeds	aaris								
Capital expenditures from proceeds			1,256	6,633.					
		*****		82.					
12 Other unspent proceeds									
13 Year of substartial completion				+	-	+			
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	issue of tax-exempt bo Je/?	onds (or,			NO	8	02	8	° N
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issuel/?	issue of taxable bonds			×					
16 Has the final allocation of proceeds been made?	67		×						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	cs and records to sup	port the	×						

35

		•			0	~		
1 Was the organization a partner in a partnership, or a member of an LLC.	Yes	No	Yes	No	Yes	Ŷ	Yes	No
which owned property financed by tax-exempt bonds?		×						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		×						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		×						
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
ertities other than a section 501(c)(3) organization or a state or local government		*		*		*		*
Lt of						2		
unrelated trade or business activity carried on by your organization, another								
section 501 (c)(3) organization, or a state or local government		*		*		96		*
6 Total of lines 4 and 5		*		8		*		8
7 Does the bond issue meet the private security or payment test?		×						
property								
		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		*		*		×		*
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-27		×						
Part IV Arbitrage								
	<		8		0			
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	Ŷ	Yes	No	Yes	No	Yes	Ŷ
Penalty in Lieu of Avbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
1 5		M						
L 6		M						
c No rebate due?		X						
		Þ	1					

Schedule K (Form 990) 2018 LAURA BAKER SCHOOL ASSOCIATION			41-	-1291483				Page 3
Part N Arbitrage (Continued)						0		
4a Has the organization or the governmental issuer entered into a qualified	Yes	No.	Yes	2	× Ke	So No	Xes	2
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedue								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
		⋈						
b Name of provider				2				
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×						
Ē								
section 148?		×						
Part V Procedures To Undertake Corrective Action								
	×			8		C		٥
Has the organization established written procedures to ensure that violations of	Yes	Ŷ	Yes	N	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		×						
Part W Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	on Schedule I	(. See instru	ictions					
								Ĩ
							The second s	
882.123 11-01-18						0	Schedule K (Form 990) 2018	81.02 (NAS W

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

LAURA BAKER SCHOOL ASSOCIATION

Employer Identification number 41-1291483

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISABILITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DEVELOPMENTAL DISABILITIES. EACH PERSON SERVED RECEIVES SERVICES 24

HOURS A DAY AND RECEIVES ACTIVE TREATMENT SERVICES TO ASSIST HIM/HER TO

MAINTAIN AND IMPROVE IN ANY AREAS THAT LIMIT HIS/HER ABILITY TO LIVE

INDEPENDENTLY IN THE COMMUNITY. ACTIVE TREATMENT INCLUDES INDIVIDUAL

SERVICE AND PROGRAM PLANS FOR EACH INDIVIDUAL WHICH ARE REVIEWED AND

UPDATED MONTHLY, QUARTERLY AND ANNUALLY TO MEASURE PROGRESS TOWARD

THOSE GOALS. WE PROVIDE ASSISTANCE TO EACH PERSON IN THE ACTIVITIES OF

DAILY LIVING, INCLUDING BUT NOT LIMITED TO: SELF-CARE (E.G. DRESSING,

GROOMING, TOILETING), MONEY MANAGEMENT, HOUSEHOLD MANAGEMENT, COMMUNITY

ACCESS AND INTEGRATION, MOBILITY, LEISURE AND RECREATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

REIMBURSEMENT GUIDELINES. EACH PERSON'S RATE IS DEPENDENT UPON HIS/HER

NEEDS FOR SUPPORT AND IS INDIVIDUALIZED TO THE GREATEST EXTENT

POSSIBLE. SERVICES GENERALLY ARE FUNDED BY MEDICAID. WHILE RATE CHANGES

CAN BE INITIATED BASED UPON CHANGES IN AN INDIVIDUAL'S NEEDS, GENERAL

RATE CHANGES TO ACCOMMODATE INFLATION AND STAFF INCREASES ARE APPROVED

THROUGH THE MN LEGISLATURE.

WE ARE CURRENTLY SERVING 35 INDIVIDUALS IN COMMUNITY SERVICES. EACH

PERSON HAS INDIVIDUAL SERVICE AND PROGRAM PLANS WHICH ARE REVIEWED AND

UPDATED MONTHLY, QUARTERLY AND ANNUALLY TO MEASURE PROGRESS TOWARD

 LHA
 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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 10-10-18

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Schedule O (Form 990 dr 990 EZ) (2018)	-
Name of the organization LAURA BAKER SCHOOL ASSOCIATION	Employer identification number 41-1291483
THOSE GOALS. WE PROVIDE ASSISTANCE TO EACH PERSON IN THE A	ACTIVITIES OF
DAILY LIVING, INCLUDING BUT NOT LIMITED: SELF-CARE (E.G. I	DRESSING,
GROOMING, TOILETING, MONEY MANAGEMENT, HOUSEHOLD MANAGEME	ENT, COMMUNITY
ACCESS AND INTEGRATION, MOBILITY, LEISURE AND RECREATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE AND THE BOAR	ND OF DIRECTORS
FOR APPROVAL AT A BOARD MEETING PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL TRUSTEES ARE REQUIRED TO PROVIDE A WRITTEN STATEMENT	AND DISCLOSE ANY
POTENTIAL CONFILCTS OF INTEREST TO THE ORGANIZATION EACH Y	/BAR.
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION REVIEWS AND SETS COMPENSATION OF ITS EXEC	CUTIVES USING
PUBLISHED SALARY SURVEYS OF COMPARABLE ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAN	ICIAL STATEMENTS
ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL S	STATEMENTS ARE
ALSO POSTED ON GUIDESTAR.ORG.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	3:
EMPLOYEE RECRUITMENT:	
PROGRAM SERVICE EXPENSES	30,985.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,985.
832212 10-10-18 Sche	dule O (Form 990 or 990-EZ) (2018

Name of the organization LAURA BAKER SCHOOL ASSOCIATION	Employer identification number 41-1291483
REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	29,485.
MANAGEMENT AND GENERAL EXPENSES	298.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,783.
STAFF APPRECIATION:	
PROGRAM SERVICE EXPENSES	14,953.
MANAGEMENT AND GENERAL EXPENSES	10,313.
FUNDRAISING EXPENSES	516.
FOTAL EXPENSES	25,782.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	9,780.
MANAGEMENT AND GENERAL EXPENSES	3,260.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,040.
BANK CHARGES AND MISC:	
PROGRAM SERVICE EXPENSES	64.
AANAGEMENT AND GENERAL EXPENSES	31.
FUNDRAISING EXPENSES	3,040.
FOTAL EXPENSES	3,135.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	102,725.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	-2.

	m		
sines	s income T	ax Return	OMB No. 1646-0687
ler sec	tion 6033(e))		200 C 100 C 100 C
	, and ending		2018
		tion.	2010
		tion is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
changed a	and see Instructions.)		Employer Identition number (Employees' trust, ase
			Instructiona.)
			41-1291483
ox, see ins	structions.	E	Unrelated business activity code (See instructions.)
or foreign	postal code	-	
		þ	31120
	E04 at trust	104014	
	and the second s		Apreside the second sec
-		•••	
orte Lond			
	In, complete a Schedule		
mt-subsid	lary controlled group?		Yes X No
	ing a court ound Broch i		
	Telepho	ne number 🕨 (5	07)645-8866
1	(A) Income	(B) Expenses	(C) Net
10			
2			
3			
44			
4b		128 M 11 1 13	
4c		100 10	
		A STORAGE	
		A PARTY AND A PARTY	
13	0.		
or limitat	tions on deductions.)		
d with th	e unrelated business	ncome.)	
			14
		1	15
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18
			17
	*******		18
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			22b
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			26 27
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			29 0.
ct line 29	from line 13		30 0.
			31
			32 0.
			Form 990-T (2018)
	instruction instruction y be made changed a changed a changed a changed a conforeign poration 1 arts I and mt-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsid int-subsi	ier section 6033(e))	

Form 990-		1-1291483	Page 2
Part	III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
85	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	2 35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.

38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Part	Y Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	89	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from;		
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Prexy tax. See Instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility income. See instructions	43	
4	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Concession of the second second	/ Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) 45b	1.22	
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		
8	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	48	0.
47	Other taxas. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	.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	49	0.
50 a		12	
b	2018 estimated tax payments 50b		
C	Tax deposited with Form 8868		
đ	Foreign organizations: Tax paid or withheid at source (see Instructions) 50d		
8	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941)		
Ø	Other credits, adjustments, and payments: E Form 2439		
	Form 4136 Other Total > 50g	E24	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄	52	
63	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	
65	Enter the amount of line 54 you want: Credited to 2019 estimated tax >	55	
Part	I Statements Regarding Certain Activities and Other Information (see Instructions)		

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	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	1.17	
	here 🍺		X
57	During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.	500	

58	Enter	the amount of tax-exempt interest received or	accrued during the tax year	►\$		
Sign	U a	nder penalties of perjury, I declare that I have examined arrest, and complete. Declaration of preparer (other ther	this return, including accompanying taxpayer) is based on all information	schedules and statements, and to the of which preparer has any knowledg	e best of my knowle ge.	edge and bellet, it is true,
Here		Signature of officer		EXECUTIVE DIRE	CTOR 1	Asy the IRS discuss this return with he preparer shown below (see netructions)? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	If PTIN
Pald				80.000	self- employed	
Prepa	arer	DARREN KRAY		06/11/19		P00296781
Use (Dniv	Firm's name > LB CARLSON,	Firm's EIN 🕨	41-1504933		
		605 US HIG				
		Firm's address 🕨 MINNEAPOLI	<u>8, MN 55441</u>		Phone no.	763-535-8150
823711 01	1-09-19					Form 990-T (2018)

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42 2018.03050 LAURA BAKER SCHOOL ASSOCI 500091.1

Page 2

Form 990-T (2018) LAURA BAKER SCHOOL ASSOCIATION

Schedule A - Cost of Good	s Sold. Enter	method of Inve	ntory valuation 🕨 N/A				
1 Inventory at beginning of year	1		6 Inventory at end of yea	ur		6	
2 Purchases			7 Cost of goods sold. Si				
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4 Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to	Yes	No
b Other costs (attach schedule)	1		property produced or a	cquired	for resale) apply to	20	
5 Total, Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see Instructions)	(Prom Meal	Property and	Personal Property L	ease	d With Real Prope	rty)	
1. Description of property							
(1)	-						
(2)				_			
(3)							
(4)							
	2. Rent receiv	ed or apprued					
(a) From personal property (if the per rent for personal property is more 1096 but not more than 50%)	roentage of a then)		and personal property (if the percente) personal property exceeds 50% or if nt is based on profit or income)	3e	3(a) Deductions directly oc columns 2(s) and	nneoted with the income i 2(b) (attach echedule)	1
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)			0.	(b) Total deductions. Enter here end on page 1, Part I, line 6, column (iii)	-	0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)				
			2. Gross income from		 Deductions directly connect to debt-financed 	sted with or allocable	
1. Description of debt-fi	nanced procerty		or allocable to debt- financed property	(a)	Straight line depreciation		
·····				(attach schedule)		(attach achedule)	
(1)				-			
(2)				-			
(3)							
(4)							
 Amount of everage acquisition debt on or allocable to debt-financed property (attach schedule) 	of or e debt-fine	adjusted basis nicoable to noed property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column (f)	B. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%	-			
(2)			%				
(3)			%				
(4)			%				
				B	nter here and on page 1, Pert I, line 7, column (A).	Enter here and on pag Part I, line 7, column	
Totals		*****			0.		0.
Total dividends-received deductions	ncluded in columr	18			>		0.
						E	100101

Form 990-T (2018)

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41-1291483

Page 8

BAKER SCHOOL ASSOCIATION Form 990-T (2018) LAURA

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× •			ale i		~	- 10	1	ω.	w.

Page 4

		Exempt Controlled Organizations								
1. Name of controlled organization		2. Employer Identification number		elated income Instructions)	4. To pay	ntal of epecified manta made	i include	t of column 4 id in the contr ation's gross i	rollina I	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Org	anizations									
7. Taxable income	8. Net unreisi (see in	ad income (loss) structions)	9, Total	of specified paym mede	ente	10, Part of colu In the control groe	enn 9 that ling organi 16 income	la included zation's	11. De with	ductions directly connected I income in column 10
(1)							-			
(2)										
(3)										
(4)										
fotale					i.	Enter here and	mna 8 and 3 on page column (A	1, Part I,		ki columna 6 and 11, ere and on page 1, Part I, line 6, column (8). 0
Schedule G - Investr	nent income	of a Section	n 501(c)(7	'), (9), or (1	7) Org	ganization				
1. 0	Description of Income			2. Amount of I	ncome	3. Deductio directly conne (attach ache	eoted	4, Set-i (attach a		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
				_						
(2)										
(2) (3)										
(2) (3)			_		1					
(2) (3) (4)				Enter here and o Part I, line 9, coli	n paga 1, imn (A). 0 .					Enter here and on page Part I, line 9, column (B).

4. Net income (loss) 8. Expenses directly connected 7. Excess exempt expenses (column 6 minus column 5, 2. Gross unrelated business income from trade or business from unrelated trade or business (column 2 minus column 3), if a gain, compute cols. 5 5. Gross income from sotivity that is not unrelated business income 6. Expenses attributable to 1. Description of exploited activity with production of unrelated but not more then column 4). polumn ā bueiness income through 7. (1) (2)(3) (4) Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col. (A). page 1, Pert I, line 10, col. (B). on page 1, Part II, line 26. 0. 0. Totals 0. Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (oci. 2 minus col. 3). If a gain, compute cole. 5 through 7.	5. Circulation Income	6. Readership costs	7. Excess readership costs (column 6 minue column 5, but not more than column 4).
(1)		·				Statistics and statistics
(2)			1988 - 1999 - 14			A CARE DA
(3)						AND PAR
(4)		· · · · · · · · · · · · · · · · · · ·	Service Contraction			
fotale (carry to Part II, line (5))	0.	0.				0.

Form 990-T (2018)

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Form 990-T (2018) LAURA BAKER SCHOOL ASSOCIATION

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 edvertising costs	4, Advertising gain or (loss) (oci. 2 minus oci. 3), if a gain, compute cols. 5 through 7.	5. Circulation Income		adership sets	7. Excess readership costs (column 6 minus column 6, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Fotals from Part I 🛛 🕨	0.	0.	753.53 PC	THE PARTY IN	0.11		0.
		Batan hann an dian	the second se				Enter here and
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					on page 1, Part II, line 27.
Totala, Part II (lines 1-5)	page 1, Part I, line 11, col. (A). 0 •	page 1, Part I, line 11, col. (8). 0 •	Tructoss (as b	the settlemest			on page 1,
Totala, Part II (Ilnes 1-5)	page 1, Part I, line 11, col. (A). 0 •	page 1, Part I, line 11, col. (8). 0 •	Trustees (aee ind 2. Thie	structions) 3, Percent time devoted business	dito	4. Comp to ur	on page 1, Part II, line 27.
Schedule K - Compensation 1. Name	page 1, Part I, line 11, col. (A). 0 •	page 1, Part I, line 11, col. (8). 0 •		3, Percent time devoted	dito	4. Comp to ur	on page 1, Part II, line 27.
Schedule K - Compensation 1. Name (1)	page 1, Part I, line 11, col. (A). 0 •	page 1, Part I, line 11, col. (8). 0 •		3, Percent time devoted	dito	4. Comp to ur	on page 1, Part II, line 27.
1. Name (1) (2)	page 1, Part I, line 11, col. (A). 0 •	page 1, Part I, line 11, col. (8). 0 •		3, Percent time devoted	dito %	4. Comp to ur	on page 1, Part II, line 27.
Schedule K - Compensation 1. Name (1)	page 1, Part I, line 11, col. (A). 0 •	page 1, Part I, line 11, col. (8). 0 •		3, Percent time devoted	d to %	4. Comp to ur	on page 1, Part II, line 27.

823732 01-09-19

41-1291483

Page 5

LAURA BAKER SCHOOL ASSC ATION

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

RENTAL OF SPACE TO OUTSIDE ORGANIZATIONS.

TO FORM 990-T, PAGE 1

net	OPERATING LOSS	DEDUCTION	STATEMENT 2
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
13,681.	13,291.	390.	390.
6,607.	0,		6,607.
612.	0.	•	612.
1,662.	0.		1,662.
3,653.	0.		3,653.
1,718.	0.	1,718.	1,718.
1,453.	0.	1,453.	1,453.
374.	0.	374	374.
ER AVAILABLE THIS	YEAR	16,469.	16,469.
	LOSS SUSTAINED 13,681. 6,607. 612. 1,662. 3,653. 1,718. 1,453. 374.	LOSS SUSTAINED 13,681. 6,607. 1,662. 1,662. 1,718. 1,453. LOSS PREVIOUSLY APPLIED 13,291. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	PREVIOUSLY APPLIED LOSS REMAINING 13,681. 13,291. 390. 6,607. 0. 6,607. 612. 0. 612. 1,662. 0. 1,662. 3,653. 0. 3,653. 1,718. 0. 1,718. 1,453. 0. 1,453. 374. 0. 374.

Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

Meiling Address:

www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization _ LAURA_BAKER_SCHOOL_ASSOCIATION

Federal EIN: ____41-1291483

Flecal Year-End: 12312018 mm/dd/yyyy		
Did the organization's fiscal year-end change?	Yes	X No
Physical Address:		

SANDRA GERDES	SANDRA GERDES	
Contact Person 211 OAK STREET	Contact Person 211 OAK STREET	
Street Address NORTHFIELD, MN 55057	Street Address NORTHFIELD, MN 55057	
City, State, and ZIP Code (507)645-8866	City, State, and ZIP Code (507)645-8866	
Phone Number SANDIELAURABAKER.ORG	Phone Number SANDIGLAURABAKER.ORG	
Email Address	Email Address	

5

1. Organization's website: WWW . LAURABAKER . ORG

2.	List all of the organization's alternate and former names (attach list if more space is needed).	Alternate Former
3.	List all names under which the organization solicits contributions (attach list if more space is needed). BSA LAURA BAKER SERVICES ASSOCIATION	
4.	Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	
5.	Total amount of contributions the organization received from Minnesota donors:	\$402,753
6.	Has the organization's tax-exempt status with the IRS changed?	
7.	Has the organization significantly changed its purpose(s) or program(s)?	

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8.	Has the organization been denied the right to solicit contributions by any court or government agency?				
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):				
	Name of Professional Fundralser	Compensation			
	Street Address	City, State, and ZIP Code			
10.	0. Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No <u>Note:</u> An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.				
11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? X Yes No If yes, provide the following information for the five highest paid individuals:					
	Name and title	Compensation*	Other compensation		
	SANDRA GERDES EXECUTIVE DIRECTOR	104,239.	6,082.		

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the Individual. See Minn. Stat. § 309.53, subd.

3(I) and Minn. Stat. § 317A.011 for definitions.

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SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may akip Section B and go directly to Section C.

INCOME

1.	Contributions Received	ŝ	1
2.	Government Grants	\$	2
3.	Program Service Revenue	\$	3
4.	Other Revenue	\$	0
5.	TOTAL INCOME	8	5
EXPE	INSES		
6.	Program Expenses	\$	6
7.	Management & General Expenses	\$	7
8. Fund-raising Expenses		\$	8
9.	TOTAL EXPENSES	8	9
10.	EXCESS or DEFICIT	\$	10
	(Line 5 minus Line 9)		
ASSE	T8		
11.	Cash	\$	11
12.	Land, Buildings & Equipment	\$	12
13.	Other Assets	\$	13
14.	TOTAL ASSETS	8	14
LIAB	LITIES		
4 -			

15. Accounts Payable	\$ 15
16. Granta Payable	\$ 16
17. Other Llabilities	\$ 17
18. TOTAL LIABILITIES	\$ 18

\$

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

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Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments and organizations in the U.S.				
2	Grants and other assistance to individuals in the U.S.				a stranger
3.	Grants and other assistance to governments,				A state
а,	organizations, and individuals outside the U.S.			1507 C 14 April 14	
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
о,	trustees, and key employees				
6.	Compensation not included above, to disqualified				
0.	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	L.A. A.				
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions				
9.	Other employee benefits				
	Pavroli taxaa				
11.	Fees for services (non-employees):				
	Management				
	Legal				
_	Accounting				
-	Lobbying				
_	Professional fundralsing services				_
	Investment management fees				
	Other				
	Advertising and promotion				
13.					
14.	information technology				
5.	Royalties				
-	Occupancy				
	Travel				
-	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
	Interest				
_	Payments to affiliates				
2.	Depreciation, depletion, and amortization				
3.	Insurance				
4.	Other expenses. Itemize expenses not covered	Frank Frank 1		Martin and Annual State	
	above. Expenses labeled miscellaneous may		EXCLUTED VERM		
	not exceed 5% of total expenses (Line 25),				
а.					
b.					
c.					
d.					
	Total functional expenses. Add lines 1 through 24d				
	Joint costs. Check here > If following				
	SOP 98-2. Complete this line only if the organi- zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

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Section C: Board of Directors Signatures and Acknowled The form must be executed pursuant to a resolution of the board of director must be signed by two officers of the organization. See Minn. Stat. § 309.52	a, trustees, or managing group and
We, the undersigned, state and acknowledge that we are duly constitute	d officers of this organization, being the
(Title) and	(Title) respectively, and
that we execute this document on behalf of the organization pursuant to the	resolution of the
(Board o	f Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the docume	nt, and do hereby certify that the
(Board or	f Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and have supervis	ed, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, correct ar	id complete to the best of our knowledge.
SANDRA GERDES	
Name (Print)	Name (Print)
Signature	Signature
EXECUTIVE DIRECTOR	
Title	កាដទ
Date	Date

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DEPARTMENT OF REVENUE

2018 M4NP Unrelated Business Income Tax (UBIT) Return

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

Tax year beginning010120182018, and ending1231	12018 (required)	
Name of Organization	FEIN	Minneeota Tex ID (recuired)
LAURA BAKER SCHOOL ASSOCIATION	411291483	5091143
Mailing Address Check If New Address	This Organization Film Federal For	m (check one)
211 OAK STREET	X 990-T 1120-C	1120-H 1120-POL
City County State ZIP Code	Exempt Under IRS Section (chec	k one)
NORTHFIELD MN 55057	X 601(c)(3)	528 Other:
Check All Amended Filing Under Final Return (see inst., pg. 3)	Enter your NAICS Codes (see ins	tructions, pg. 3)
That Apply: Return an Extension Enter Close Date:	531120	1
		onducted in Minnesota for this tax year?
Are you filing a combined moome return? Yes X No	X Yes No (comp	lete and attach Schedule M4NPA)
1 Federal taxable income before net operating loss and specific deduction Form 990-T, line 33; 1120-C, line 25c; 1120-H, line 17; or 1120-POL, line		You must round amounts to nearest whole dollar.
2 Total additions to federal taxable income (from M4NPI, line 1)		· · · · · · · · · · · · · · · · · · ·
3 Federal taxable income after additions (add lines 1 and 2)		
4 Total subtractions from federal taxable income (from M4NPI, line 2)		
5 Federal taxable income (loss) after subtractions. (See instructions.) If you within and outside Minnesota, complete M4NPA. (See instructions, pg. activities were conducted in Minnesota, do not complete M4NPA. Enter	6.) If 100 percent of your	
6 Minnesota taxable net income (loss) (from M4NPA, line 10.) if 100 perce were conducted in Minnesota, enter amount from line 5 above.	ent of your activities 6	
7 Minnesota net operating loss deduction (from M4NP NOL)		
8 Subtract line 7 from line 6 (if zero or less, enter zero)		0
9 Total deductions from taxable net income (from M4NPI, line 3)		
10 Taxable income (subtract line 9 from line 8; if zero or less, enter zero)		0
11 Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)	11	0
12 Proxy tax (see instructions, pg. 3)		
13 Tax before credits (add lines 11 and 12)		
14 Total credits against tax (from M4NPI, line 4)		<u></u>
15 Minnesota tax liability (subtract line 14 from line 13; if zero or less, ente	nr zero)	

Continued next page

2018 M4NP UBIT Return, Page 2 (continued)

Name	of Organization		FEIN		Minneeote Tex ID
LA	JRA BAKER SCH	OOL ASSOCIATION	41	1291483	5091143
16	Minnesota Nongame W	ildlife Fund donation (see instruction	ns, pg. 3)		
17					
18	Total refundable credite	(from M4NPI, line 5)			
19	Amount credited from y	our 2017 Form M4NP, line 28	19		
20	2018 estimated tax pay	menta			
21	2018 extension payment	t			
22	Total refundable credits	and payments (add lines 18, 19, 20	, and 21)		
23		e 17			
24		worksheet in the instructions, pg. 4			
25		worksheet in the Instructions, pg.			
26 27	Additional charge for ur Tax, Nongame Wildlife F	derpayment of estimated tax <i>(from</i> Fund donation, penalty, Interest and	M15NP, line 17)		
		t of estimated tax (add lines 17, 24,			
28	Amount from line 27				
29	Amount from line 22				
0	AMOUNT DUE. If line 2	3 is more than or equal to line 29, s	ubtract line 29 from 28		
	Payment method:	Electronic (see inst., pg. 2)	Check (see inst., pg. 2)	Amended return pay	ment by check
31	OVERPAYMENT. If line	20 is more than line 28		(see inst., pg. 2)	
		e 29			
2		credited to your 2019 estimated ta			
33		from line 31)			
		posited, enter your banking informs Routing number		account not associated w	th any foreion benke)
\neg	Checking Savings		1		
_		rect and complete to the best of my			
au Kri	zed Signature	Tibe	Date	Deytime Phone	
old D-	eparer's Signature	EXECUTIVE DIR		5076458866	I authorize the
	aheral s Ciflignitä	PTIN DOCOCCTO1	Date	Daytime Phone	Minneeote Depart- ment of Revenue to
mall A	delana in Pananandanan 10 the	P00296781	06112019	7635358150	discuss this tax return
	ddress for Correspondence, if De		This email address belong	ge to (oheok one):	with the paid preparer
SAN	DIGLAURABAKE	C. ORG	Employee	Paid Preparer	lieted here.

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting achecules. Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257





2018 NOL, Net Operating Loss Deduction

Unitary businesses: Complete a separate Schedule NOL for each corporation that is carrying forward a net operating loss (NOL).

Name of Corporation	FEIN	Minnesota Tax ID
LAURA BAKER SCHOOL ASSOCIATION	411291483	5091143

Year	Taxable Net Income/Loss	Minnesota Losses Used	Losses Remaining
Oldest loss year			
12312004	-13681		-13681
Subsequent year 1			10001
12312005	-6607		-20288
12312006	10852	-10852	-9436
12312007	2439	-2439	-6997
12312008	-612		-7609
12312009			-7609
, 12312010			-7609
12312011	-1662		-9271
12312012	-3653		-12924
12312013	-1718		-14642
12312014	-1453		-16095
12312015 12	-374		-16469
18			
14			
16			
	2018 Summary:	Net operating loss deduction	otal losses remaining (to be carried forward) -16469

Enter on M4T, line 6