

M4NP MINNESOTA REVENUE

2015 Unrelated Business Income Tax (UBIT) Return

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

Tax year beginning 0101, 2015, and ending 12312015 (required)

Please Print or Type

Name of Organization EDQUEST, INCORPORATED (OF MINNESOTA)		FEIN 473966456	Minnesota Tax ID (required) 4036761
Mailing Address 565 HATTIE LN		This Organization Files Federal Form (check one) <input type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL	
City WOODBURY	County	State MN	Zip Code 55125
Check All That Apply: <input type="checkbox"/> Amended Return <input type="checkbox"/> Filing Under an Extension <input type="checkbox"/> Final Return (see inst., pg. 3)		Exempt Under IRS Section (check one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 528 <input type="checkbox"/> Other:	
Enter your NAICS Codes (see instructions, pg. 3) /		Enter Close Date:	
Are you filing a combined income return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was 100% of the business conducted in Minnesota for this tax year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)	

You must round amounts to nearest whole dollar.

Determining Tax

1	Federal taxable income before net operating loss and specific deduction (from federal Form 990-T, line 30; 1120-C, line 25a; 1120-H, line 17; or 1120-POL, line 17c)	1	
2	Total subtractions from federal taxable income (from M4NPI, line 1)	2	
3	Federal taxable income or (loss) after subtractions (see instructions)	3	
If you conducted business both within and outside Minnesota, complete M4NPA (see instructions, pg. 6). If 100% of your activities were conducted in Minnesota, do not complete M4NPA. Enter line 3 on line 4.			
4	Minnesota taxable net income or (loss) (from M4NPA, line 15, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above)	4	
5	Minnesota net operating loss deduction (from NOL)	5	
6	Subtract line 5 from line 4 (if zero or less, enter zero)	6	0
7	Total deductions from taxable net income (from M4NPI, line 2)	7	
8	Taxable income (subtract line 7 from line 6; if zero or less, enter zero)	8	0
9	Regular tax (multiply line 8 by 9.8% [0.098]; if zero or less, enter zero)	9	0
10	Proxy tax (see instructions, pg. 3)	10	
11	Tax before credits (add lines 9 and 10)	11	
12	Total credits against tax (from M4NPI, line 3)	12	
13	Minnesota tax liability (subtract line 12 from line 11; if zero or less, enter zero)	13	0
14	Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3)	14	
15	Add lines 13 and 14	15	

Credits and Payments

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

Name of Organization	FEIN	Minnesota Tax ID
EDQUEST, INCORPORATED (OF MINNESOTA)	473966456	4036761

Credits and Payments	16	Total refundable credits (from M4NPI, line 4)	16	_____
	17	Amount credited from your 2014 Form M4NP, line 30	17	_____
	18	2015 estimated tax payments	18	_____
	19	2015 extension payment	19	_____
	20	Total refundable credits and payments (add lines 16, 17, 18 and 19)	20	_____
Tax, Donation, Penalty, Interest, Charges	21	Subtract line 20 from line 15	21	_____
	22	Penalty (determine from worksheet in the instructions, pg. 4)	22	_____
	23	Interest (determine from worksheet in the instructions, pg. 4)	23	_____
	24	Additional charge for underpayment of estimated tax (from M15NP, line 17)	24	_____
	25	Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 15, 22, 23 and 24)	25	_____
Amount Due or Overpaid	26	Amount from line 25	26	_____
	27	Amount from line 20	27	_____
	28	AMOUNT DUE. If line 26 is more than or equal to line 27, subtract line 27 from 26	28	_____
	Payment method: <input type="checkbox"/> Electronic (see inst., pg. 2) <input type="checkbox"/> Check (see inst., pg. 2) <input type="checkbox"/> Amended return payment by check (see inst., pg. 2)			
	29	OVERPAYMENT. If line 27 is more than line 26, subtract line 26 from line 27	29	_____
	30	Amount of line 29 to be credited to your 2015 estimated tax .	30	_____
31	Refund (subtract line 30 from line 29)	31	_____	

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

Account type:	Routing number	Account number (use an account not associated with any foreign banks)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>

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

Authorized Signature	Title	Date	Daytime Phone	<input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.
<i>John Miller</i>	Treasurer	3-14-16	651-739-2204	
Paid Preparer's Signature	PTIN	Date	Daytime Phone	
SELF-PREPARED RETURN Email Address for Correspondence, if Desired: _____				
This email address belongs to (check one): <input type="checkbox"/> Employee <input type="checkbox"/> Paid Preparer				

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

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