



2017 M4NP Unrelated Business Income Tax (UBIT) Return

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

Tax year beginning 0101, 2017, and ending 12312017 (required)

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 <input type="checkbox"/> Return <input type="checkbox"/> Filing Under an Extension <input type="checkbox"/> Final Return (see inst., pg. 3) <input type="checkbox"/> Enter Close Date:		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)		/	
Are you filing a combined income return? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was 100% of the business conducted in Minnesota for this tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)	

You must round amounts to nearest whole dollar.

1	Federal taxable income before Minnesota subtractions (from federal Form 990-T, line 34; 1120-C, line 27; 1120-H, line 19; or 1120-POL, line 19)	1	
2	Total subtractions from federal taxable income (from M4NPI, line 1)	2	
3	Federal taxable income or (loss) after subtractions. 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.)	3	
4	Minnesota taxable net income or (loss) (from M4NPA, line 12, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above)	4	
5	Total deductions from taxable net income (from M4NPI, line 2)	5	
6	Taxable income (subtract line 5 from line 4; if zero or less, enter zero)	6	0
7	Regular tax (multiply line 6 by 9.8% [0.098]; if zero or less, enter zero)	7	0
8	Proxy tax (see instructions, pg. 3)	8	
9	Tax before credits (add lines 7 and 8)	9	
10	Total credits against tax (from M4NPI, line 3)	10	
11	Minnesota tax liability (subtract line 10 from line 9; if zero or less, enter zero)	11	0
12	Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3)	12	
13	Add lines 11 and 12	13	
14	Total refundable credits (from M4NPI, line 4)	14	
15	Amount credited from your 2016 Form M4NP, line 30	15	

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

16 2017 estimated tax payments 16 _____

17 2017 extension payment 17 _____

18 Total refundable credits and payments (add lines 14, 15, 16, and 17) 18 _____

19 Subtract line 18 from line 13 19 _____

20 Penalty (determine from worksheet in the instructions, pg. 4) 20 _____

21 Interest (determine from worksheet in the instructions, pg. 4) 21 _____

22 Additional charge for underpayment of estimated tax (from M15NP, line 17) 22 _____

23 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 13, 20, 21, and 22) 23 _____

24 Amount from line 23 24 _____

25 Amount from line 18 25 _____

26 AMOUNT DUE. If line 24 is more than or equal to line 25, subtract line 25 from 24 26 _____

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

27 OVERPAYMENT. If line 25 is more than line 24, subtract line 24 from line 25 27 _____

28 Amount of line 27 to be credited to your 2018 estimated tax 28 _____

29 Refund (subtract line 28 from line 27) 29 _____

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

Account type: ☐ Checking ☐ Savings Routing number _____ Account number (use an account not associated with any foreign banks) _____

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

Authorized Signature 	Title TJTS	Date 3/8/2018	Daytime Phone
Paid Preparer's Signature	PTIN	Date	Daytime Phone

SELF-PREPARED RETURN

Email Address for Correspondence, if Desired _____ This email address belongs to (check one): ☐ Employee ☐ Paid Preparer

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

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