Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2024 or other tax year beginning ..... , and ending .....

Go to *www.irs.gov/Form990T* for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

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

A ☐ Check box if address changed.

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
NORTHWOODS WOMEN, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
PO BOX 88

City or town, state or province, country, and ZIP or foreign postal code
ASHLAND WI 54806

D Employer identification number
39-1364912

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

C Book value of all assets at end of year 1,722,390

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university
☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

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

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

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

L The books are in care of BRENDA THOM Telephone number 715-682-9566

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	149
2	Reserved	2	
3	Add lines 1 and 2	3	149
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	149
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	149
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	0
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I, line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	
6a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** **Refunded**			11	

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

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
531120	$ 11,025
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Date Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: RICHARD A. SETZKE	Preparer's signature: RICHARD A. SETZKE	Date: 09/08/25	Check ☐ if self-employed; PTIN: P01519121
Firm's name: MAITLAND SINGLER & VAN VLACK S.C.			Firm's EIN: 39-1389664
Firm's address: 306 W. 3RD STREET ASHLAND, WI 54806			Phone no.: 715-682-5544

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

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

A Name of the organization
NORTHWOODS WOMEN, INC.

B Employer identification number
39-1364912

C Unrelated business activity code (see instructions) 531120

D Sequence: 1 of 1

E Describe the unrelated trade or business UNRELATED BUSINESS ACTIVITY

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance 1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7	7,634	6,891	743
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	7,634	6,891	743

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7	11,597		
8	Less depreciation claimed in Part III and elsewhere on return	8a	11,597	8b	0
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	**Total deductions.** Add lines 1 through 14			15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	743
17	Deduction for net operating loss. See instructions			17	594
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	149

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes	☐ No

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)

4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ 301 ELLIS AVE ASHLAND WI 54806
B ☐
C ☐
D ☐

	STMT 1 A	B	C	D
2 Gross income from or allocable to debt-financed property	37,165			
3 Deductions directly connected with or allocable to debt-financed property	SEE STATEMENT 2			
a Straight line depreciation (attach statement)	11,597			
b Other deductions (attach statement)	21,950			
c Total deductions (add lines 3a and 3b, columns A through D)	33,547			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	SEE STATEMENT 3 45,631			
5 Average adjusted basis of or allocable to debt-financed property (attach statement)	SEE STATEMENT 4 222,196			
6 Divide line 4 by line 5	20.54 %	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	7,634			

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 7,634

9 Allocable deductions. Multiply line 3c by line 6	6,891			

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 6,891

11 **Total dividends — received deductions** included in line 10

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

Exempt Controlled Organizations

	1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

	7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals					

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

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

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

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

Part IX Advertising Income

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

A ☐ _____
B ☐ _____
C ☐ _____
D ☐ _____

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

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 _____

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

Activity Description	UBIT Num	Available Carryover
UNRELATED BUSINESS ACTIVITY	531120	$ 11,025
TOTAL		$ 11,025

Unrelated Business Activity
Statement 1 - Schedule A (990T), Part V, Line 3b - Other Debt Finance Expense Information

Description	Deduction
COMMERCIAL RENTAL	$
ACCOUNTING FEES	851
INTEREST	1,951
INSURANCE	3,930
CLEANING & MAINTENANCE	1,255
TAXES	4,266
UTILITIES	6,980
WAGES	2,530
RETIREMENT EXPENSE	187
TOTAL	$ 21,950

Unrelated Business Activity

Statement 2 - Schedule A (Form 990-T), Page 2, Part V, Line 3a - Straightline Depreciation Detail

Column	DescProp	Cost Basis	Date Acquired	Useful Life	Years Remaining	Current Year Depreciation	Allowable Depreciation
A	BUILDING-301 ELLIS AVE (RENTAL PORT	$ 79,667	2017	40	33	$ 1,992	$ 1,992
A	BUILDING IMPROVEMENTS (RENTAL)	70,707	2018	40	34	1,768	1,768
A	CARPETING (RENTAL)	17,000	2018	10	4	1,700	1,700
A	ROOF IMPROVEMENTS (RENTAL)	28,042	2019	15	10	1,870	1,870
A	BLACKTOP WORK (RENTAL)	24,700	2019	15	10	1,647	1,647
A	PARKING LOT PAVEMENT (RENTAL)	6,171	2020	15	11	412	412
A	SOLAR PROJECT (RENTAL)	4,541	2021	25	22	181	181
A	ALLEY IMPROVMENTS (RENTAL)	20,224	2022	15	13	1,349	1,349
A	FURNACE (RENTAL)	10,158	2023	15	14	678	678
	TOTAL	$ 261,210				$ 11,597	$ 11,597

Unrelated Business Activity
Statement 3 - Schedule A (990T), Part V, Line 4 - Amount of Average Acquisition debt on or Allocable to Debt Financed Property

Description	Deduction
COMMERCIAL RENTAL	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	547,567
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	45,631
UNRELATED ACTIVITY PERCENTAGE	100
ALLOCATED ACQUISITION DEBT	45,631

Unrelated Business Activity
Statement 4 - Schedule A (990T), Part V, Line 5 - Average Adjusted Basis of or Allocable to Debt Financed Property

Description	Deduction
COMMERCIAL RENTAL	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	227,993
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	216,398
TOTAL	444,391
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	222,196
UNRELATED ACTIVITY PERCENTAGE	100
ALLOCATED ADJUSTED BASIS	222,196

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2024
Attachment Sequence No. **179**

Name(s) shown on return: NORTHWOODS WOMEN, INC.

Identifying number: 39-1364912

Business or activity to which this form relates: COMMERCIAL RENTAL

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	11,597

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	11,597
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **990-T** | **Business Income Activity Summary** | **2024**

Name: NORTHWOODS WOMEN, INC.

Taxpayer Identification Number: 39-1364912

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	N/A	A.
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities		B.
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6		C.
D. Pre-2018 Applied (Sum of B and C)		D.
E. Pre-2018 Remaining (Line A minus Line D)		E.
F. Pre-2018 Net Operating Losses Expiring this Year		F.
G. Pre-2018 Net Operating Losses Carried Forward		G.

	Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1.	UNRELATED BUSINESS ACTIVITY	531120	149	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.	All other revenue			
16.	Total taxable income		149	

Business Activity Losses

	Unrelated Business Income Activity with Losses	Code	Current Year Loss
1.			
2.			
3.			
4.			
5.	All other activities		
6.	Totals		

Form **990-T**

Schedule A Loss Carryover Calculation

Description UNRELATED BUSINESS ACTIVITY

2024

Name
NORTHWOODS WOMEN, INC.

Taxpayer Identification Number
39-1364912

Unincorporated Business Income Tax Code: 531120 Activity: LESSORS OF NONRESIDENTIAL BUILDI

Each activity may carryforward losses after 2018

1	Activity income	1	743
2	Activity deductions	2	
3	Activities income or loss, after deductions	3	743
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	11,025
5	Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive.	5	594
6	Take the lesser of Line 4 or Line 5. **Enter here and on Line 17 of Form 990-T, Sch A, Part II**	6	594
7	Remaining losses to be carried forward to 2025 (Subtract Line 6 from line 4)	7	10,431
8	If line 3 is less than zero, enter that amount here as a positive number	8	0
9	Total loss carried forward to 2025 (Add lines 7 and 8)	9	10,431

Electronic Filing includes the report of additional amounts for this activity

E1	Post-2017 loss amounts from 2023, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code)	E1	11,025
E2	Prior year activity losses included on Schedule A, Line 17	E2	594

Form **4T** ***Wisconsin Exempt Organization Business Franchise or Income Tax Return*** **2024**

For calendar year 2024 or tax year beginning MM DD 2024 and ending MM DD 20YY

Complete form using BLACK INK. **Due Date:** 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.

DO NOT STAPLE OR BIND

Exempt Organization Name: NORTHWOODS WOMEN, INC.

Suite Number:

Number and Street: PO BOX 88

City: ASHLAND | State: WI | ZIP (+ 4 digit suffix if known): 54806

A Federal Employer ID Number: 391364912

B Business Activity (NAICS) Code: 531120

C State of Organization: WI (Enter abbreviation of state in box, or if a foreign country, enter below.) and Year: 1979

D Check ✓ if applicable and attach explanation:

1 ☐ Amended return (Include Schedule AR)

2 ☐ First return - new corporation or entering Wisconsin

3 ☐ Final return - corporation dissolved or withdrew

4 ☐ Short period - change in accounting period

5 ☐ Short period - stock purchase or sale

Check ✓ if applicable and see instructions:

E ☑ If you have an extension of time to file, enter extended due date 11/17/2025

F ☐ If you have related entity expenses and are required to file Schedule RT with this return

G ☐ If you changed your organization name

H ☐ Internal Revenue Service adjustments became final during the year

Enter years adjusted ▶

J Name of Trustee if Taxable as Trust

I Check ✓ type of organization:

1 ☑ Corporation 2 ☐ Trust - due 4th month 3 ☐ Trust - due 5th month

PAPER CLIP check or money order here

ENTER NEGATIVE NUMBERS LIKE THIS → –1000 **NOT LIKE THIS → (1000)** **NO COMMAS; NO CENTS**

Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 13)

1	Unrelated business taxable income (from federal Form 990-T, Part 1, line 11)	1 0.00
2	Additions (from Part 1, Page 3)	2 .00
3	Add lines 1 and 2	3 0.00
4	Subtractions (from Part 2, Page 3)	4 .00
5	Total net nonapportionable unrelated business taxable income (loss) (from Form N, line 8)	5 .00
6	Subtract lines 4 and 5 from line 3. This is apportionable unrelated business taxable income	6 .00
7	Wisconsin apportionment percentage. Enter the apportionment schedule used: A ___	7 100.0000 %
	If 100% apportionment, check (✓) the space after the arrow ▶ ☑	
	If using separate accounting, check (✓) the space after the arrow ▶ ☐	
8	Multiply line 6 by line 7	8 .00
9	Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form N, line 9)	9 .00
10	Combine lines 8 and 9. This is Wisconsin unrelated business taxable income (loss)	10 .00
11	Enter 7.9% (0.079) of amount on line 10. This is gross tax	11 .00
12	Nonrefundable credits (from Schedule CR)	12 .00
13	Subtract line 12 from line 11. If line 12 is greater than line 11, enter zero (0). This is net tax	13 .00

Organizations Taxable as Trusts (Corporations do not fill in lines 14 through 23)

14	Unrelated business taxable income (from federal Form 990-T, Part 1, line 11 or attachment to federal Form 4720)	14 .00
15	Additions (from Part 1, Page 3)	15 .00
16	Add lines 14 and 15	16 .00
17	Subtractions (from Part 2, Page 3)	17 .00
18	Subtract line 17 from line 16. This is Wisconsin unrelated business taxable income	18 .00
19	Tax from tax table on amount on line 18. This is gross tax	19 .00

20	Nonrefundable credits (from Schedule CR)	20	.00
21	Net income tax paid to other states	21	.00
22	Add lines 20 and 21	22	.00
23	Subtract line 22 from line 19. If line 22 is greater than line 19, enter zero (0). This is net tax	23	0.00
24	Tax from line 13 or 23	24	0.00
25	Economic development surcharge (see instructions)	25	.00
26	Endangered resources donation (decreases refund or increases amount owed)	26	.00
27	Veterans trust fund donation (decreases refund or increases amount owed)	27	.00
28	Add lines 24 through 27	28	0.00
29	Estimated tax payments less refund from Form 4466W. 29 .00		
30	Wisconsin tax withheld 30 .00		
31	Refundable credits (from Schedule CR) 31 .00		
32	Amended Return Only – amount previously paid 32 .00		
33	Add lines 29 through 32 33 0.00		
34	Amended Return Only – amount previously refunded 34 .00		
35	Subtract line 34 from 33	35	.00
36	Interest, penalty, and late fee due (from Form U line 17 or 26, or Schedule U, line 15 or 29). If you annualized income on Form U or Schedule U, check (✓) the space after the arrow. ▶ ☐	36	.00
37	**Amount due.** If the total of lines 28 and 36 is larger than line 35, subtract line 35 from the total of lines 28 and 36	37	0.00
38	**Overpayment.** If line 35 is larger than the total of lines 28 and 36, subtract the total of lines 28 and 36 from line 35	38	0.00
39	Enter amount of line 38 you want credited on 2025 estimated tax 39 .00		
40	Subtract line 39 from line 38. **This is your refund**	40	.00
41	Enter total gross receipts from all unrelated trade or business activities	41	.00

Additional Information Required

1 Person to contact concerning this return: BRENDA THOM Phone #: 715-682-9566 Fax #:

2 City and state where books and records are located for audit purposes: ASHLAND, WI

3 Are you the sole owner of any limited liability companies (LLCs)? ☐ Yes ☑ No If yes, complete Schedule DE and include with this return. Did you include the incomes of these entities in this return? ☐ Yes ☐ No

4 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax? ☐ Yes ☑ No If yes, you may owe Wisconsin use tax. See instructions for how to report use tax. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)

5 List the locations of your Wisconsin operations: ASHLAND, WI

Third Party Designee Do you want to allow another person to discuss this return with the department? ☑ Yes Complete the following. ☐ No

Print Designee's Name ▶ RICHARD SETZKE Phone Number ▼ 715 682 5544 Personal Identification Number (PIN) ▼ 19121

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of Officer or Trustee ▶ Patricia Konynenbelt	Title President, Board of Director	Date 9/25/25
Preparer's Signature ▶	Preparer's Federal Employer ID Number 39-1389664	Date 9/17/2025

You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.

If you are not filing your return electronically, make your check payable to and mail your return to ▶ Wisconsin Department of Revenue
PO Box 8908
Madison WI 53708-8908

Part 1 – Additions:

1	Interest income (less related expenses) from state and municipal obligations	1	.00
2	State and local franchise or income taxes	2	.00
3	Capital gain/loss adjustment	3	.00
4	Federal net operating loss carryover	4	.00
5	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1)	5	.00
6	Reserved for future use	6	.00
7	Transitional adjustments	7	.00
8	Credit computed (see instructions):		
a	Business development credit	8a	.00
b	Community rehabilitation program credit	8b	.00
c	Development zones credits	8c	.00
d	Economic development tax credit	8d	.00
e	Electronics and information technology manufacturing zone credit	8e	.00
f	Employee college savings account contribution credit	8f	.00
g	Enterprise zone jobs credit	8g	.00
h	Farmland preservation credit	8h	.00
i	Reserved for future use	8i	.00
j	Manufacturing and agriculture credit (computed in 2023)	8j	.00
k	Reserved for future use	8k	.00
l	Research expense credit	8l	.00
m	Reserved for future use	8m	.00
n	Total credits (add lines 8a through 8m)	8n	.00
9	Other additions:		
a	_____	9a	.00
b	_____	9b	.00
c	_____	9c	.00
d	Total other additions (add lines 9a through 9c)	9d	.00
10	**Total additions (add lines 1 through 7, 8n, and 9d and enter on page 1)**	10	.00

Part 2 – Subtractions:

1	Interest income (less related expenses) from United States government obligations	1	.00
2	Capital gain/loss adjustment	2	.00
3	Wisconsin net operating loss carryforward	3	.00
4	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1)	4	.00
5	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	5	.00
6	Transitional adjustments	6	.00
7	Other subtractions:		
a	_____	7a	.00
b	_____	7b	.00
c	_____	7c	.00
d	Total other subtractions (add lines 7a through 7c)	7d	.00
8	**Total subtractions (Add lines 1 through 6 and 7d and enter on page 1)**	8	.00

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Form **8868**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to *www.irs.gov/Form8868* for the latest information.

OMB No. 1545-0047

Electronic filing *(e-file)*. You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. NORTHWOODS WOMEN, INC.	Taxpayer identification number (TIN) 39-1364912
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 88	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHLAND WI 54806	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.
  - Plan Name .....
  - Plan Number .....
  - Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

LYLE POPPE
PO BOX 88
ASHLAND WI 54806

The books are in the care of .....

Telephone No. 715-682-9566 Fax No. 715-682-6865

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____.
  If this is for the whole group, check this box ..... ☐
  If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for ..... ☐

1 I request an automatic 6-month extension of time until 11/15/25, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 2024 or

☐ tax year beginning ..... , and ending .....

2 If the tax year entered in line 1 is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

DAA