		990-T <sub>.</sub> (2018)	Page 2
1	Par	rt III Total Unrelated Business Taxable Income	
,	33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
		instructions)	
	34	Amounts paid for disallowed fringes	
	35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
		instructions)	
	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
		of lines 33 and 34	
	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	
	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	0.
ĮÌ.	Par	Tax Computation	
	<b>3</b> 9	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	
	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),	
	41	Proxy tax. See instructions	
	42	Alternative minimum tax (trusts only)	
	43	Tax on Noncompliant Facility Income. See Instructions	
	44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	
IJ	Par	Tax and Payments	
•	45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	
	b		
	С		
	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
	е	Total credits. Add lines 45a through 45d	
	46	Subtract line 45e from line 44	
	47	Other taxes 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)	<u> </u>
	49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	
	50 a	Payments. A 2017 overpayment credited to 2018	
	b	<del></del>	
	C	Tax deposited with Form 8868	
	d	Foreign organizations Tax paid or withheld at source (see instructions)	
	е	Backup withholding (see instructions)	
	f'	Credit for small employer health insurance premiums (attach Form 8941)	
	g		
		Form 4136 Other Total ▶ 50g	
	51	Total payments. Add lines 50a through 50g	
	52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	
	53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	
	54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	
	5.5	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded 55	
	Par	t VI 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
		here	X
	57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
		If "Yes," see instructions for other forms the organization may have to file.	
	58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	<u></u>
	٥.	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 b true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	dief, it is
	Sigr	May the IRS discuss this	retum
	Her	e   Barbar Same   07/15/2020   SECRETARY/TREASURER   with the preparer shown	below
		Signature of officer Date Title (see instructions)? X   Yes	No
	Paid	Print Type preparers name Preparers signature Date Check If	- ^
		DAMES IT COLE (M. W.C.) 71, COC 07/13/2020 self-employed F01/942	
		Firm's name Fix D, LLP Firm's EIN 44-010020	
		Firm's address > 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204 Phone no 317.383.400	
	JSA	Form <b>990-1</b>	(2018)

Form 990-T (2018)						<del></del>	Page
Schedule A - Cost of God	ods Sold. Er	ter method					
1 Inventory at beginning of year	· -				ar		
2 Purchases			7 Cost of	goods so	old. Subtract line		
3 Cost of labor	3		6 from	line 5 Er	nter here and in	7.05	
4a Additional section 263A cos	ts		Part I, line	2		. 7	
(attach schedule)	4a		<b>8</b> Do the	rules of	section 263A (	with respect t	O Yes N
b Other costs (attach schedule	) . 4b		property	produced	or acquired fo	or resale) appl	ly
5 Total. Add lines 1 through 4	1 7 1		to the org	anization?		<u></u>	. X
Schedule C - Rent Income (	(From Real P	roperty a	nd Personal Property	Leased V	Vith Real Prope	erty)	
(see instructions)							
Description of property				·- ·			
1)					<u></u> .		
2)							
3)							
4)							
	2. Rent recei	ved or accrue	ed				
(a) From personal property (if the pe	ercentage of rent	(b) F	rom real and personal property	(if the	3(a) Deductions	directly connected v	with the income
for personal property is more than	10% but not		age of rent for personal propert		in columns 2	2(a) and 2(b) (attach	schedule)
more than 50%)		50% or	of the rent is based on profit or	income)			
1) -							
2)							
3)							
4)							
Total		Total	<del></del> ·				
c) Total income. Add totals of colu	umns 2(a) and 2(	b) Enter			(b) Total deducti Enter here and o		
nere and on page 1, Part I, line 6, o	column (A)	. , ▶			Part I, line 6, colu		
Schedule E - Unrelated Del	ot-Financed I	ncome (se	e instructions)				•
			2. Gross income from or	3. 1	Deductions directly co		cable to
1. Description of debt-	financed property		allocable to debt-financed	(a) Strain	ht line depreciation	ced property (b) Other d	eductions
			property		ich schedule)	(attach so	
1)			<u> </u>				
2)	<u> </u>				-		
3)							
4)							
4. Amount of average	5. Average adjus		6. Column			8. Allocable	deductions
acquisition debt on or allocable to debt-financed	of or allocal debt-financed		4 divided		income reportable n 2 x column 6)	(column 6 x tol	
property (attach schedule)	(attach sche		by column 5	(COIGIII	ii z x columii o)	3(a) and	d 3(b))
1)			%				
2)			%				
3)			%	+			
4)			%				
				Enter her	e and on page 1,	Enter here an	nd on page 1,
				Part I, lir	ne 7, column (A).	Part I, line 7,	column (B)
Fatalo			_	1			

Total dividends-received deductions included in column 8 . . . . .

Form **990-T** (2018)

Schedule F—Interest, Anni	uities, Royaltie	<u> </u>		ontrolled Or			10113 (56)	s msu ucuoi	110)	
1. Name of controlled organization	2. Employer identification number	Der		ated income nstructions)		of specified	included	of column 4 that I in the control	lling	Deductions directly connected with income in column 5
(1)				_						
(2)		•			<b>ļ</b>		<u> </u>			
(3)					<del> </del>		-			
(4)		<u> </u>			<u> </u>					
Nonexempt Controlled Organiz	-					10 P	rt of column	9 that is		. Deductions directly
7. Taxable Income	8. Net unrelated i			Total of specifical ayments made		inclu	led in the co zation's gros	ntrolling		nected with income in column 10
(1)										
(2)										<del></del>
(3)										<del></del>
(4)		<u> </u>					columns 5 a			d columns 6 and 11
Totals			c)(7),	 (9), or (17	<b>⊳</b> ) Orga	Enter Part	here and on I, line 8, colu	page 1, mn (A)	Ente	er here and on page 1, t I, line 8, column (B)
1. Description of income	2. Amount o	f income		3. Deduction directly contact (attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)										<del></del>
(2)			ļ		<u></u> -					
(3)			1							<del></del>
(4)		•		. Si agric 10- 1	All San Control					•
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	column (A)	er Th			ncome (	see instru	ictions)		Enter here and on page 1, Part I, line 9, column (B)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected productio unrelate business in	ses y ' with n of	4. Net incor from unrelat or business 2 minus col If a gain, co cols 5 thm	ne (loss) ed trade (column lumn 3) ompute	5. Gros from as	es income ctivity that unrelated es income	6. Expenatributab	ole to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	-								<del></del>	
(2)										<del>                                     </del>
(3)										
(4)	-	-								
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	erti,							Enter here and on page 1, Part II, line 26
Schedule J- Advertising In	come (see instr	ructions)								
Part I Income From Per	iodicals Repor	ted on a Co	onsol	idated Bas	sis	_				
1. Name of periodical	2. Gross advertising income	3. Directadvertising		4. Advertigan or (los 2 minus or a gain, co. cols. 5 thro	s) (col ol 3) If mpute		culation come	6. Reader	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				13-12 (13 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Side Co					· 2000年 - 1000年 - 10000年 - 1000年 - 10000年 - 10000年 - 10000年 - 10000年 - 10000年 - 10000
(2)										
(3)							· · · · · · · · · · · · · · · · · · ·			
(4)					The state of					含态。對於於資語
Totals (carry to Part II, line (5))										,
VIII.	·	<u> </u>		•						Form <b>990-T</b> (2018)

Form 990-T (2018)

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 advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶				38 1 N. F.		
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶			The state of the state of the		AND THE SECOND STREET	
Schedule K - Compensation	on of Officers, D	Directors, and T	rustees (see instr	uctions)		
1. Name		2.	Title ,	3. Percent of time devoted to	4. Compensation	

Schedule K - Compensation of Officers  1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
1)		%	
2)		%	
3)	"	%	
4)		%	
otal. Enter here and on page 1, Part II, line 14.			

Form 990-T (2018) .

ATTACHMENT 1

## ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC \$512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.