Unrelated business taxable income Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions.

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21003	01/10/2020	11	10 AM	
21000	01/10/2020	- 11	19 AN	

Form		-0867932		Page 2
l Pa	art III Total Unrelated Business Taxable income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see)		
	instructions)		33	
34	Amounts paid for disallowed fringes		34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sur	m	1 33	
55	of lines 33 and 34	111	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000
38		ne.	-3/ 	
30	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	30,	38	0
l. Do	enter the smaller of zero or line 36		1 30 1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		T	
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on		39	
40	the amount on linc 38 from Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax See instructions		41	
	•	•	1	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	 	44	0
l Pa	art V 1 Tax and Payments		т	
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		-l l	
b	Other credits (see instructions)		4	
С	General business credit Attach Form 3800 (see instructions) 45c		4 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.)		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	
50a	Payments A 2017 overpayment credited to 2018 50a			
b	2018 estimated tax payments 50b		1	
С	Tax deposited with Form 8868		1	
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d		1	
e	Backup withholding (see instructions) 50e		1	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		1	
, g	Other credits, adjustments, and payments Form 2439		1	
9	Form 4136 Other Total 50g			
51	Total payments. Add lines 50a through 50g		51	
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	▶□	52	
52 62			53	0
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		54	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	I Defended b	1	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶	Refunded ▶	55	
<u>Pa</u>	rt VII Statements Regarding Certain Activities and Other Information (s			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization is			Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of the			<u> </u>
	here >	•		<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	sferor to, a foreign trust?		X
	If "YES," see instructions for other forms the organization may have to file			[-]
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the		rt is	
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know	Medge		May the IRS discuss this return
Her				with the preparer shown below (see instructions)?
	Signature of officer Date Title			X Yes No
	Print/Type preparer's name Preparer's signature Preparer's signature	Date	Check	if PTIN
Paid	/ / / / / / / / / / / / / / / / / / / 	1/10/20	self-emplo	J " oyed P00691953
	**************************************	Firm's		52-2127371
Prepa		rim's	CIIV P	JE ETEIJIT
Use (-		260-436-9500
	Firm's address FORT WAYNE, IN 46804	Phone	110	Form 990-T (2018)

AMENDED RETURN

Form 990-T (2018) UNITE						<u>35-0</u>	867932			Pa	age 3
Schedule A - Cost of Go		metho	od of invent	ory	valuation ▶						
1 Inventory at beginning of y	ear 1		6	i 1	nventory at end of y	ear		6			
2 Purchases	2		7	' (Cost of goods sold	I Subtra	ct		[
3 Cost of labor	3			- 1	ine 6 from line 5 En	iter here	and				
4a Additional sec 263A costs			}	11	n Part I, line 2			_ 7	<u> </u>		
(attach schedule)	4a		8		Do the rules of section	on 263A	(with respect to		Y	'es	No_
b Other costs (attach schedule)	4b			þ	property produced or	r acquire	d for resale) apply				
5 Total. Add lines 1 through					o the organization?						
Schedule C - Rent Incor	me (From Real F	roper	ty and Pers	son	al Property Lea	ased V	Nith Real Proper	ty)			
(see instructions)											
1 Description of property											
(1) N/A	<u> </u>										
(2)				_							
(3)			 								
(4)							T				
	2 Rent receiv	ed or accr	ued								
(a) From personal property (if the	•		* *		ersonal property (if the		· ·		onnected with the inco	me	
for personal property is more than 50%					personal property exceeds		ın columns 2(a) and 2	(b) (attach schedule)		
more than 50%	<u></u>		50% or if the reni	115 0	ased on profit or income)						
(1)											
(2)											—
(3)		<u> </u>									
(4)		Total					<u> </u>				
Total		Total					(b) Total deductions				
(c) Total income. Add totals of chere and on page 1, Part I, line 6		Enter			_		Enter here and on pag Part I, line 6, column (
Schedule E – Unrelated		ncome	e /see instru	ctioi	ne)		T die i, into o, column (<u> </u>			
Ochedule E - Officialed	Debt-i manced i	ncome	e (see mistruc	CLIO	110/		3 Deductions directly co	nnected	with or allocable to		
					come from or		debt-finar				
1 Description of debt-	financed property		allocab		debt-financed	(a) 5	Straight line depreciation	1	(b) Other deduction	ns	
				p. 0	porty	,-,	(attach schedule)		(attach schedule		
(1) N/A				_							
(0)								i	·		_
(3)											
(4)											
4 Amount of average	5 Average adjusted t	asis		6 C	olumn				8 Allocable deduct	ions	
acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prope	ertv		4 d	ivided		Pross income reportable		(column 6 x total of co		í
property (attach schedule)	(attach schedule)	-	l '	by co	dumn 5		column 2 x column 6)	1	3(a) and 3(b))		
(1)					%						
(2)					%						
(3)					%						
(4)					%			ļ			
							here and on page 1,		ter here and on p		
						Part I	, line 7, column (A)	P	art I, line 7, colun	nn (B	6)
Totals					▶ {			ļ			
Total dividends-received dedu-	ctions included in col	umn 8_									

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Schedule F - Interest, Ann	WAI OF A			n Controlle		anizations		one)	Page 4	
ochedule / - Interest / Interest	dities, Royalt	ics, and iten		ot Controlled			(See manuci	UIIS)		
1 Name of controlled organization	ıde	2 Employer ntification number	3 Net ur	nrelated income ee instructions)	4 Tot	al of specified ments made	\$ Part of column included in the organization's gro	ontrolling	6 Deductions directly connected with income in column 5	
(1) N/A			 				<u> </u>			
(5)										
(3)										
(4)										
Nonexempt Controlled Organiza	tions									
7 Taxable Income	l l	Net unrelated income oss) (see instructions)		9 Total of specific payments made		included in t	lumn 9 that is ne controlling gross income		Deductions directly nected with income in column 10	
(1)				·- <u>-</u>					<u> </u>	
(2)		 								
(3)										
(4)			l			Add column Enter here ar Part I, line 8,	d on page 1,	Ente	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Totals					▶				,	
Schedule G - Investment Ir	come of a S	ection 501(c)	(7), (9),	or (17) Or	ganiza	ition (see in	structions)			
1 Description of income		2 Amount of in	ncome	directly	fuctions connected schedule)		4 Set-asides a		5 Total deductions and set-asides (col 3 plus col 4)	
(1) N/A										
				 		_				
(3)								\neg		
(4)										
		Enter here and or Part I, line 9, col	n page 1, lumn (A)			,			ter here and on page 1, art I, line 9, column (B)	
Totals				A A . · ·						
Schedule I - Exploited Exer	npt Activity I	ncome, Otne	rinan	Advertisin	g inco	me (see ins	tructions)		T	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrefate business in	with of od	4 Net income (liftrom unrelated to or business (coli 2 minus column If a gain, compicols 5 through	rade umn 3) ute	5 Gross income from activity that is not unrelated business income	6 Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A										
(2)	1		-+			_			 	
(3)										
(4)									I	
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	arti,					·	Enter here and on page 1, Part II, line 26	
Totals ► Schedule J – Advertising In	come (see in	tructions)	- <u></u>						.L	
Part I Income From P			Conso	lidated Bar	eie			-		
1 Name of periodical	2 Gross advertising income	3 Direct advertising	1	4 Advertising gain or (loss) (c 2 minus col 3) a gain, comput cols 5 through	ol If	5 Circulation income	6 Read	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A										
(2)]	
(3)].						_	
(4)									 	
Totals (carry to Part II, line (5))										

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35-0867932

Page 5

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) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 3 Direct 5 Circulation 6 Readership advertising 2 minus col 3) If minus column 5, but 1 Name of penodical advertising costs income costs a gain, compute not more than income cols 5 through 7 column 4) (1) N/A (2) (3) (4) Totals from Part I \blacktriangleright Enter here and Enter here and on Enter here and on on page 1, Part II, line 27 page 1, Part I, page 1, Part I, line 11, col (B) line 11, col (A) Totals, Part II (lines 1-5)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)	 	%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

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