Ţ				29393	1.79	0 0	932 N				
1/2			- T T		105)	002 0				
, 000-T	EXTENDED TO APRIL 15, 2020 \(\ldot\text{U}\to\text{O}\) Exempt Organization Business Income Tax Return \(\text{OMB No. 1545-0687}\)										
Forth 930-1	-	(and proxy tax under section 6033(e))									
	For calendar year 2018 or other tax year beginning JUN 1, 2018 and ending MAY 31, 2019										
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.										
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public Inspection for 501(c)(3) Organizations Only										
A Check box if address changed	}	Name of organization (Check box if name c	hanged	and see instructions)		(Emp	loyer identification number bloyees' trust, see				
		MURRIED MICCION MINICON	отро	TNC			uctions)				
B Exempt under section X 501(C 03)	Print or	Number, street, and room or suite no. If a P 0 box				E Unre	5-0888771 lated business activity code				
408(e) 220(e)	Туре	205 E NEW YORK STREET	x, 566 III	Suuctions		(See	instructions)				
408A 530(a)		City or town, state or province, country, and ZIP o	r foreigi	n postal code							
529(a)		INDIANAPOLIS, IN 4620	_	<u> </u>		900	099				
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>								
37,144,7	66.	G Check organization type ► X 501(c) corp	poration	501(c) trust	401(a)		Other trust				
II Enter the namber of the	oi gainza	tion's unrelated trades or businesses	1	Describe the only	,						
trade or business here		ice at the end of the previous sentence, complete Pa	rto Land	If only one, complete			•				
business, then complete			ii is i aiii	on, complete a Schedule Wholea	cii auuiliona	u traut	: Or				
		poration a subsidiary in an affiliated group or a parer	nt cubcii	diary controlled group?	▶ [ĪΥ	es X No				
		tifying number of the parent corporation									
		WHEELER MISSION MINISTR	IES	Telephone numb	oer ▶ (317)635-3575				
Part I Unrelated	Trac	de or Business Income		(A) Income (B) Expenses		(C) Net				
1a Gross receipts or sale											
b Less returns and allow		c Balance	1c				 				
2 Cost of goods sold (S3 Gross profit Subtract			3								
4a Capital gain net incom			48								
· -		art II, line 17) (attach Form 4797)	4b								
c Capital loss deduction			4c								
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5								
6 Rent income (Schedu	•		6								
7 Unrelated debt-financ			7								
		nd rents from a controlled organization (Schedule F) on 501(c)(7), (9), or (17) organization (Schedule G)	9								
10 Exploited exempt activ		() () () () ()	10								
11 Advertising income (S	•	, , , , , , , , , , , , , , , , , , ,	11								
12 Other income (See ins			12								
13 Total. Combine lines			13	0.							
		ot Taken Elsewhere (See instructions for utions, deductions must be directly connected			`						
			· with th		, 	4.4					
14 Compensation of off15 Salaries and wages	icers, un	rectors, and trustees (Schedule K)			ŀ	14 15					
16 Repairs and mainten	ance	REC	LIV	ED	ŀ	16					
17 Bad debts		[8]		S	\sim 1	17					
18 Interest (attach sche	dule) (se	ee instructions)	2 4 2	020 8 04073		18					
19 Taxes and licenses						19					
	•	e instructions for limitation rules) OGD	EN.	UT	4	20					
21 Depreciation (attach		102)		121							
•	umea or	n Schedule A and elsewhere on return		_22a		22b					
23 Deptetion24 Contributions to defe	erred cou	mpensation plans			}	23 24					
25 Employee benefit pro	· · · · · · · · · · · · · · · · · · ·										
26 Excess exempt exper	-	hedule I)			Ţ	26					
27 Excess readership co	sts (Scl	nedule J)			[27					
28 Other deductions (at		•			ļ	28					
29 Total deductions. A		-				29	0.				
		ncome before net operating loss deduction. Subtract			ŀ	30 31	0.				
•	_	oss arising in tax years beginning on or after Januai ncome Subtract line 31 from line 30	y 1, 20	to (see instructions)	}	31 32	0.				
on one to a desirioss to	war Dig II	ioomo guntaurimo o rinom mio oo		-		UĽ					

Form 990-T		88771	Page 2
Partil	III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction 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 sum of	100	
30	·	00	
	lings 33 and 34	/ 36	1 000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36, If line 37 is greater than line 36,	111	_
C-2	enter the smaller of zero or line 36	1 88 1	0.
Parti	VI Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	89	0.
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)	40	
41	Proxy tax. See instructions	41	
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.
Parti		- 17- -	
			
_		-{ 	
Ь	Other credits (see instructions)	{	
C	General business credit. Attach Form 3800	-	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	-	
e	Total credits Add lines 45a through 45d ' '	4 5 e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach achadule)	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	0.
50 a	Payments: A 2017 overpayment credited to 2018 50a		
b	2018 estimated tax payments	7	
c	15 500	.766	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941)	-{	
	Other credits, adjustments, and payments: Form 2439	700	
g	Form 4136 Other Total 500	1	
		-	15 500
	Total payments. Add lines 50a through 50g	61	15,500.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	. 53	45 500
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	15,500.
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	(1) 55	15,500.
Part	[1] 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		
	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 >\$		
	Under peralities of persons, I person that I have examined this return, including accompanying schedules and statements, and to the best of my knowle person, and complete Decaration of interparer (other than taxpayer) is based on all information of which preparer has any knowledge	adge and belief, it i	s true,
Sign			
Here		May the IRS discus: he preparer shown	
		nstructions)? X	
			1.00 1 100
	and the control of th	If PTIN	
Paid	GDA GDAWEODD GDA 104/03/201		72107
Prepa			73197
Use O	nly Firm's name ► BLUE & CO., LLC Firm's EIN ►	, 35-1.	178661
	12800 N. MERIDIAN ST, STE 400	14B 616	0000
	Firm's address CARMEL, IN 46032 Phone no.	<u> 317-848-</u>	
823711 01-	09-19	Form	n 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold Su	ıbtract l	line 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,	<u> </u>	}	
4a Additional section 263A costs				line 2			7		
(attach schedule)	_4a		8	Do the rules of section	with respect to		Yes	No No	
b Other costs (attach schedule)	4b			property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pers	sonal Property L	ease	d With Real Prop	erty)		·
1 Description of property									
(1)									
(2)	-								
(3)									
(4)									
	2 Rent receiv	ed or accrued					-		
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ad on profit or income)	дө	3(a) Deductions directly columns 2(a) a	connec nd 2(b) (a	ted with the income attach schedule)	in
(1)									
(2)		-							
(3)									
(4)									
Total	0.	Total		-	0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)					
			Ι.			3 Deductions directly conto debt-finance			
1. Description of debt-fi	inanced property		'	Gross income from or allocable to debt-financed property	(a)	Straight line depreciation (attach schedule)	јей ргод	(b) Other deduction (attach schedule	
			1						
(1)			_				\perp		
(2)									
(3)									
(4)	-		4—				_		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8 Aliocable deduc column 6 x total of c 3(a) and 3(b))	columns
(1)	1			%			\top	-	
(2)				%			\top		
(3)				%			1		
(4)				%			Ť		
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals				▶		0	.		0.
Total dividends-received deductions	ncluded in columi	n 8					•		0.

				Exempt	From Cor Controlled Or	ganızatı	ons				<u> </u>
1 Name of controlled organization		ıde	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 the included in the control organization signoss in		6 Deductions directly connected with income in column 5
										+	
(2)									-		
(3)		_									
(4)		·									
Nonexe	mpt Controlled Organi	ızatıons		_				•			
7	7 Taxable income	8 Net unrelated in (see instruct		9 Total	of specified paym made	ents	10 Part of colur in the controlli gross			11 De with	ductions directly connected income in column 10
(1)											
(2)		<u> </u>									
(3)											
(4)											_
							Add colum Enter here and line 8 c		1 Parti		id columns 5 and 11 rere and on page 1 Part I hine 6 column (B)
Totals						▶			0.		0.
Sched	lule G - Investme	ent Income of a	Section	501(c)(7	7), (9), or (1	7) Org	anızatıon				
	(see inst	ructions)									
	† Des c	emooni to noitqui			2 Amount of	етооп	3 Deduction directly conner (attach sched	cled	4 Set a (attach s		5 Total deductions and set asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
Takala				_	Enter here and o Pert I line 9 col	ımn (A)					Enter here and on page 1 Part I line 9 column (B)
Totals Sched	ule I - Exploited	Exempt Activi	ty Incom	e, Other	Than Adv	0.∄ ertısın	g Income	KO'L YAK	*	Called T	10.
	(see instru										
	1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with p of ur	xpenses connected roduction nrelated ss income	4 Net incomfrom unrelated business (col minus column gain compute through	lrade or umn 2 3) If a cols 5	5 Gross inco from activity this not urrelate business incom	hat ed	6 Exp attributa colum	oj eldi	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)											
(2)											
(3)											
(4)		Enter here and on page 1 Part I line 10 col (A)	page	ere and on 1 Part I) co! (B)	7 7 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	, m »		~ · /		Enter here and on page 1
Totals		0		0.	* * * * * * * * * * * * * * * * * * *		pr Same of the same of the sam	` ~	r, Tj	**	Part II line 25
Sched	dule J - Advertisı			ne)	180° × 130	. <u> </u>	<u> </u>		<u>,, , , , , , , , , , , , , , , , , , ,</u>	******]0.
Part I		Periodicals Re	ported o	n a Cons	solidated l	Basis					_
	<u>ا </u>		,								
	1 Name of periodicel	2 Gross advertisin income	g and	3 Direct vertising costs	4 Advertis or (loss) (co col 3) If a ga cols 5 thr	2 minus n compute	5 Groulati	on	6 Reade		7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)					_						
(2)											
(3)					_	•					
(4)							1				
		ı	I		1		1	1		- 1	

í .				
orm 990-T (2018)	WHEELER	MISSION	MINISTRIES,	INC.

35-0888771

[Partill] 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)

columns 2 through	1 UII a	interby 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 5 minus column 5, but not more than column 4)
(1)							
(2)		_					
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		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)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2018)