For calendar year 24th or other tax year beginning	Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No 1545-0047			
Department of the retrieval to the Treasury Numbers of Review State on the State It in the Items of Review State on the State Items on the State Items of Treasure State of State Items on the State Items of Treasure State Items on the State Items of Treasure Items of Treasure State Items of Treasure Items of T		, , , , , , , , , , , , , , , , , , , ,	171	୬ ⋒ 10			
Name of control books Name of organization Name orga	Department of the Toronto						
A Cinest board address changed of services changed and see enstructions.) Experity under section Comparison of the Comparison of Comp		Open to Public Inspection for Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Organization of State (3) Organization of Sta					
Bit rempt under section First C S 408 2010 2010 408 3010 2010 408 3010 2010 4150 LLINDIS RD Clty or form, state or province, country, and ZIP or foreign postal code FORT WAYNE, IN 46804 FORT WA	A Check box if						
Note Solid	address changed		(Employ	ees trust, see instructions)			
cost	B Exempt under section	LASTING CHANGE, INC.					
cost	X_{501} (C \mathcal{O}_{3})	Print Number, street, and room or suite no. If a P.O. box, see instructions	35-11	67389			
49.8							
FORT WAYNE, IN 46804 Force of the companies of the c	408A 530(a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
all end of year 16, 263, 960. G Check organization type ► X 501(c) corporation H Enter the number of the organization's unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated trade or businesses ► MONE Describe the only (or first) unrelated group or a parent-subsidiary controlled group? Yes X No II 'Yes,' "All or the organization businesses ► MONE Describe the organization of the parent corporation ► Telephone number ► 260~7.45~332.2	529(a)						
16, 263, 960. G Check organization type ▶ N S Oft) Corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization surrelated trades or businesses ▶ NONE Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts I-V if more than one, describe the first in the blank space at the and of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V If more than one, describe the first in the blank space at the and of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business III-V If the blank space at the and of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business III-V If the blank space at the and identifying number of the parent corporation ▶ The books are in care of ▶TODD JRCOBS Telephone number ▶ 260-745-3322 200		FORT WAYNE, IN 46804					
HE Enter the number of the organizations unrelated trades or businesses ► NONE Describe the only (or first) unrelated trade or business here ► ATCH 1 If only one, complete Parts LV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts 1 and II, complete a Schedule M for each additional trade or business, then complete Parts III.V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	at end of year	F Group exemption number (See instructions) ▶		i			
trade or business here ➤ ATCH 1	<u>16,263,960.</u>	G Check organization type ► X 501(c) corporation 501(c) trust	401(a) t	rust Other trust			
trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶	H Enter the number of	f the organization's unrelated trades or businesses NONE Describe to	he only	(or first) unrelated			
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During the tax year, was the corporation a subsidiary in an affisated group or a parent-subsidiary controlled group? Yes X No If Yes, enter the name and identifying number of the parent corporation	first in the blank spa	ace at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each	addition	al			
If "Yes," enter the name and identifying number of the parent corporation							
Telephone number ▶ 260-745-3322 Park Hurrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7). 3 Gross profit Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 4b Capital loss deduction for trusts 4c 5 Income (loss) from a partierating or an S corporation (attach statement). 5 Rent income (Schedule C) 6 Rent income (Schedule C) 7 Unrelated debt-financem of a section 501c(p/1) (g) or (17) organization (Schedule E) 8 8 Interest annuless royaltes, and rents from a controlled organization (Schedule E) 9 Investment income of a section 501c(p/1) (g) or (17) organization (Schedule E) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 Other income (See instructions, attach schedule) 12 Other income (See instructions, attach schedule) 13 Total Combine lines 3 through 12 13 Total Combine lines 3 through 12 14 Compensation of offices, directors, and trusted (Schedule X) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Employee benefit programs 24 Employee benefit programs 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess exempt expenses (Schedule I) 27 Exercise 28 Excess exempt expenses (Schedule I) 29 Excess exempt expenses (Schedule I) 20 Excess exempt expenses (Schedule I) 21 Excess exempt expenses (Schedule I) 25 Excess exempt e				▶			
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25 Excess exempt expenses (Schedule I). 25 26 Excess readership costs (Schedule J). 26							
27 Other deductions (attach schedule)	26 Excess readership	costs (Schedule J)	. 26				
		(attach schedule)					
28 Total deductions Add lines 14 through 27							
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29							
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30							
31 Unrelated business taxable income Subtract line 30 from line 29			. 31	5 000 T (22.11			

1 Maele Here with the preparer shown below (see instructions)? X Yes No Signature of officer Date Preparer's signature Date Print/Type preparer's name Check Paid auren Denton 7/28/2020 P01571860 LAUREN R DENTON self-employed Preparer Firm's EIN ► 44-0160260 Firm's name ► BKD, LLP Use Only Phone no 260-460-4000 Firm's address ▶ 200 E. MAIN ST. SUITE 700, FORT WAYNE, IN 46802

Sign

May the IRS discuss this return

Form 990-T (2019)

Total dividends-received deductions included in column 8

Schedule F – Interest, Ann	uities, Royaltie						tions (se	e instructi	ons)	
		Ex	empt Co	introlled Org	janizatio	ons				T
Name of controlled organization	2 Employer identification numb	er i		ated income nstructions)	ļ.	of specified included in the organization's gi		I in the contr	olling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)		_					J			
Nonexempt Controlled Organia	zations		1			40.0		0.05.4	1 4.	1. Daduations disable
7 Taxable Income	8 Net unrelated in (loss) (see instruc		l	Total of specific ayments made	ed	inclu	art of column ded in the co zation's gros	introlling		Deductions directly nected with income in column 10
(1)						_		•		
(2)										
(3)									-	
(4)						• • •	columns 5 a			dd columns 6 and 11
Totals Schedule G-Investment Ir			 1(c)(7),			Part	here and on I, line 8, colu I (see ins	mn (A)		ter here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	income		3 Deduction directly cor (attach sch	nected		4 Set-asides (attach schedule)			5 Total deductions and set-asides (cot 3 plus col 4)
(1)										 -
(2)										
(3)							_			
(4)	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9 column (B)
Totals ▶ Schedule I-Exploited Exe	empt Activity In	come. C	Other Th	an Adverti	sing Ir	ncome (see instru	ıctions)		
				4 Net incon				T		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produ unre	penses ectly ited with ction of elated s income	from unrelat or business 2 minus col If a gain, co	ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				 				-		-
(2)				<u> </u>						
(3)	-			·						
(4)							• • •			
	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on , Part I, col (B)							Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J-Advertising In	come (see instr	uctions)		<u> </u>						!
Part I Income From Per	<u> </u>		Consol	idated Bas	is				-	
Part Income From Fer	Culcais Report	eu on a	COHSOI	Tuated Das	,,,,			Ι-		
1 Name of periodical	2 Gross advertising income		nrect ing costs	2 minus sol 3\ If		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 (carry to Part II line (5))			-							Form 990-T (2019)

JSA

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 ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II line 26
Totals, Part II (lines 1-5) ▶				· 		

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

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

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