-	Form	990-T	Ex	empt Organization) (and proxy tax					กลโ	OMB No 1545-0047		
	For calendar year 2019 or other tax year beginning $01/01$ , 2019, and ending $12/31$ , 2							19	୭ଲ10			
	Denart	Department of the Treasury  Go to www.irs.gov/Form990T for instructions and the latest information.								<u> </u>		
	Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 5								Open to Public Inspection fo 501(c)(3) Organizations Onl			
	A	Check box if address changed		Employer identification number (Employees' trust, see instructions )								
<b></b>	B Exe	Exempt under section THE VILLAGES OF INDIANA, INC.										
7.17	X	501( C )( <b>4</b> 3 )	Print	Number, street, and room or suite no I					35-1	708240		
~	$\neg$	408(e) 220(e)	Type							ated business activity code		
C 3	П	408A 530(a)	1 y pc	2405 NORTH SMITH PI	KE				(See in	(See instructions)		
<del></del> 4		529(a)		City or town, state or province, country	y, and 2	ZIP or foreign postal code						
╡		k value of all assets	1	BLOOMINGTON, IN 474	04							
=	at e	end of year	F Gro	up exemption number (See instructi	ions)	<b>&gt;</b>						
<b>.</b>		4,855,454.	G Che	ck organization type 🕨 X 501	(c) co	rporation	501(c	) trust	401(a)	trust Other trust		
P	H Er	nter the number of	f the orga	nization's unrelated trades or busine	sses	<b>&gt;</b>		Describe	the only	(or first) unrelated		
ANN	tra	ade or business hei	re <b>►</b> <u>A</u> '	rch 1		If only	one,	complete Parts I-	V If more	e than one, describe the		
	<b>f</b> ir	st in the blank spa	ace at the	end of the previous sentence, cor	nplete	Parts I and II, comple	te a S	chedule M for eac	ch addition	nal		
C	¥ tra	ade or business, th										
V	-			corporation a subsidiary in an affili	_	•	diary	controlled group?		▶ Yes X No		
				identifying number of the parent co	rporati			01	0 220	1045		
				LERIE DECKARD		1	ephor	i	2.332.1245			
				or Business Income	1	(A) Income		(B) Expenses		(C) Net		
	1a	•		c Balance ▶		İ						
	ь	Less returns and allows		<del></del>	1 c							
	2	-	-	ule A, line 7)	3			l <u> </u>		<del>                                     </del>		
	3			2 from line 1c	4a							
	4a b			Part II, line 17) (attach Form 4797)	4a 4b			DECENT		<del>                                     </del>		
	C			rusts	4c			RECEIV		اما		
	5			an S corporation (attach statement)	5		8		000	43		
	6			• • • • • • • • • • • • • • • • • • • •	6		딒	<del>JUN <b>29</b> 2</del>	<del>U/U  </del>			
	7			come (Schedule E)	7		1			上		
	8	Interest, annuities, roy	alties, and re	nts from a controlled organization (Schedule F)	8 / 0		OGDEN.	UT				
	9	Investment income of a	a section 50	1(c)(7) (9), or (17) organization (Schedule G)	9		<u> </u>					
	10	Exploited exempt	activity in	ncome (Schedule I)	10							
	11	Advertising incon	ne (Sched	lule J)	11							
	12			tions, attach schedule)	12							
	13	Total Combine li	nes 3 thre	ough 12	13		0.			<u> </u>		
	Par			Taken Elsewhere (See instr		ons for limitations	on c	deductions ) (E	Deduction	ons must be directly		
				ne unrelated business incom	<u> </u>							
	14			directors, and trustees (Schedule K)								
	15	Salaries and wage	es	/ 			• •		. 15	<u> </u>		
	16 17											
	18			(see instructions)								
	19											
	20			4562)					· ·   · · ·			
	21			on Schedule A and elsewhere on re					21b			
	22											
	23			compensation plans								
	24			·								
	25	Excess exempt ex	penses (S	Schedule I)					. 25			
	26	Excess readership	p costs (S	chedule J)					. 26			
	27			chedule)								
	28			s 14 through 27								
	29	,		le income before net operating						<u> </u>		
	30			g loss arising in tax years beginnir						ļ		
	31 /			e income Subtract line 30 from line	29 .			<del> </del>	. 31			
	ror P	aperwork Reduct	tion Act N	lotice, see instructions.						Form <b>990-T</b> (2019		

Form	990-T (20	19)				Page 2
	t ill	Total Unrelated Business Taxable Income				- Ogo =
_		f unrelated business taxable income computed from all unrelated trades or businesses (see				
-		ons)	32			
33		s paid for disallowed fringes	38			
34	Charital	ole contributions (see instructions for limitation rules)	34			
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		_		
		the sum of lines 32 and 33	35			0.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructi	ons)	36			
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		1,	000.
39 1	Unrelate	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37.				
		e smaller of zero or line 37	39			0.
Par	t!V	Tax Computation •	<del>, , ,-</del>			
40/	Organiz	ations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
41	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on	11			
		unt on line 39 from Tax rate schedule or Schedule D (Form 1041)	41			
42	Proxy ta	ix. See instructions	42	_		
43	Alternat	ix. See instructions	43	_		
44	I ax oil	Noncompliant Facility income. See instructions	77	_		
		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45	-		
		Tax and Payments				
	-	tax credit (corporations attach Form 1118, trusts attach Form 1116)	-			
		redits (see instructions)	-			
C C	General	business credit Attach Form 3800 (see instructions)	- !			
			1			
e 47	l otal cr	edits. Add lines 46a through 46d	46e			
47	Subtrac	es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		<del></del>		
48 49		x. Add lines 47 and 48 (see instructions)	49			0.
50		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
		ts A 2018 overpayment credited to 2019	1			
h	2019 es	timated tax payments	1 1			
		osited with Form 8868	1			
		organizations Tax paid or withheld at source (see instructions)				
		withholding (see instructions)	1			
		or small employer health insurance premiums (attach Form 8941) 615	1			
g		edits, adjustments, and payments Form 2439	1			
_	F0	orm 4136 Other Total 51g	] ,			
52	Total pa	yments. Add lines 51a through 51g	52			
53	Estimate	ed tax penalty (see instructions) Check if Form 2220 is attached	53			
54		If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55		ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid $\dots\dots$	55			
<u>56</u>		amount of line 55 you want	<u>  5</u> 6			
Par		Statements Regarding Certain Activities and Other Information (see instruction	-		<del></del>	T
57		time during the 2019 calendar year, did the organization have an interest in or a signature of				No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	-		1	
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		l v
E0	here ►				<b> </b>	X
58	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust		·	<del>  ^</del>
50		see instructions for other forms the organization may have to file				
59	_	e amount of tax-exempt interest received or accrued during the tax year   \$\infty\$ \$ \$ der penalties of perjury   declare that I have examined this return, including accompanying schedules and statements, and to the	best of my	knowledge	and be	lief, it is
Sigr	l tru	e, correct, and complete. Declaration of preparer (other thap taxpayer) is based on all information of which preparer has any knowledge				
Her		7 T D T D D D D D D D D D D D D D D D D	•	RS discus preparer		
			e instructio		Yes	No
_		Print/Type preparer's name Preparer's signature, Date Chec		PTIN		لبيسند
Paid		1 M. J. 10 M. J. 10 M. J. 10000 L	employed	P01	27947	15
	arer	Firm's name ► BKD, LLP Firm'	s EIN ►	44-01		
USE	Only	Firm's address ▶ 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204 Phon	eno 31	7.383	.4000	ı

, Form 990-T (2019)									F	Page 3
Schedule A - Cost of Go	<b>ods Sold.</b> Er	ter method	d of inventory valuati	on 🕨						
1 Inventory at beginning of year		_			d of yea	ar	6			
2 Purchases	. 2					ld Subtract line				
3 Cost of labor			6 fro	n line 5	Enter	here and in Part				
4a Additional section 263A cos	· ·		I, line	2			7			
(attach schedule)						section 263A (w		espect to	Yes	No
b Other costs (attach schedule						or acquired for		•		
5 Total Add lines 1 through 4				•						x
Schedule C - Rent Income		roperty a						<u> </u>		
(see instructions)	(	. opo. ty u	О.ОО	, <b>_</b>			-,,			
Description of property						<del> </del>				
1)										
	<del></del> -									
3)								<del>,</del>		
4)						· · · · · · · · · · · · · · · · · · ·				
4)	2. Rent recei	und or coord				i				
			•			-				
(a) From personal property (if the personal property is more than		percent	rom real and personal pro age of rent for personal pro	perty excee	ceeds in columns 2(a) and 2(b) (attach schedu				me	
more than 50%)		50% 01	r if the rent is based on pro	it or incom	ie)					
1)	•									
2)										
3)										
4)				-						
Total		Total								
c) Total income. Add totals of col	umns 2(a) and 2(	1				(b) Total deduction Enter here and on				
nere and on page 1, Part I, line 6,						Part I, line 6, colum				
Schedule E - Unrelated Del			ee instructions)			<del></del>				•
		(0.0			3. [	Deductions directly con			le to	
1 Description of debt-	financed property		2 Gross income from allocable to debt-finance	ad ——		debt-financed property				
·			property	(a)		nt line depreciation ich schedule)	ion (b) Other dec			
1)				-	•	,				•
2)										
3)			<u> </u>							
4)										
4 Amount of average	5 Average adju	sted basis								
acquisition debt on or	6 Column 4 divided						llocable deductions in 6 x total of columns			
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		by column 5		(columi	n 2 x column 6)	(0010	3(a) and 3(		113
1)	(attach solle			%						
<del></del>			<del> </del>	%						
2)			+							
3)				%						
4)				%		ļ.	-			
						re and on page 1, in the first interest in t	Ente Part	r here and c : I, line 7, col	n page umn (P	: 1, 3)
				''				, , , 501		,
Cotals				<b>▶</b>		į.				

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

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		Ex	empt Co	ntrolled Org	ganizatio	ons					
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 incom-		olling	connected with inc	
(1)											
(2)											
(3)										ļ . <u></u>	
(4)									_		
Nonexempt Controlled Organia						40 Dor	of column	0 45-04-10	4.	1 Deductions direc	
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			Total of specific ayments made		ınclude	d in the con	ntrolling		nnected with incom	
(1)										<u> </u>	
(2)	<del> </del>		· -								
(3)	· · · · · · · · · · · · · · · · · · ·										
(4)						Add c	olumns 5 a	nd 10	Δ	dd columns 6 and	
Totals					•	Enterh	ere and on line 8, colur	page 1,	En	ter here and on pag art I, line 8, column	
Totals Schedule G-Investment In	ncome of a Sec	ction 50	1(c)(7),	(9), or (17		nization	(see inst	ructions)		E Tatal January	
1 Description of income	2 Amount o	f income		3, Deduction directly contact (attach sch	nected			l-asides schedule)	5. Total deduction and set-asides (complus col. 4)		
(1)											
(2)									$\dashv$		
(3)			-						$\dashv$		
(4)	Enter here and Part I, line 9, c						Enter here and on p Part I, line 9, colum				
Totals	empt Activity In	come, O	ther Th	an Adverti	sing Ir	i <b>come</b> (s	ee instru	ctions)			
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect product unrel	enses ectly	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gross from act is not ui business	income vity that related	6 Expe attributa colum	ble to	7 Excess exe expenses (column 6 m column 5, but more than column 4)	
(1)			<del></del> -	<b> </b>						+	
(2)											
(3)									-		
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,								Enter here a on page 1 Part II, line	
Totals ▶ Schedule J– Advertising Ir	ncome (see instr	uctions)						_			
Part I Income From Per			Consoli	dated Bas	is		•				
1 Name of periodical	2 Gross advertising income	3 Di advertisi	irect ing costs	4 Advert gain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute	5 Circ incc		6 Reade cost	,	7 Excess read costs (colum minus column not more the column 4)	
(1)		-									
(2)											
(3)						_		-			
(4)				<u> </u>							

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 ▶						
	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 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			

Form 990-T (2019)

## ATTACHMENT 1

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.