-	_	990-T Exempt Organization Business Income Tax Return							OMB No 1545-0687					
٠.	For			(and pro	oxỳ tax un	der	sectio	n 60	33(e))		2018			
No Statute Issue		artment of the Treasury	•	ndar year 2018 or other Go to www.irs.gov/	Form990T for in	struc		the late	est information.	··	Open to	o Public Inspection	n for	
ute	Inte	mal Revenue Service Check box if	► Do no	t enter SSN numbers or	<u> </u>						501(c)(	(3) Organizations C	Only	
ga	<u>A</u>	address changed		Name of organization (	Check box	ıf nam	e changed ar	nd see in	structions)			st, see instructions )		
ဋ	В	Exempt under section  X 501 (C )(3)	-	InnerMission, Inc.		O has					25.0	000474		
		Print							F ilnre		032474 siness activity co			
77.		408(e) 220(e) 408A 530(a)	or Tune	5670 Sohl Avenue City or town		State			ZIP code		nstructions		oue	
0 /		529(a)	Type	Hammond		IN			46320					
⊃ <u>≃</u> =		329(a)		Foreign country name	For		rovince/state/	county F	oreign postal code					
APR														
<b>D</b>	С	Book value of all assets at		p exemption number			<u> </u>							
45799		end of year 1,252,963		k organization type		•	poration	50	11(c) trust	401(a)		Other tru		
<b>2</b>	Н	Enter the number of the trade or business here		zation's unrelated t	rades or busine		If only or	ne con	Descri plete Parts I–V.			irst) unrelated		
$\infty$		first in the blank space	e at the e	nd of the previous	sentence, comp	lete F	Parts I and	II, con	nplete a Schedul	e M for e	each ad	ditional	10	
9		trade or business, the									<del></del>			
33	I	During the tax year, wa					r a parent-s	subsidia	ary controlled grou	ıp?	. ▶ [	Yes X	No	
<b>5</b>	J	If "Yes," enter the name			parent corporation	on.►		T-1	L	(240	\ 000 7	7040		
	_	The books are in care art I Unrelated Ti		Business Incom			(A) I	i elep	hone number  (B) Ex	► (∠।9 penses	) 933-7 	(C) Net		
		a Gross receipts or sa		Dusiness incom			(,,,,	1	(5) 22				<del>5</del> j	
		<b>b</b> Less returns and allowa			c Balance ►	1c		0				النستنيا		
	2	Cost of goods sold (	Schedule	A, line 7)		2								
	3	Gross profit. Subtrac				3	<u> </u>	0				0		
	4	a Capital gain net inco	me (atta	ch Schedule D) .		4a					4-			
		<ul><li>b Net gain (loss) (Form</li><li>c Capital loss deduction</li></ul>	4/9/, Par	t II, line 17) (attach F sts	PAYUYE UNI	4b					=-  -			
	5	c Capital loss deduction income (loss) from a pai	tnershin or	an S corporation (attac	SECEME	)4c		3.024	F	==  -	<del></del>	3,024		
	6	Rent income (Sched	ule C)	an o corporation (attac	aradachichi).	, 6		J,UZ-T	5 the or		_	3,024		
	7	Rent income (Sched Unrelated debt-finan	iced inco	me (Schedule E)	APR OI ZUZ	7								
	8	Interest annuities revalties	and rante	from a controlled organiza	tion (Schodule E)	.8								
	9	Investment income of a sec	ction 501(c)(	7), (9), or (17) organizatib	n (Schember G) Ni	'9			<u> </u>					
	10	Exploited exempt ac	uvity incc	ime (Schedule I) .		10								
	11	Advertising income (	•	•	· · · · · · · · · · · · · · · · · · ·	11		<del> </del>		·   t -		<del></del>		
	12 13	Other income (See in Total. Combine lines				12		3,024	<u> </u>	0	<u> </u>	3,024		
2		rt II Deductions	Not Tak	en Elsewhere (S	See instruction	ns for	r limitatio	ns on	deductions ) (		for cor	tributions		
20				directly connected					, ,	LNOOP				
_	14	Compensation of off								1	4			
~	15	Salaries and wages									5			
Я	16 17	Repairs and mainter	nance .							1	6			
۹	17	Bad debts									<del></del>			
	18	Interest (attach sche		•							-			
Z	; เษ :วก	Taxes and licenses Charitable contribution										<del></del>		
Z	21	Denreciation (attach	Form 45	62)			1 21	ı İ		· ·   🗜				
$\tilde{c}$	18 19 20 21 22 23	Less depreciation class Depletion	aimed on	Schedule A and els	sewhere on retu		22	a		22	b l			
U	<sup>2</sup> 3	Depletion				<u>CE</u>	IVED							
	24	Contributions to defe Employee benefit pro Excess exempt expe	rred com	pensation plans .	இ		: :	ᄀ였.		2				
	25	Employee benefit pro	ograms		· · [없 · · NO'	V 2	<b>2</b> 2021	- Q						
	26	Excess exempt expe	enses (Sc	nedule I)	٠ ا٣٠٠٠			RS.		<u> </u>		$\longrightarrow$		
	27 28	Excess readership on Other deductions (at	usis (SCN tach ech	edule J)	OG	ŊĖ	NIIT	- <del>-  </del> .		2				
	20 29	Total deductions. A	dd lines 1	14 through 28		<u>L.</u>	. <b>7</b> , U l	ً لنــٰ		2	-	0		
	30	Unrelated business t										3,024		
	31	Deduction for net oper	ating loss	arısıng in tax years b	eginning on or aft	ter Jai	nuary 1, 20	18 (see	: instructions)	3	1			
_	32	Unrelated business t								3	2	3,024		

HTA

Form 9	90-T (2018)	InnerMission, Inc			35-20	32474		Pá	age <b>2</b>
Part	ר ווו	otal Unrelated Business Taxable	Income						
33		unrelated business taxable income comp		s or businesses (see					
	instruction				.	33	3,0	024	
34		s paid for disallowed fringes			. [	34		$\neg$	
35		on for net operating loss arising in tax yea		1, 2018 (see					
		ons)				35		0	ı
36		unrelated business taxable income before							
						36	3,	024	
37	Specific	deduction (Generally \$1, 000, but see lin			. [	37	1,0	000	
38		ed business taxable income. Subtract li							
	enter the	e smaller of zero or line 36 .				38	2,	024	
Part	IV 1	ax Computation							
39	Organiz	ations Taxable as Corporations. Multipl	y line 38 by 21% (0 21)		<b>•</b>	39		425	
40		axable at Trust Rates. See instructions							
			e or Schedule D (Form		<b>•</b>	40			
41		x. See instructions				41			
42	-				. [	42			
43		Noncompliant Facility Income. See insti			[	43			
44		dd lines 41, 42, and 43 to line 39 or 40, w			. [	44		425	
Part		ax and Payments							
45 a		tax credit (corporations attach Form 1118	trusts attach Form 1116)	45a					
b	-	· · · · · · · · · · · · · · · · · · ·		45b		}			
c		business credit Attach Form 3800 (see i		45c					
d		r prior year minimum tax (attach Form 88	•	45d					
e		edits. Add lines 45a through 45d .			,	45e		0	
46		line 45e from line 44				46		425	
47	Other taxe	s. Check if from. Form 4255 Form 861	Form 8697 Form 8866	Other (attach sched	iule)	47		ĺ	
48		. Add lines 46 and 47 (see instructions)		. <del></del>	. [	48		425	
49		: 965 tax liability paid from Form 965-A or		(k), line 2		49			
50 a	Paymen	ts. A 2017 overpayment credited to 2018		50a					
b		imated tax payments		50b				Ì	
С				50c					
ď	Foreign	organizations. Tax paid or withheld at sou	irce (see instructions).	50d				İ	
е	Backup	withholding (see instructions) .		50e					
f	Credit fo	r small employer health insurance pr <u>emi</u> u	ıms (attach Form 8941)	50f				- 1	
g	Other cr	edits, adjustments, and payments	Form 2439						
	Form	1 4136 Other	Total ►	<b>50g</b> 0					
51		yments. Add lines 50a through 50g				51		ol	
52		d tax penalty (see instructions) Check if				52			
53		. If line 51 is less than the total of lines 48		wed	<b>□</b> ▶	53		425	
54		ment. If line 51 is larger than the total of			▶	54		0	
55		amount of line 54 you want Credited to 201		Refunded	ı ▶	55		0	
Part		atements Regarding Certain Activ		tion (see instructions	)				
56		me during the 2018 calendar year, did the				uthority	,	Yes	No
•		nancial account (bank, securities, or other					F	$\neg \uparrow$	
		Form 114, Report of Foreign Bank and F					1		i
	here ▶	. c , , , , , opo., c. , c.o.g., _c, c			J		`		$\overline{\mathbf{x}}$
57		e tax year, did the organization receive a dis	tribution from, or was it the gra	ntor of, or transferor to,	a foreio	in trust?.	·		X
٠.	-	see instructions for other forms the organ		,		•			
58		amount of tax-exempt interest received		ar ▶ \$			[,		. [
	Unde	r penalties of penury, I declare that I have examined this retu	ım, ınduding accompanyıng schedules an	d statements, and to the best of	my knowle	edge and belie	ef, it is true, c	orrect,	
Sign	and o	omplete Declaration of preparer other than taxpayer) is ba	sed on all information of which preparer ha	as any knowledge	Ī	May the IDC	diamina this		
Here		Hous L'Ward	11/15/2021 DIREC	CTOR	I	May the IRS the preparer	shown belov		wiut
11016		nature of officer	Date Title			instructions)	Yes X		No
		Print/Type preparer's name	Preparer's signature	Date	Ob.	k X ıf	PTIN		
Paid		Elias Rosario	942 R5	11/15/2021	Chec self-e	к 🔼 п mployed	P0189	ZZZ	an
Prep			I C	11/13/2021	ļ	EIN ► 46			<del>,</del> 0
_	Only	Firm's name Terrain Management, L				no 219-			
	,	Firm's address ► 6133 S Dune Harbor	Dr, Portage, IN 46368	<del> </del>	Phone	по 219-	108-200		

	~
Page	.3

Form 990-T (2018) In	nerMission, Inc.				_35-	2032474	Page 3
Schedule A—Cost of Goo		er method o	f inventory valuation	<b>1</b> ▶			
1 Inventory at beginning of		1			d of year	6	
2 Purchases	· —	2	7 Cd	st of goods	sold. Subtract	1	
3 Cost of labor		3	lin	e 6 from line	5. Enter here	11	
4 a Additional section 263A	_		an	id in Part I, lii	ne 2	7	0
		4a	<b>8</b> Do	the rules of	section 263A (with	th respect to	Yes No
b Other costs (attach sche	dule) 4	4b	pro	operty produ	ced or acquired fo	or resale)	
5 Total. Add lines 1 through	h 4b	5			ganization?		
Schedule C—Rent Income	e (From Real	Property a	nd Personal Prope	erty Lease	d With Real Pro	operty)	
(see instructions)	`						
1. Description of property					_		
(1)							
(2)						· · · · · · · · · · · · · · · · · · ·	
(3)						<u> </u>	
(4)							
	2. Rent receiv	ved or accrued					
(a) From personal property (if the personal property is more than more than 50%)		percentag	om real and personal property ge of rent for personal propert f the rent is based on profit or	y exceeds		rectly connected with a) and 2(b) (attach sc	
(1)		†				***	
(2)			······································				
(3)							
(4)							
Total	0	Total	<u> </u>	0			
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,	• •			0	(b) Total deduction Enter here and compart I, line 6, col	on page 1,	0
Schedule E-Unrelated D	ebt-Financed	Income (se	ee instructions)				
1. Description of debt	-financed property		Gross income from or allocable to debt-financed		Deductions directly cor to debt-finance	ced property	
	, , , , , , , , , , , , , , , , , , , ,		property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						<del></del>	
(2)			-				
(3)							
(4)							
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5. Average ad of or alloc debt-finance (attach sc	able to d property	6 Column 4 divided by column 5		acome reportable 2 × column 6)	8 Allocable de (column 6 × total 3(a) and 3	of columns
(1)			%		0		0
(2)			%		0		0
(3)			%		0		0
(4)			%		0		0
				l .	and on page 1, 7, column (A)	Enter here and Part I, line 7, co	
Totals			<b>&gt;</b>	<u> </u>	0		0
Total dividends-received deduc	tions included in	column 8 .	<u> </u>	·	. <u></u> ▶		
						Form	990-T (2018)

35-2032474

Schedule F-Interest, Annuit	ies, Royalties,	and Ren	ts From	<b>Controlled Org</b>	anizations (se	e instructi	ons)		
				Organizations				·	
Name of controlled organization	Employer Identification number		related incomi e instructions			controlling	connected with income		
(1)									
(2)									
(3)									
(4)							L		
Nonexempt Controlled Organizatio	ns								
7. Taxable Income	8. Net unrelated i (loss) (see instruc			Total of specified payments made	10. Part of colu included in the organization's g	controlling	connec	eductions directly cted with income in column 10	
(1)									
(2)				·					
(3)							<u> </u>		
(4)							ļ		
					Add columns Enter here and Part I, line 8, c	on page 1, column (A)	Enter h Part I,	columns 6 and 11 here and on page 1, line 8, column (B)	
Totals	· · · · ·			(47) 0	4	0		0	
Schedule G—Investment Inc  1. Description of income	2 Amount of in		3 dire	or (17) Organiza  Deductions  ctly connected tach schedule)	4. Set-aside: (attach schedu	3	and se	tal deductions t-asides (col 3 lus col 4)	
(1)								0	
(2)							-	0	
(3)								0	
(4)								0	
Totals ▶ Schedule I—Exploited Exem	Enter here and of Part I, line 9, color of Activity Inco	umn (A). 0	er Than A	Advertising Inc	ome (see instruc	P:		e and on page 1, e 9, column (B) 0	
1. Description of exploited activity	2 Gross unrelated business incom from trade or business	d conne prod un	expenses Irectly Ected with Iuction of Irelated Ess income	Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expe attnbuta colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				C				0	
(2)				(				0	
(3)				(				0	
(4)				(				0	
	Enter here and page 1, Part I line 10, col (A	page line 1	nere and on 1, Part I, 0, col (B)				- e	Enter here and on page 1, Part II, line 26	
Totals	<b>P</b>	0	0		<u>, , , , , , , , , , , , , , , , , , , </u>			0	
Schedule J—Advertising Inc									
Part I Income From Peri	<u>odicals Reporte</u>	<u>ed on a C</u>	Consolid	ated Basis	<del></del>	т			
1. Name of periodical	2. Gross advertising income		Direct	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									
(2)				1				[	
(3)				}				[	
(4)				<u>L</u>	Í			1	
-	<b>&gt;</b>	0	0	(	0		0	0	
							Fo	orm <b>990-T</b> (2018)	

(4)

Total. Enter here and on page 1, Part II, line 14

%

▶

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II columns 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership costs (column 6 2 Gross gain or (loss) (col 6. Readership 3 Direct 5 Circulation advertising 2 minus col 3) If minus column 5, 1. Name of penodical income advertising costs costs but not more than column 4) ıncome a gain, compute cols 5 through 7 0 (1) 0 0 (2) 0 0 (3) 0 0 (4) 0 Totals from Part I Enter hore and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) 0 Totals, Part II (lines 1-5) Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 2. Title time devoted to 1. Name unrelated business business % (1) % (2) % (3)

Form **990-T** (2018)

0

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172 Attachment

Sequence No 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number Business or activity to which this form relates 35-2032474

	nerMission, Inc.	990					35-2032474			
Pa	ert   Election To Expense C	ertain Prop	erty Unc	ler Section 1	79					
	Note: If you have any listed pr	roperty, complet	le Part V be	efore you comple	te Part I					
1								1		
2	Total cost of section 179 property pla-		(see instr	uctions)				2		
3	Threshold cost of section 179 propert							3		
4	Reduction in limitation. Subtract line 3							4	0	
5	Dollar limitation for tax year. Subtract									
	separately, see instructions							5	0	
6	(a) Description of prop				ost (business use	only)	(c) Elected cos	st	F	
7	Listed property. Enter the amount from	m line 29				7				
	Total elected cost of section 179 prop		ounts in co	lumn (c), lines (	6 and 7			8	0	
	Tentative deduction. Enter the smalle							9	0	
	Carryover of disallowed deduction fro							10		
	Business income limitation Enter the	-						11		
	Section 179 expense deduction. Add			•	•			12	0	
	Carryover of disallowed deduction to							0	1	
	te: Don't use Part II or Part III below fo									
	rt II Special Depreciation A				n (Don't incl	ude listed pro	perty. See ins	truct	ions.)	
	Special depreciation allowance for qu							T		
-	during the tax year. See instructions.							14		
15	Property subject to section 168(f)(1) e							15	<del></del>	
	Other depreciation (including ACRS)							16		
Pa	rt III MACRS Depreciation (I	Don't include	e listed p	roperty. See i	nstructions.	<u> </u>	<del> </del>			
			Secti			<u> </u>	<del></del>			
17	MACRS deductions for assets placed	ın service ın t			e 2018			17	24,128	
	If you are electing to group any assets							F-	<del></del>	
		-						H		
								11		
	Section B - Assets F				ar using the	General Depre	ciation system	ī		
	(a) Classification of property	(b) Month and		for depreciation	(d) Recovery	(,, 0,	15 Made a			
	(a) Classification of property	year placed	•	s/investment use ee instructions)	репод	(e) Convention	(f) Method	(g) De	preciation deduction	
40	2 2	in service		se instructions)				<del>                                     </del>		
19								<del> </del>		
	b 5-year property				<del> </del>			<del> </del>		
	c 7-year property	=		<del></del>	<del>                                     </del>			+		
	d 10-year property				<del> </del>			}		
	e 15-year property			<del></del>	<del></del>				<del></del>	
	f 20-year property	<del></del>			05		C/I			
	g 25-year property				25 yrs.	NANA	S/L	<u> </u>	<del></del>	
	h Residential rental				27.5 yrs.	MM	S/L	ļ—		
	property				27.5 yrs.	MM	S/L			
	i Nonresidential real		<del></del>		39 yrs.	MM	S/L	ļ		
_	property				<u> </u>	MM	S/L	l		
	Section C - Assets Pla	aced in Service	ce During	2018 Tax Year	Using the A	ternative Dep		<u>n</u>		
20	a Class life				<del> </del>		S/L		. <u> </u>	
	b 12-year				12 yrs.		S/L	<u> </u>		
	c 30-year				30 yrs.	MM	S/L_	Ļ		
	d 40-year			<del> </del>	40 yrs.	MM	S/L	<u>L</u> .	<del></del>	
	rt IV Summary (See instruction		_							
	Listed property. Enter amount from lir							21		
	Total. Add amounts from line 12, lines									
	here and on the appropriate lines of ye					tructions	<u> </u>	22	24,128	
	For assets shown above and placed in				the	ļ				
	portion of the basis attributable to sec	tion 263A cost	's			. 23			i , ,	

Line 5 (990-T) - Income from Partnerships and S Corporations

1	Share of partnership gross income from unrelated trade or business	1	0
2	Share of partnership deductions directly connected to unrelated trade or business	2	3,024
3	Share of S Corporation income (loss) excluding capital gains	3	
4	Total	4	3,024