							10	Ma	
-	. 1	E.	omnt Organ	ization	Rus	siness Income	Tay Retu		
Form 9	90-T					der section 6033(''	OMB No 1545-0687
-4		Forcales				07/01 , 2018, and end		19	୬ ⋒ 10
Department	of the Treasury	TOT CEIG				nstructions and the latest			<u> </u>
Internal Reve		▶ Do	· ·	-		y be made public if your org		:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
	heck box if		Name of organization (Check b	ox if nai	me changed and see instruction	ns)		yer identification number yees trust see instructions)
a	ddress changed		-					(Emplo	yees trust see instructions)
	under section					CHNOLOGY, INC.			
	(C)(23)	Print or	Number, street, and ro	om or suite no	lf a P O	box, see instructions			345258
408(``	Type	1600 ENCE W	N C U T N C III O	או די	TID.			ated business activity code structions)
408/	` ' '		1600 EAST W			VID or foreign postal code			
529(C Book val	(a) lue of all assets		FORT WAYNE,			ir or loreign postar code		53200)()
at end of		F Gro	up exemption number			<u> </u>			
276,	713,412.		ck organization type	·			c) trust	401(a)	trust Other trust
H Enter t	the number of	the orga	nization's unrelated tra	ades or busine	sses	▶ 2	Describe	the only	(or first) unrelated
trade o	or business her	e ► <u>A</u> 7	ГСН <u>1</u>			If only one,	complete Parts I-	V If more	than one, describe the
first in	the blank spa	ce at the	end of the previous	sentence, cor	mplete	Parts I and II, complete a S	Schedule M for ead	h addition	al
	or business, the								- 1 1 IVI
_	-		•	•	_	roup or a parent-subsidiary	controlled group?		▶ Yes X No
			dentifying number of ELLY MUSOLF	the parent co	rporation	Telenhor	ne number ▶ 26	0-422-	55GCFIVE
			or Business Inco			(A) Income	(8) Expen	73077	(Ct-Net
	oss receipts or s					<u></u>	(-)	}.5/	AN 17 2000 19
	returns and allowar			c Balance	1 c				AN 1 7 2020 131
2 Cos	st of goods sole	d (Schedi	ule A, line 7)		2			. 0	5.00
			2 from line 1c		3		-	3	PUENTE
			ttach Schedule D)		4a	<u> </u>			
	· · · ·		Part II, line 17) (attach F						
			rusts		4c				<u> </u>
			an S corporation (attach sta		<u>5</u>	22,699.	22	,699.	
			come (Schedule E)		7	22,0331		, , , , , ,	
			nts from a controlled organiza						
9 Inves	stment income of a	section 501	(c)(7) (9) or (17) organiza	tion (Schedule G)	9				
10 Exp	loited exempt	activity in	come (Schedule I) .		10				
11 Adv	ertising incom	e (Sched	ule J)		11				
			tions, attach schedule		-	22,699.	22	,699.	
			ough 12			ns for limitations on o	<u> </u>		r contributions
Partii						related business inco		xcept it	or contributions,
14 Con								14	
16 Rep	pairs and maint	enance .						. 16	
									<u> </u>
									<u> </u>
~							• • • • • • • • •	. 20	
			4562)						
27 Exc	ess readership	costs (Sc	chedule J)					. 27	_
\sim									
						deduction Subtract line			· · · · · · · · · · · · · · · · · · ·
			• •	_	-	r after January 1, 2018 (see			· · · · · · · · · · · · · · · · · · ·
For Paper	eiated busines rwork Reduction	s taxable	income Subtract lin otice, see instruction:	e 31 from line	JU		 	. 32	Form 990-T (2018)
8X2740 1.00 ST	15201 D32	0 12/	11/2019 1:56	:20 PM	V 1	8-7.6F	99832 TX100	001	7 PAGE 64
		,			_			911	1-15
								ノ'`	

Form	990-T (2018)			Page 2
Pai	t 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	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 lines 33 and 34	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	38		0.
Pai	t IV Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39		
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		
Par		, ,		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
	Other credits (see instructions)			ı
	General business credit Attach Form 3800 (see instructions)	•		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	4		
е	Total credits Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	$\overline{}$		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	-		
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		
	Payments A 2017 overpayment credited to 2018			
	2018 estimated tax payments			
	Tax deposited with Form 8868			
	Foreign organizations Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)			
y				
51	Form 4136 Other Total ▶ 50g	51		
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		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶	55		
	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		authority Y	'es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			
	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	gn trust	2	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 ▶ \$			1 1
	Under penalties of penury I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	y knowledge and	belief it is
Sigr	Ma Ma	y the	IRS discuss th	ns return
Her	e V FICHOLX 1/0/20 11 EN WEW WITH	h the	preparer show	
		einstructio	ons)? X Yes	No
Paid	Print/Type preparer's name Preparer's signature Date TAUREN R DENTION Check	i 🗀 if	PTIN	0.65
Prep	EMOREN IN DENTON LACOUR VINCON SEIL-EI	mployed	P01571	
	Firm's name P BRD, Tille	EIN ►	44-01602	
	Firm's address ▶ 200 E. MAIN ST. SUITE 700, FORT WAYNE, IN 46802 Phone	no 26	0-460-40	UU

Form 990-T (2018)

Form 990-T (2018)

Page 4

Schedule + - Interest, Allin	uities, Royaltie			ontrolled Or			Laur	(366	instruction.	1115)	
Name of controlled organization	2 Employer identification number	ber 3 Ne	t unrel	lated income	4 Total		- 1	ıncluded	f column 4 the in the control	olling	6 Deductions directly connected with income in column 5
(1)								-			
(2)											
(3)											
(4)					<u></u>						
Nonexempt Controlled Organiz	zations									,	
7 Taxable Income	8 Net unrelated i (loss) (see instruc			inch		Part of column 9 that is cluded in the controlling anization's gross income				11 Deductions directly connected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals	ncome of a Sec)(7),	(9), or (17		P	art I		ructions)		ter here and on page 1, int i, line 8, column (B)
1 Description of income	2 Amount o	f income		directly con (attach sch	nected				l-asides schedule)		and set-asides (col 3 plus col 4)
(1)			<u> </u>							-+	
(2)	ļ		 							-	
(3)			-								 -
Totals ► Schedule I – Exploited Exe	Enter here and Part I, line 9, c	column (A)	or Th	an Adverti	sina Ir	com	A (S4	e instru	ctions)	, .	Enter here and on page 1, Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected very production unrelated business income.	es with of	4 Net incomfrom unrelated or business 2 minus collifiagain, cc cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 (from	Gross action	income vity that related income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)			-								
(4)											.,
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	t 1,								Enter here and on page 1, Part II, line 26
Schedule J- Advertising In	come (see instr	uctions)									<u> </u>
Part I Income From Peri			nsol	idated Bas	sis						
1 Name of periodical	2 Gross advertising income	3 Direct advertising c		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	ising s) (col ol 3) If mpute	5	Circu	ilation me	6 Reade cost	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		· · · ·									
(2)				1				-			
(3)			-	1							
(4)				1							
	•									_	
Totals (carry to Part II, line (5))				<u> </u>							50m 990-T (2018)

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)

2 Gross
1 Name of periodical advertising a

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 ▶			1	,	,	
	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) ▶			<u> </u>			
0 1 1 1 1 0		· · · · · · · · · · · · · · · · · · ·				

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)		%	
*)		%	
otal Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

99832 TX1000

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury

For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$, 20 $\frac{19}{}$

► Go to www.irs gov/Form990T for instructions and the latest information ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Internal Revenue Service Name of organization

Employer identification number 35-0845258

Unrelated business activity code (see instructions) ▶ 713910

INDIANA INSTITUTE OF TECHNOLOGY, INC.

	Describe the unrelated trade or business ▶ GOLF COURSE					
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 115, 891.					
b	Less returns and allowances C Balance	1c	115,891.	•		
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	115,891.			115,891.
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
. с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach			_		
	statement)	5		•		
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E),	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8	<u></u>			
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total Combine lines 3 through 12	13	115,891.			115,891.
 14	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the un Compensation of officers, directors, and trustees (Schedule K)	relat	ed business income) (ntribu	itions,
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on re	turn	22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	115,891.
29	Total deductions Add lines 14 through 28				29	115,891.
30	Unrelated business taxable income before net operating	loss	deduction Subtract line 2	29 from line 13	30	
31	Deduction for net operating loss arising in tax years	begin	ning on or after Januar	y 1, 2018 (see		
	instructions),				31	
32	Unrelated business taxable income Subtract line 31 from line	30 .			32	

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT 1

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

MISCELLANEOUS RENTALS & BOWLING CENTER OPERATIONS

	ATTACHMENT 2		
SCHEDULE C - RENT INCOME DEDUCTIONS			
RENTAL OF FACILITIES			
RENT EXPENSES	22,699.		
TOTAL	22,699.		

į,

ATTACHMENT 3

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

GOLF COURSE EXPENSES

115,891.

PART II - LINE 28 - OTHER DEDUCTIONS

115,891.