Form 990-T	E	Extended TO MA			ax Return	L	OMB No 1545-0687		
,		(and proxy tax unde	İ	0040					
.d	For cal	endar year 2018 or other tax year beginning $\overline{\mathtt{JUL}}$ 1,	9	2018					
Department of the Treasury	ment of the Treasury So to www irs.gov/Form990T for instructions and the latest information 1906								
Internal Revenue Service	•	Do not enter SSN numbers on this form as it may	be ma	te public if your organize	tion is a 501(c)(3).	5	Open to Public Inspection for 01(c)(3) Organizations Only		
A Check box if address changed		Name of organization (Check box if name cl	(Emplo	D Employer identification number (Employees' trust, see instructions)					
B Exempt under section	Print	CDC RESOURCES, INC.					5-1138156		
X = 501(c)(3 0)							E Unrelated business activity code (See instructions)		
408(e) 220(e)	Type 5053 NORWAY ROAD						ou do tono ,		
408A 530(a)		City or town, state or province, country, and ZIP of MONTICELLO, IN 47960							
529(a) C Book value of all assets	J.		<u> </u>						
at end of year		F Group exemption number (See instructions.) G Check organization type ► X 501(c) corp	truct	Other trust					
U. Enter the number of the	05020172		trust	Other trust					
		tion's unrelated trades or businesses.	_		the only (or first) un		than and		
trade or business here			-4- 1		complete Parts I-V		•		
	-	ce at the end of the previous sentence, complete Pa	rts i an	o II, complete a Schedule	w for each addition	ai traue	ot		
business, then complete			Ab	d					
• • •		oration a subsidiary in an affiliated group or a parer	it-subsi	alary controlled group?	> [Yes	s No		
		Infying number of the parent corporation PHE ORGANIZATION		Talanh	one number 🕨 5	71-	583-8227		
		de or Business Income		(A) Income	one number > 3 (B) Expense:		(C) Net		
i		20 0. Dubinious moonie		(ה) ווונטווונ	(D) Expenses	<u>-</u>	(o) ner		
1a Gross receipts or sale		- Dalassa	 1c				/		
	b Less returns and allowances c Balance					∤			
• ,	2 Cost of goods sold (Schedule A, line 7)								
3 Gross profit Subtrac			3_				/		
4a Capital gain net incor			48 4b			-4			
	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)					$\overline{}$			
c Capital loss deduction			4c 5		/				
5 Income (loss) from a partnership or an S corporation (attach statement)									
6 Rent income (Schedule C)									
7 Unrelated debt-financed income (Schedule E)					/				
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)					,				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)									
10 Exploited exempt activity income (Schedule I)						-			
· · · · · · · · · · · · · · · · · · ·	11 Advertising income (Schedule J)								
12 Other income (See in		•	12				 		
13 Total. Combine lines			13	0.					
		t Taken Elsewhere (See instructions for utions, deductions must be directly connected			ıncome)				
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14			
15 Salaries and wages						15			
16 Repairs and mainter	папсе					16			
17 Bad debts						17			
18 Interest (attach sche	8 Interest (attach schedule) (see instructions)								
19 Taxes and licenses	Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules)								
20 Charitable contribut	20 Charitable contributions (See instructions for limitation rules)								
21 Depreciation (attach	Form 45	562)		. n & 303(121 1/ 3)	<u> </u>				
22 Less depreciation cl	Less depreciation claimed on Schedule A and elsewhere on return By JUN 0 5 20 22a 129 320 Depletion								
23 Depletion	23 Depletion								
24 Contributions to def	4 Contributions to deferred compensation plans								
25 Employee benefit pr									
26 Excess exempt expe									
28 Other deductions (attach schedule)						28	0.		
7	Z								
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							0.		
						30 31			
32 Unrelated business taxable income. Subtract line 31 from line 30						32	0.		
		work Reduction Act Notice, see instructions					Form 990-T (2018)		

Form 990-T (2018		35-113	8120		Page Z
Partill	Total Unrelated Business Taxable Income				
33 Tota	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33		0.
34 Amo	unts paid for disallowed finnges		34		
	uction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	•	35		
	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	•			
	33 and 34	_	36		
	cafic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8-38	37	1,00	00.
•	slated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	- 2250			
	r the smaller of zero or line 36		38		0.
1	Tax Computation		1 30 1		
· -	······································		39		0.
•	inizations Taxable as Comporations Multiply line 38 by 21% (0 21)	•	39		
40 Trus	ts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	_	1		
	Tax rate schedule or Schedule D (Form 1041)		40		
	y tax See instructions		41		
	mative minimum tax (trusts only)		42		
	on Noncompliant Facility Income See instructions		43		
	I. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		144		0.
(Part V	Tax and Payments				
45a Fore	ign tax credit (corporations attach Form 1118; trusts attach Form 1116)		111		
b Othe	r credits (see instructions)		4 []		
c Gene	eral business credit. Attach Form 3800]		
d Cred	it for prior year minimum tax (attach Form 8801 or 8827)]]]		
e Tota	l credits. Add lines 45a through 45d		458		
46 Subt	tract line 45e from line 44		46		0.
47 Othe	r taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	(attach schedule)	47		
48 Tota	I tax Add lines 46 and 47 (see instructions)		48		0.
	B net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.
	nents; A 2 0 17 overpayment credited to 2018	•			
-	B estimated tax payments 50b		1 ! !		
	deposited with Form 8868 50c	•	1 1 1		
	ign organizations: Tax paid or withheld at so urce (see instructions) 50d		1 11		
	• • • • • • • • • • • • • • • • • • • •		1		
	T-1		1		
			1 11		
8 (4116	r credits, adjustments, and payments: Form 2439 Form 4136 Other Total		1 11		
 54			┤┇┨		
	I payments . Add lines 50a through 50g	-	51		
	nated tax penalty (see instructions). Check if Form 2220 is attached	_	52		
	due . If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53		
	payment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	.	54		
		funded 🛌	55		
	Statements Regarding Certain Activities and Other Information (see Instru	······································			-
56 Ataı	ny time during the 2018 calendar year, did the organization have an interest in or a signature or other authori	ty		Yes	No
over	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fil	3			
FinC	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
here	>			_	
57 Duri	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust?			
	es," see instructions for other forms the organization may have to file				
58 Ente	r the amount of tax-exempt interest received or accrued during the tax year >\$				
-	inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowle	dge and belief, it is	strue,	
Sign °	orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				. 1
Here (5/4/2020 N EXECUTIVE DIRE	m	laythe IRS discuss ne preparer shown l		/ith
	Signature of officer Date/ Tale		structions)? X		∏ No
	Print/Type preparer's name Preparer's signature Date		if PTIN		1.7
	ANGELA N. CRAWFORD,	self-employed	" ' ' '''		
Paid	CPA (CRAWFORD) (Malle 41. Cuantord 05/04/20)	son-employed	P005	73197	
Preparer		Firm's EIAL		178661	1
Use Only		Firm's EIN ▶	JJ - I.	. / 0 0 0.	-
	500 N. MERIDIAN ST, SUITE 200	Dhone no	317-633-	. 170F	
	Firm'saddress ► INDIANAPOLIS, IN 46204	Phone no.			100 10
823711 01-09-19			Form	1 990-T ((2018)