

EXTENDED TO MAY 15, 2020

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

Department of the Treasury Internal Revenue Service

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).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section: [X] 501(c)(3) [] 408(e) [] 220(e) [] 408A [] 530(a) [] 529(a)

Print or Type

CDC RESOURCES, INC.

35-1138156

Number, street, and room or suite no. If a P.O. box, see instructions.

5053 NORWAY ROAD

E Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

MONTICELLO, IN 47960

C Book value of all assets at end of year

F Group exemption number (See instructions.)

G Check organization type: [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust

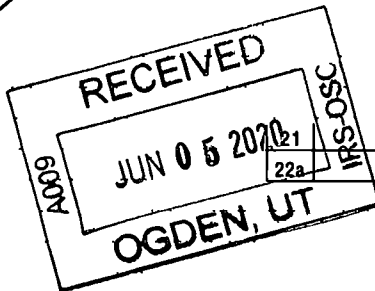
H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? [] Yes [] No. If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of THE ORGANIZATION Telephone number 574-583-8227

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts, Cost of goods sold, Capital gain, etc. Total income is 0.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Compensation of officers, Salaries and wages, Charitable contributions, etc. Total deductions are 0.



SCANNED JUN 21 2021

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45d, 46-49, 50a-50g, 51-55.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56-58.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature] Date: 5/4/2020 Title: EXECUTIVE DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name: ANGELA N. CRAWFORD, CPA; Preparer's signature: Angela N. Crawford; Date: 05/04/20; Check self-employed: [] if PTIN: P00573197; Firm's name: BLUE & CO., LLC; Firm's EIN: 35-1178661; Firm's address: 500 N. MERIDIAN ST, SUITE 200 INDIANAPOLIS, IN 46204; Phone no.: 317-633-4705