	· ~		D	inana laa	7	2939	329	9802801(
Form 990	)- I	empt Organization (and proxy ta	x und	er section	6033(€	e)) 14	071	OMB No 1545-0687
,	For cale	ndar year 2018 or other tax year begi	inning	<u>06/01</u> , 2018,	and endin	og 05/31L,	1 9	2018
Department of the 1		► Go to www.irs.gov/Form99						Open to Public Inspection (
Internal Revenue Se		not enter SSN numbers on this form						Open to Public Inspection f 501(c)(3) Organizations On
A Check t	box if changed	Name of organization ( Check	box if name	e changed and see	instructions	5)		oyer identification numbe oyees' trust, see instructions )
B Exempt under		INTERLOCHEN CENTER  Number, street, and room or suite no			<u> </u>		38-1	689022
X 501( C )	n or	Number, street, and foom or some no	mar O t	JOX, SEE INSTRUCTIONS	3			lated business activity co
408(e)	<sup>220(e)</sup> Type	PO BOX 199						nstructions )
408A L	530(a)	City or town, state or province, coun	to, and 716	P or foreign postal o				
529(a) C Book value of a	-11	INTERLOCHEN, MI 496		F or lovely in postal c	oue		5320	00
at end of year	<del></del>	<u> </u>	<del> </del>			<u> </u>	3320	
225 671		eck organization type X 50			501(0)	truct	401(a)	trust Other tr
					501(c)			
		anization's unrelated trades or busin BLIC RADIO TOWER RENT						y (or first) unrelated
					-			e than one, describe the
<u>~</u> ,		e end of the previous sentence, co	omplete F	Parts I and II, con	nplete a So	chedule M for each	cn additio	nai
	siness, then compl			<del></del>				▶ Yes X
	<del>-</del>	corporation a subsidiary in an aff			ubsidiary c	ontrolled group?		▶  Yes X
		identifying number of the parent of			Talaabaa	e number ▶ 23	1-276	-7200
		ATRICK M KESSEL, VP F	TIVAINC					
-		or Business Income	<del></del>	(A) Incom	ie	(B) Expen	ses	(C) Net
b Less returns	s and allowances	c Balance I	<del></del>					<del>-</del>
2 Cost of g	•	fule A, line 7)						<del>-</del>
1/3		2 from line 1c						
🖓 Capital g	jain net income (a	attach Schedule D)	. 4a					
	(loss) (Form 4797,	Part II, line 17) (attach Form 4797)	. 4b					
c Capital le	oss deduction for f	trusts	. 4c	<del></del>				
5 Income (los	ss) from a partnership o	or an S corporation (attach statement)	. 5					
6 Rent inc	ome (Schedule C)		. 6					
7 Unrelate	d debt-financed in	ncome (Schedule E)	. 7	<u></u>				
8 Interest, an	inuities, royalties, and re	ents from a controlled organization (Schedule	F) 8					
		01(c)(7), (9), or (17) organization (Schedule C						
10 Exploited	d exempt activity i	ncome (Schedule I)	. 10					
11 Advertisi	ing income (Sched	dule J)	. 11				<u>.</u>	
12 Other inc	come (See instruc	ctions, attach schedule)	. 12	115	,598.	ATCH 1		115,59
13 Total. Co	ombine lines 3 thr	ough 12	. 13		,598.			115,5
Part II De	ductions Not	Taken Elsewhere (See ins	truction	ns for limitation	ons on d	eductions.) (l	Except	for contributions,
de	ductions must	t be directly connected with	the unr	elated busine	ess inco	me. <u>)</u>		
14 Compen	sation of officers,	directors, and trustees (Schedule?)	()[]	C73			14	
15 Salaries	and wages						15	
			• 11 1 1 1 1 1				16	
17 Bad debt	is		<b>2</b> 2 20	120 [굿]			17	
		(see instructions)	·	læl			18	
			). IA⊒(	1.17			19	
20 Charitab	le contributions (	See instructions for limitation rules	)	<del>~;</del>	ATCH.	2	20	6
		1 4562)						
•		d on Schedule A and elsewhere on					22b	
•							23	
		compensation plans						
		s					- 1	
		Schedule I)					· · —	
							`	
28 Other de	ductions (attach	schedule)					28	-
29 Total de	ductions (dildoll 8	Schedule J),				··········スロ	3 25 ZS	6
		ole income before net operatin					- 11	<del></del>
		ng loss arising in tax years beginn	-				3,1	
						~ /_	, , , , , , , , , , , , , , , , , , ,	114,99
			ie 30		<del></del>		3,2	Form 990-T (2
32 Unrelate	d business taxabl	le income Subtract line 31 from lir Notice, see instructions.			<u></u>	~ /_	1. 3 <u>2</u>	

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	990-T (2					Page 2
Par		Total Unrelated Business Taxable		<u> </u>	<del> </del>	
33		of unrelated business taxable income conions)				114,993.
34	Amount	s paid for disallowed fringes				
35		on for net operating loss arising in t				_
		ions)				
36	Total o	of unrelated business taxable income befor	e specific deduction	Subtract line 35 fro	om the sum	
••		33 and 34				114,993.
37		deduction (Generally \$1,000, but see line 37				1,000.
38		ed business taxable income. Subtract line				<u> </u>
30		e smaller of zero or line 36				113,993.
Dor					· · · · · · · · · · · · · · · · · · ·	
	LIV	Tax Computation			JO 39	23,939.
39	Organi	cations Taxable as Corporations. Multiply line 3	8 by 21% (0 21)			23,333.
40		<del></del>	tructions for tax	·	1 1	
		ount on line 38 from Tax rate schedule of				<del></del>
41		ax. See instructions				<u> </u>
42		tive minimum tax (trusts only)				
		Noncompliant Facility Income. See instructions				
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, which	ever applies			23,939.
Par	t V	Tax and Payments				
45 a	Foreign	tax credit (corporations attach Form 1118, trus	sts attach Form 1116)	4\$a		
b	Other o	redits (see instructions)		45b		
С	Genera	business credit Attach Form 3800 (see instruc	tions)	45c		
d	Credit f	or prior year minimum tax (attach Form 8801 or	8827)	45d		
e	Total c	redits. Add lines 45a through 45d			45e	
46		t line 45e from line 44				23,939.
47		xes Check if from Form 4255 Form 8611			<del>- 1 - 1</del>	
		x. Add lines 46 and 47 (see instructions)				23,939.
		et 965 tax liability paid from Form 965-A or For				<u> </u>
49					· · · · · · · · · · · · · · · · · · ·	
50 a	Paymer	ats A 2017 overpayment credited to 2018 stimated tax payments	· · · · · · · · · · · · · · · · · · ·	505	28,800.	
D	2018 es	stimated tax payments	/	500	20,000.	
С	Tax dep	osited with Form 8868		504		
d	Foreign	organizations Tax paid or withheld at source (s	ee instructions)	500		
е	Backup	withholding (see instructions)		sue		
		or small employer health insurance premiums (a		1 1 1		
g		,,	439			
	F	orm 4136	To	otal ▶ 50g		20.000
51		ayments. Add lines 50a through 50g				28,800.
52	Estimat	ed tax penalty (see instructions) Check if Form	2220 is attached		▶	<u>_</u>
53	Tax due	e. If line 51 is less than the total of lines 48, 49	, and 52, enter amount o	wed	. ▶ 58	
54	Overpa	yment. If line 51 is larger than the total of lines	48, 49, and 52, enter a	mount overpaid	7.7. ► 54	4,861.
55	Enter th	e amount of line 54 you want	mated tax 🕨		Refunded ► 55	4,861.
Par	t VI	Statements Regarding Certain A	ctivities and Othe	er Information (se	ee instructions) 📒	
56	At any	time during the 2018 calendar year, did				authority Yes No
	over a	financial account (bank, securities, or oth	er) in a foreign cour	ntry? If "Yes," the or	rganization may have	to file
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts	If "Yes," enter the n	name of the foreign	country
		CA, CJ, LU				X
57	During	the tax year, did the organization receive a dist	ribution from or was it	the grantor of, or transf	feror to, a foreign trust	, X
٠.	_	see instructions for other forms the organization		g o., e a		
58	•	ne amount of tax-exempt interest received or ac	•	r <b>&gt;</b> \$		
<del></del>		nder penalties of penury, I declare that I have examined			ents, and to the best of my	/ knowledge and belief, it is
Cia-	l tr	pe, correct, and complete Declaration of preparer (other than to				
Sigr				VP FINANCE 8	- 000	RS discuss this return
Here		another of officer	Date	Title		preparer shown below
	s	gnature of officer			(258 III2/IQCIIO	PTIN
Paid		Print/Type preparer's name	Preparer's signature	Date 7 (1 (20	Check if	
		JACOB COOK	1 York	7/1/20	<del></del>	P01240455
Prep	Only	Firm's name ▶ BDO USA, LLP				13-5381590
	Jiny	Firm's address ▶ 200 OTTAWA AVE NW	STE 300, GRAND	RAPIDS, MI 49	9503   Phone no 61	6-774-7000
104					•	Form 990-T (2018)

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	Door	<b>3</b>
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Form 990-T (2018)						- P	age 3
Schedule A - Cost of Goods S	<b>old.</b> Enter meth	od of inventory valu	iation <b>&gt;</b>				
1 Inventory at beginning of year . 1		6 Inv	entory at end of y	ear	6		
2 Purchases 2				old. Subtract line			
3 Cost of labor		6	from line 5 E	nter here and in			
4a Additional section 263A costs		Pa	rt I, line 2		7		
(attach schedule) 4a	ı			section 263A (w	th respect to	Yes	No
b Other costs (attach schedule) . 4b		pro	perty produced	or acquired for	resale) apply		
5 Total. Add lines 1 through 4b . 5		to	the organization?	<u>.</u>			X
Schedule C - Rent Income (From	<b>Real Property</b>	and Personal Pro	perty Leased	With Real Proper	ty)		
(see instructions)							
Description of property							
(1)							
(2)							
(3)		_					
(4)							
2. Re	ent received or acc	rued					
(a) From personal property (if the percentage for personal property is more than 10% but more than 50%)	t not perce	) From real and personal intage of rent for personal or if the rent is based on	property exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)				-			
(2)							
(3)							
(4)		·					
Total	Total						
(c) Total income. Add totals of columns 2(	a) and 2(b) Enter			(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6, column (	A)▶			Part I, line 6, colun			
Schedule E - Unrelated Debt-Fina	nced Income	see instructions)					
		2. Gross income fr	om or 3.	Deductions directly con debt-finance		ole to	
Description of debt-financed p	property	allocable to debt-fin	anced (a) Strain	ght line depreciation	(b) Other dedu	uctions	
		property	(at	tach schedule)	(attach schedule)		
(1)							
(2)	<u> </u>						
(3)							
(4)							
acquisition debt on or of allocable to debt-financed debt	erage adjusted basis f or allocable to -financed property attach schedule)	6. Column 4 divided by column 5		8 Allocable deduction (column 6 x total of column 2 x column 6) 3(a) and 3(b))		of column	ns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				ere and on page 1, ine 7, column (A)	Enter here and o Part I, line 7, col		
Totals	dod in column 2		▶				

Page 4

Schedule F-Interest, Annu	illes, noyalles			ntrolled Or			Lau		',! ! . '		
Name of controlled organization	2. Employer identification number	er	3. Net unrelated (loss) (see instru				of specified included		of column 4 that is d in the controlling tion's gross income		Deductions directly connected with income in column 5
(1)											
(2)					ļ						
(3)	~		_		_						
(4)											
Nonexempt Controlled Organiz	zations						_		(·· "), (	1 -	A Database desails
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specifications of the other of the o		ine	clude	t of column ed in the co ation's gros	ntrolling	· co	11. Deductions directly ennected with income in column 10
(1)											
(2)											
(3)											
(4)	_										<del></del> ,
Totals		tion 501(c	:)(7), (	9), or (17	► ′) Orga	Er P	nter h art I,	elumns 5 a lere and on line 8, colu	page 1, mn (A)	Er P	dd columns 6 and 11 hter here and on page 1, art I, line 8, column (B)
1. Description of income	2 Amount of	ıncome		3. Deduction directly co (attach sc	nnected	-			t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)						_				_	<u>-</u>
(2)	-										
(3)										:	
(4)											
Totals ▶ Schedule I-Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	er Tha	an Advert	ising Ir	ncom	<b>e</b> (s	ee instru	ctions)	3	Enter here and on page 1, Part I, line 9, column (B).
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business inc	es with n of	4. Net inconfrom unrelator business 2 minus colf a gain, cols 5 thr	me (loss) ted trade (column lumn 3) compute	5. ( fron . IS I	Gross n act	s income ivity that nrelated s income	6. Ex	penses itable to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	·										
(2)											"
(3)											-
(4)					•						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,					_			Enter here and on page 1, Part II, line 26
Totals	COME (see instri	uctions)									
Part I Income From Per			neoli	dated Ra	eie						
Parter income From Fer	louicais neport	eu on a oc	7113011	uateu Da	313						
1. Name of periodical	2 Gross advertising income	3. Direct advertising of		4. Adver gain or (lo 2 minus c a gain, co cols 5 thr	ss) (col ol 3) If empute	5.	Circ	ulation ome	I	dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)										_	
(4)	<del>                                     </del>					<u> </u>					-
Totals (carry to Part II, line (5))											Form <b>990-T</b> (2018)

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

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.) 4. Advertising 7. Excess readership gain or (loss) (col costs (column 6 2. Gross 3. Direct 5. Circulation 6. Readership minus column 5, but 2 minus col 3) If 1. Name of periodical advertising income advertising costs costs not more than a gain, compute income cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) . . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4 Compensation attributable to 1. Name 2. Title time devoted to unrelated business business (1) % (2) % (3) % (4) %

Form 990-T (2018)

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME
PUBLIC RADIO TOWER RENTAL INCOME

PART I - LINE 12 - OTHER INCOME

115,598.

115,598.

Δ	TTD	CHMENT	2
-			

FORM S	990T	_	PART	ΙI	_	LINE	20	_	CHARITABLE	CONTRIBUTIONS
--------	------	---	------	----	---	------	----	---	------------	---------------

UNRELATED TRADE OR BUSINESS INCOME  ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)  LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	115,598. 0. 0. 0.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 11,560.
CHARITABLE CONTRIBUTION	605.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	605.

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