Form IT-20NP 04 State Form 148 Indiana Nonprofit Organization Unrelated Business Income Tax Return 05 (R23 / 8-24) for Calendar Year Ending December 31, 2024 06 07 or Fiscal Year Beginning 2024 and Ending 08 09 Check box if amended. Check box if name changed. 10 Name of Organization Federal Employer Identification Number 11 12 13 Number and Street Principal Business Activity Code Foreign Country 2-Character Code 14 15 City State ZIP Code 2-Digit County Code Telephone Number 16 17 Initial Return Final Return A. Check all boxes that apply: In Bankruptcy 18 Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes 🔲 No 🗍 19 Check the box if entity has multiple unrelated trades or businesses (see instructions). 20 21 Adjusted Gross Income Tax Calculation on Unrelated Business Income 22 Unrelated business taxable income before NOL deduction from federal Form 990-T. 23 00 Use a minus sign for negative amounts. Attach Form 990-T 24 00 2. 2 Non-unitary partnership income 25 00 Specific deduction (generally \$1,000; see instructions) 3 26 Subtract line 2 and line 3 from line 1 4 00 27 Modifications (use a minus sign for negative amounts) 28 00 5 Enter name of add-back or deduction Code No. 29 00 Enter name of add-back or deduction Code No. 6 6. 30 7 00 7. Enter name of add-back or deduction Code No. 31 Enter name of add-back or deduction Code No. 8 00 32 Unrelated business income: add or subtract lines 4 through 8. If not apportioning, enter 33 9 00 same amount on line 11 34 10. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E % 35 apportionment (enclose schedule) 10 36 11. Unrelated business apportioned to Indiana (multiply line 9 by line 10; otherwise, enter line 9 amount) 11 00 37 12 00 12. Non-unitary partnership income from Indiana sources 38 00 13. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL 13 39 00 Taxable Indiana unrelated business income (add line 11 and line 12 and subtract line 13) 14 14. 00 40 15. Taxable income from other forms (Form 1120-POL) 15 41 16 00 16. Subtotal (add lines 14 and 15) Indiana tax on unrelated business income (multiply line 16 by tax rate; see instructions for line 17) 42 17. 17 00 43 00 18 18. Sales/Use Tax Due Total tax due (add lines 17 and 18) 00 44 19. 19 45 **Credit for Estimated Tax and Other Payments** Quarterly estimated tax paid: Qtr. 1 Qtr. 2 Qtr. 3 Qtr. 4 46 20. Enter total 20 00 00 47 21. Amount paid with extension 21 48 22. Amount of overpayment credit (from tax year ending _____) 22 00 00 49 23. Pass-through withholding and other payments (include Schedule IN K-1) 23 00 50 24. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) 24 51 25. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) 25 00 52 00 26. 26 Enter name of offset credit Code No. 53 27. Enter name of offset credit Code No. 27 00 54 00 28. 28 Enter name of offset credit Code No. 55 00 29. Enter name of offset credit Code No. 29 56 30 00 30. Enter name of offset credit Code No. 57 Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this 31. 58 00 schedule with your return 31 59 32. 32 00 Total credits (add lines 20-31) 60 61

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05	33.	Balance of tax due (line 19 minus line 32)		33	00	
06	34.	Penalty for the underpayment of income tax. Attach	Schedule IT-2220.			
07		Check box if using annualization method		34	00	
08	35.	Interest: If payment is made after the original due da	te, compute interest	35	00	
09	36.	Penalty: If paid late, enter 10% of line 33; see instruc	ctions.			
10		If line 19 is zero, enter \$10 per day filed past due da	te	36	00	
11	37.	Total payment due (add lines 33-36). (Payment must	be made in U.S. funds) PAY THIS AMOUN	NT 37	00	
12	38.	Total overpayment (line 32 minus lines 19 and 34-36)	38	00	
13	39.	Amount of line 38 to be refunded		39	00	
14	40.	Amount of line 38 to be applied to the following year	s estimated tax account	40	00	
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24			Paid Preparer: Firm's Name (or	yours if self-employed)	
25	Pers	onal Representative's Name (Print or Type)				
26			PTIN			
27	Emai	il Address				
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29	Signa	ature of Corporate Officer Date	Telephone Number			
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31	Print	or Type Name of Corporate Officer Title	Address			Ш
32						Ш
33		ature of Paid Preparer Date	City			Ш
34						Ш
35	Print	or Type Name of Paid Preparer	State	ZIP Cod	le + 4	Ш
36		Diago mail your return to Indiana Dana	rtment of Revenue, PO Box 7228, Indianapolis,	INI 46207 7229		Ш
37		Please mail your return to. Indiana Depa	Titletit of Revenue, PO Box 7226, Indianapolis,	IIN 40207-7220.		
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