789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345 Indiana Department of Revenue Form IT-20NP 04 State Form 148 Indiana Nonprofit Organization Unrelated Business Income Tax Return 05 (R24 / 8-25) for Calendar Year Ending December 31, 2025 06 07 2025 and Ending or Fiscal Year Beginning 08 09 Check box if amended. Check box if name changed. 10 Name of Organization 11 Federal Employer Identification Number 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 Final Return A. Check all boxes that apply: Initial Return In Bankruptcy 18 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) 00 28 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. 3 1 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 00 38 Enter Indiana net operating loss deduction. Enclose Schedule IT-20NOL 13 13. 39 00 14 14. Taxable Indiana unrelated business income (add line 11 and line 12 and subtract line 13) 00 40 15. Taxable income from other forms (Form 1120-POL) 15 41 16 00 16. Subtotal (add lines 14 and 15) 42 17. Indiana tax on unrelated business income (multiply line 16 by tax rate; see instructions for line 17) 17 00 00 43 18 18. Sales/use tax due 00 44 19. Total tax due (add lines 17 and 18) 19 45 Credit for Estimated Tax and Other Payments 46 Quarterly estimated tax paid: 20. 00 47 Qtr 2 Qtr 3 Qtr 4 Enter total 20 48 21. 21 00 Amount paid with extension 00 49 22. Amount of overpayment credit (from tax year ending 22 50 23 00 23. Pass-through withholding and other payments (include Schedule IN K-1) 51 EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) 24 00 24. 52 00 25. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) 25 53 26. Enter name of offset credit Code No. 26 00 00 54 27. 27 Enter name of offset credit Code No. 55 00 28. Enter name of offset credit Code No. 28 56 29. 00 Enter name of offset credit Code No. 29 00 57 30. Enter name of offset credit Code No. 30 58 31. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this 59 31 00 schedule with your return 60 32 00 Total credits (add lines 20-31) 61 62

01

01						
	0000001111111111122222222					
	567890123456789012345678	90123456789012	34567890123	4567890123	45678	9012345678901234
04						
05	33. Balance of tax due (line 19 minus lin				33	00
06	34. Penalty for the underpayment of inco		IT-2220.			
07	Check box if using annualization				34	00
08	35. Interest: If payment is made after the		ite interest		35	00
10	36. Penalty: If paid late, enter 10% of lin				26	00
11	If line 19 is zero, enter \$10 per day f 37. Total payment due (add lines 33-36)		in II S funds) BAV	THIS AMOUNT	36	00
12	38. Total overpayment (line 32 minus lin		ili U.S. lulius) FAT	THIS AMOUNT	38	00
13	39. Amount of line 38 to be refunded	es 19 and 54-50)			39	00
14	40. Amount of line 38 to be applied to th	e following year's estimate	ed tax account		40	00
15		o ronowing your o commun			- 10	
16						
17						
18						
19						
20						
21						
22						
23			Doid Drawaras Ei	rm's Name (or yours	if oalf am	mlay (add)
24	Personal Representative's Name (Print or Ty	(20)	Paid Preparer: Fi	rin s Name (or yours	il sell-em	pioyed)
25	reisonal Representative's Name (Finit of 1)	ype)	PTIN			
26 27	Email Address					
28						
29	Signature of Corporate Officer	Date	Telephone Numbe	er		
30						
31	Print or Type Name of Corporate Officer Title		Address			
32						
33	Signature of Paid Preparer	Date	City			
34						
35	Print or Type Name of Paid Preparer		State			ZIP Code + 4
36	Dia and the second seco	a tau la diana Dan arturant at D	DO DO 7000) Indianamalia INLAC	207 7020	
37	Please mail your return	n to: Indiana Department of R	Revenue, PO Box 7228	s, indianapolis, ilv 46	201-1228.	
38						
39						
40						
41						
42 43						
44						
45						
46						
47						
48						
49						
50						
51						
52						
53						
54						
55						
56						
57						
58						
59 60						
61						
62						
63						
		24100				
			000000			
64 65						