NOTICE 2018-100

Form 990-T	E	L	OMB No 1545-0687								
		(and proxy tax und		2010							
	For ca	elendar year 2018 or other tax year beginning	_	2018							
Department of the Treasury Internal Revenue Service		► Go to www irs gov/Form990T for in ► Do not enter SSN numbers on this form as it may	ation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only						
A Check box if address changed		Name of organization (Land Check box if name c	hanged	and see instructions)		(Empli	oyer identification number oyees' trust, see ctions)				
B Exempt under section	Print	INDIANA SPORTS CORPORATION			3	31-0975117					
\mathbf{X} 501(c 0 3)	Type	Number, street, and room or suite no. If a P.O. box		ated business activity code istructions)							
408(e)220(e)	-	201 S. CAPITOL AVE., S									
408A530(a) 529(a)		City or town, state or province, country, and ZIP o INDIANAPOLIS, IN 4622									
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)										
	_	ation's unrelated trades or businesses			the only (or first) unr	elated					
		ALIFIED TRANSPORATION F			complete Parts I-V I		•				
	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		· · · · · · · · · · · · · · · · · · ·		 		1					
		poration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	▶ L.	Ye:	s L No				
J The books are in care of		tifying number of the parent corporation		Talanh	ana numbar 🕨 3	17_	237-5000				
		de or Business Income		(A) Income	one number > 3:		(C) Net				
1a Gross receipts or sal		de of Business meonie		(A) madric	(b) Expenses	\longrightarrow					
b Less returns and allo		c Balance ▶	1 _c			Ì					
2 Cost of goods sold (2				1				
3 Gross profit Subtract		1 X	3			一甘	· · · · · · · · · · · · · · · · · · ·				
4a Capital gain net inco		4 1	4a								
· -	•	Part II, line 17) (attach Form 4797)	4b	.=							
c Capital loss deductio		• •	4c			-					
·		ship or an S corporation (attach statement)	5								
6 Rent income (Sched		, , ,	6								
7 Unrelated debt-finan	ced incor	me (Schedule E)	7				-				
8 Interest, annuities, ro	yaltıes, a	and rents from a controlled organization (Schedule F)	8								
9 Investment income of	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9			ĺ					
10 Exploited exempt act	ivity inco	me (Schedule I)	10								
11 Advertising income (Schedule	e 1)	11								
12 Other income (See in	struction	ns, attach schedule)	12								
13 Total. Combine line			13	0.							
Part II Deduction (Except for	ons No contribi	ot Taken Elsewhere (See instructions fourtions, deductions must be directly somester	r limita d with	ations on deductions) the unrelated business	s income)						
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)	7/1/5			14	_				
15 Salaries and wages		[o]	VE	\mathcal{D}		15					
16 Repairs and mainter	Repairs and maintenance										
17 Bad debts											
18 Interest (attach scho	Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules)										
19 Taxes and licenses		JUBO	tir	<u> √</u> ĝ/		19					
	O Charitable contributions (See instructions for limitation rules)										
21 Depreciațion (attach		•		21							
-	eciation claimed on Schedule A and elsewhere on return 22a										
23 Depletion					1	23					
	()										
· · ·											
26 Excess@xempt expe	26										
27 Excess readership of	27										
28 Other deductions (a	28	0.									
		ncome before net operating loss deduction. Subtrac oss arising in tax years beginning on or after Janua.			,	30	0.				
	31										
32 Unrelated business taxable income Subtract line 31 from line 30							Form 990-T (2018)				

Part I	II Total Unrelated Business Taxa	ible Income						
33	Total of unrelated business taxable income compu	33		0.				
34	Amounts paid for disallowed fringes	34	4	49,835.				
35	Deduction for net operating loss arising in tax year	35	5	•				
36	Total of unrelated business taxable income before	specific deduction. Subtract line 35 from	the sum of					
	lines 33 and 34	36	6 6	49,835.				
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)			37	7	1,000.	
38	Unrelated business taxable income Subtract line	e 37 from line 36. If line 37 is greater than	line 36,				•	
	enter the smaller of zero or line 36				38	в	48,835.	
Part I	V Tax Computation							
39	Organizations Taxable as Corporations Multiply	line 38 by 21% (0 21)			- 39	9	10,255.	
40	Trusts Taxable at Trust Rates See instructions for	or tax computation. Income tax on the amo	ount on line 38 from	n				
	Tax rate schedule or Schedule D (Fo	orm 1041)		•	- 40	<u>ס</u>		
41	Proxy tax See instructions			•	41	1		
42	Alternative minimum tax (trusts only)				42	2		
43	Tax on Noncompliant Facility Income See instru		43	3				
44	Total Add lines 41, 42, and 43 to line 39 or 40, wh	nichever applies			44	4	10,255.	
Part \	Tax and Payments	· · · · · · · · · · · · · · · · · · ·						
45 a	Foreign tax credit (corporations attach Form 1118,	, trusts attach Form 1116)	45a					
b	Other credits (see instructions)		45b					
С	General business credit Attach Form 3800		45c		7			
d	Credit for prior year minimum tax (attach Form 88)	01 or 8827)	45d		7			
е	Total credits Add lines 45a through 45d				45	е		
46	Subtract line 45e from line 44				46	6	10,255.	
47	Other taxes Check if from Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Othe	?f (attach schedule) 47	7		
48	Total tax. Add lines 46 and 47 (see instructions)	48	В	10,255.				
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2			49	9	0.	
50 a	Payments A 2017 overpayment credited to 2018		50a					
b	2018 estimated tax payments		50b					
С	Tax deposited with Form 8868		50c	12,500	.			
d	Foreign organizations Tax paid or withheld at sour	rce (see instructions)	50d		1			
е	Backup withholding (see instructions)		50e		1			
f	Credit for small employer health insurance premiur	ms (attach Form 8941)	50f					
g	Other credits, adjustments, and payments F	orm 2439						
	Form 4136 0	Other Total	▶ 50g					
51	Total payments. Add lines 50a through 50g				51	1	12,500.	
52	Estimated tax penalty (see instructions). Check if F	form 2220 is attached 🕨 🔙			52	2		
53	Tax due If line 51 is less than the total of lines 48 ,	49, and 52, enter amount owed		•	- 53			
54	Overpayment If line 51 is larger than the total of li			>	- 54	1	2,245.	
55	Enter the amount of line 54 you want Credited to			Refunded 🕨	- 55	5	0.	
Part \	I Statements Regarding Certain	Activities and Other Inform	ation (see insti	ructions)				
56	At any time during the 2018 calendar year, did the	•		-			Yes No	
	over a financial account (bank, securities, or other)							
	FinCEN Form 114, Report of Foreign Bank and Fina	ry						
	here						 	
57	During the tax year, did the organization receive a		or transferor to, a	foreign trust?			 	
	If "Yes," see instructions for other forms the organization may have to file							
58	Enter the amount of tax-exempt interest received of Under penalties of perjury, I declare that I have examine	ed this return, including accompanying schedules	and statements, and	to the hest of my ki	nowledo	e and helief it	IS True	
Sign	correct, and complete Declaration of preparer (other that	an taxpayer) is based on all information of which C	reparer has any know	ledge	.s.aug	- aa boner, it		
Here	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		,	RS discuss the				
	Signature of officer		oarer shown be					
	Print/Type preparer's name	Date Title Preparer's signature	Date	Check		PTIN		
	Trinibrype preparer smalle	i reparer a signature	Date	self- employe	- 1	. 114		
Paid	CASSE TATE	CASSE TATE	11/12/19			P0127	1193	
Prepa	F VCM DICTMECO			Firm's EIN		35-21		
Use C	P.O. BOX 4			1 3 ENV				
	Firm's address INDIANAPOI			Phone no	(31	7) 580	0-2000	
823711 01			· · · · · · · · · · · · · · · · · · · 	.!	<u> </u>		990-T (2018)	
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