Form IT-20NP Indiana Department of F State Form 148 Indiana Nonprofit Organization Unrelated E	Business Income Tax Ret	urn	201
(R10 / 8-11) Fiscal Year Beginning 2011 and I	Ending		
Check box if amended.		ox if name changed.	
Name of Organization		Federal Identification Number	er (FID)
Number and Street	Indiana County or O.O.S.	rincipal Business Activity Code	
City State	ZIP Code	Telephone Number	
		()	
K Check all boxes that apply:	In Bankruptcy	Schedule M	
L Do you have on file a valid extension of time to file your return (federal Form 700			No
Due Date: 15th day of the fifth month following close of the tax year.			
Adjusted Gross Income Tax Calculation on Unrelated Business Income			,
1. Unrelated business taxable income (before NOL) deduction and specific ded	uction from federal return	Round all en	tries
Form 990T (attach Form 990T); use minus sign for negative amounts		. 1	00
2. Specific deduction (generally \$1,000; see instructions)			00
3. Interest on U.S. government obligations on the federal return less related exp			00
4. Deduction for qualified patents income		4	00
5. Enter total from lines 2 through 4		. 5	00
6. Subtotal for unrelated business income (subtract line 5 from line 1)		. 6	00
7. Indiana modifications. See instructions.			
(Use a minus sign to denote negative amounts.)		. 7	00
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportion	ing, enter same		
amount on line 10.)		. 8	00
9. Enter Indiana apportionment percentage, if applicable, from line 8 of IT-20 So	chedule E apportionment		%
(attach schedule)			00
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise	-		00
11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-			00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10)			00
13. Taxable income from other forms (Form 1120-POL)			00
14. Subtotal (add lines 12 and 13)			00
15. Indiana tax on unrelated business income (multiply line 14 by tax rate). See in			00
16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Workshee			00
17. Total tax due (add lines 15 and 16)	lotal lax	17	00
Credit for Estimated Tax and Other Payments			
18. Quarterly estimated tax paid: Qrt. 1 Qrt. 2 Qtr. 3			00
19. Amount paid with extension			00
20. Amount of overpayment credit (from tax year ending))			00
21. Enter name of other credit		21b	00
22. Total credits (add lines 18, 19, 20, and 21)			00
23. Balance of tax due (line 17 minus 22; if line 22 is greater than line 17, proceed			00
24. Penalty for the underpayment of income tax. Attach Schedule IT-2220		. 24	00
25. Interest: If payment is made after the original due date, compute interest		25	00
26. Penalty: If paid late, enter 10% of line 23; see instructions. If line 17 is zero, e			
due date.		. 26	00
			00
27. Total payment due (add lines 23 through 26). (Payment must be made in U.S.	-		
 28. Total overpayment (line 22 minus lines 17, 24-26) 29. Amount of line 28 to be refunded 			00
30. Amount of line 28 to be applied to the following year's estimated tax account		. 30	00

You must go to the certification and authorization section on page 2 to complete this return.



IT-20NP 2011

Indiana Department of Revenue Indiana Nonprofit Organization Unrelated Business Income

Additional Ex State Form 49189 (R10 / 8-11)	xplanation or Adjustment		
Line (a)	Explanation (b)	Amount (c)	

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the Department to discuss	my return with my personal rep	oresentative (see page 11) 🛛 🗌 Yes 🔲 No								
		Organization's E-mail address EE	Organization's E-mail address EE							
		Paid Preparer: Firm's Name (or you	Paid Preparer: Firm's Name (or yours if self-employed)							
Signature of Officer	Date	Check One: []Federal ID Number	er []PTIN OR []Social Security Number							
Print or Type Name of Officer	Title									
Personal Representative's Name (Print	t or Type)	Telephone Number								
Telephone Number		Address								
Address		City								
City		State	ZIP Code + 4							
State ZIP	Code + 4	Paid Preparer's Signature	Date							

Sales/Use Tax Worksheet List all purchases made during 2011 from out-of-state companies.						
Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)		Column C Purchase Price			
Magazine subscriptions:						
Mail order purchases:						
Internet purchases:						
Other purchases:						
1. Total purchase price of property subject to the sales/use tax	1C					
2. Sales/use tax: Multiply line 1 by .07 (7%)	2C					
3. Sales tax previously paid on the above items (up to 7% per item)	3C					
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20 negative, enter zero and put no entry on line 16 of the IT-20NP	4C					

Please mail your forms to: Indiana Department of Revenue PO Box 7228 Indianapolis, IN 46207-7228



Schedule E		Indiana Department of Revenue
Form IT-20/20S/20NP/IT-65		Apportionment of Income for Indiana
State Form 49105 (R10 / 8-11) Name as shown on r	For Tax Year Beginning eturn	2011 and Ending Federal Identification Number

Each filing entity having income from sources both within and outside Indiana must complete an apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

Part I - Indiana Apportionment of Adjusted Gross Income

Sales/Receipts (less returns and allowances)

Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.

	Column A Total Within Indiana	Column B Total Within and Outside Indiana	Column C Indiana Percentage
Sales delivered or shipped to Indiana:			
1. Shipped from within Indiana	00		
2. Shipped from outside Indiana	00		
Sales shipped from Indiana to:			
3. The United States government	00		
 Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272) 	00		
5. Interest & other receipts from extending credit attributed to Indiana	00		
6. Other gross business receipts not previously apportioned	00		
 Total Receipts: Add column A receipts lines 1A through 6A and enter in line 7A. Enter all receipts on line 7B 	7A 00	7В 00	
Apportionment of income for Indiana:			
8. Apportionment Percentage: Divide line 7A by line 7B (insert as per	rcent, not decimal)		8 . %

Part II - Business/Other Income Questionnaire

1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. This section must be completed - attach additional sheets if necessary.

(a) Location City and State	(b) Nature of Business Activity at Location	(c) Ac Or Yes	cepts ders? No	(d) Reg to Do Bu Yes	istered usiness? No	(e) Files in S Yes	Returns tate? No	(f) l Yes	Property eased? No	/ in State (g) (Yes	Owned? No

2. Briefly describe the nature of Indiana business activities, including the exact title and principal business activity of any partnership in which the taxpayer has an interest:

3. Indicate any partnership in which you have a unitary or general partnership relationship:

4. Briefly describe the nature of activities of sales personnel operating and soliciting business in Indiana:

5. Do Indiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government; or (2) locations where this taxpayer's only activity in the state of the purchaser consists of the mere solicitation of orders? $\Box Y \Box N$ If no, please explain:

6. List the source of any directly allocated income from partnerships, estates, and trusts not in the taxpayer's apportioned tax base:

