Form <b>990-T</b>	E>	OMB No 1545-0047									
'Ser	For cale	ndar year 2019 or other tax year begin									
Department of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information										
Internal Revenue Service	<b>▶</b> Do	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)  Open to Public Inspection for 501(c)(3) Organizations Only									
A Check box if address changed		Name of organization ( Check bo	x if na	me changed and see instruction	s)		yer identification number yees' trust, see instructions )				
B Exempt under section	1	ANTHEM FOUNDATION,	INC.								
X 501( C <b>10</b> 3)	Print	Number, street, and room or suite no i	faPO	box, see instructions		35-21	.22763				
408(e) 220(e	Type	Type (See instructions )									
408A530(a		220 VIRGINIA AVENUE	(386 1113	indictions )							
529(a)	1	City or town, state or province, country		ZIP or foreign postal code							
C Book value of all assets at end of year	<u></u>	INDIANAPOLIS, IN 462					····				
·		up exemption number (See instructi			<del></del>		<del></del>				
		eck organization type   X   501		···	) trust	401(a) t					
	•	inization's unrelated trades or busine	sses		<del></del>	•	(or first) unrelated				
trade or business he					•		than one, describe the				
,		end of the previous sentence, cor	nplete	Parts I and II, complete a S	ichedule M for ead	ch addition	al				
trade or business, th			-1 - 4 -								
		corporation a subsidiary in an affili			controlled group?		▶ Yes X No				
J The books are in car		Identifying number of the parent cor	porau		ne number ▶ 31	7-488-	6000				
		or Business Income		(A) Income	(B) Expen		(C) Net				
1a Gross receipts or				(A) monie	(B) Expen		(C) Net				
b Less returns and allow		c Balance ▶	1c		ļ , ·	• .					
		ule A, line 7)	2								
		2 from line 1c	3			1	· · · · · · · · · · · · · · · · · · ·				
		ittach Schedule D)	4a		-	<del>-                                    </del>					
		Part-H, Jine 17) (attach Form 4797)	4b								
CapitaNessed			4c								
		r an \$-corporation (attach statement)	5		./~.						
6 Rent Nonthe (Sc			6								
7 Unrelated debt-fi	nanced in	conte (Schedule E)	7								
8 Interest, annuities, roy	aittes, and re	nte frema controlled organization (Schedule F)	8								
9 Investment on E	15pc/61 35	1(c)(7), (8), or (17) organization (Schedule G)	9								
		ncome (Schedule I)	10								
11 Advertising incor	ne (Sched	fule J)	11								
		tions, attach schedule)	12			<u> </u>					
13 Total. Combine li	nes 3 thr	ough 12	13	0.							
		Taken Elsewhere (See instr		ons for limitations on c	leductions ) ([	Deductio	ns must be directly				
		ne unrelated business incom									
		directors, and trustees (Schedule K)									
15 Salaries and wag	es			· · · · · · · · · · · · · · · ·		. 15					
		<i>. f.</i>									
		<i></i>									
		(see instructions)									
						· · <u>19</u>					
		4562)			<del></del>						
		on Schedule A and elsewhere on re				21b					
		/									
		compensation plans					<u> </u>				
		Schodulo I)					<u> </u>				
		Schedule I)									
		chedule)									
		s 14 through 27									
/		le income before net operating									
		ig loss arising in tax years beginnin									
/	•	e income Subtract line 30 from line	-	• • •							
		Notice, see instructions.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Form <b>990-T</b> (2019)				

Form	(990-L(2019) ANTHEM FOUNDATION, INC.	35-2122763	Page 2
	rt ∰ Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	•	
	instructions)	. 32	
33	Amounts paid for disallowed fringes	. 33	
34	Charitable contributions (see instructions for limitation rules)	. 34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	. 35	0 .
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37		
	enter the smaller of zero or line 37	. 39	0.
Pai	rt IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶ 40	
41	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on		
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	▶ 41	
42	Proxy tax. See instructions		
43	Alternative minimum tax (trusts only)	. 43	
44	Tax on Noncompliant Facility Income See instructions	. 44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45	
Par	t V Tax and Payments		
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
þ	Other credits (see instructions)	] [	
С	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827),		
е	Total credits. Add lines 46a through 46d	. 46e	
47	Subtract line 46e from line 45	. 47	
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	. 48	
49	Total tax. Add lines 47 and 48 (see instructions)	. 49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	. 50	
51 a	Payments A 2018 overpayment credited to 2019		
b	2019 estimated tax payments	_	
		_	
d	Foreign organizations Tax paid or withheld at source (see instructions)		
e		_	
	Credit for small employer health insurance premiums (attach Form 8941) 51f	_	
9	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 51g		
52	Total payments Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	_ 53	
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		
56	Enter the amount of line 55 you want		
	Statements Regarding Certain Activities and Other Information (see instruction		Yes No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature		163 140
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	· .	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts if "Yes," enter the name of the	e foreign country	x
E0	here >	rough tough?	- X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	reign trust/ [	
50	If "Yes," see instructions for other forms the organization may have to file		
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year > \$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	e best of my knowledge a	nd belief, it is
Qi~.	true, correct, and complete Dec 39885 97878 200 (other than taxpayer) is based on all information of which preparer has any knowledge	united	
Sig:		May the IRS discuss	
116		with the preparer sho (see instructions)?X Yes	
	Print/Type prengret's name Preparet's signature Date	PTIN	1 110
Paid	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eck if P0127	79475
	parer Similarama NRKD LLP	m's EIN ► 44-0160	
Use		one no 317.383.4	
	Fillis address   201 ft. Indianolo official, Indianolo, in 40204   Phi	one no OI/.JOJ.4	300

Form 990-T (2019)					<del> </del>	Page 3					
Schedule A - Cost of Go	ods Sold. Er	ter method	of inventory valuation	<b></b>							
<ol> <li>Inventory at beginning of year</li> </ol>	6 Inventory	at end of yea	ar	6							
2 Purchases											
3 Cost of labor	Cost of labor				6 from line 5 Enter here and in Part						
4a Additional section 263A co	osts		I, line 2	I, line 2							
(attach schedule)	. 4a		8 Do the								
<b>b</b> Other costs (attach schedul				property produced or acquired for resale) apply							
5 Total Add lines 1 through			to the org	anization? .	<u> </u>	<u>x</u>					
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal Property	Leased V	Vith Real Prope	rty)					
(see instructions)											
Description of property											
(1)											
(2)											
(3)											
(4)											
	2 Rent recei	ved or accrue	ed								
(a) From personal property (if the p for personal property is more than more than 50%)	rom real and personal property age of rent for personal property if the rent is based on profit or	exceeds	directly connected with the income 2(a) and 2(b) (attach schedule)								
(1)											
(2)											
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of co		•			(b) Total deduction Enter here and on	page 1,					
here and on page 1, Part I, line 6,					Part I, line 6, colur	mn (B) 🕨					
Schedule E - Unrelated De	ebt-Financed li	ncome (se	e instructions)	2 6	Saduations dispatily and	and with as allegable to					
			2 Gross income from or	3 (	3 Deductions directly connected with or allocable to debt-financed property						
· · · · · · · · · · · · · · · · · · ·			allocable to debt-financed property		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)					
(1)				(atta	ion soneduc)	(attach schedule)					
(1) (2)	<del></del>			<del></del>							
(3)			<del> </del>								
(4)	<del></del>		·								
4 Amount of average	5. Average adjus	sted basis				<del></del>					
acquisition debt on or allocable to debt-financed property (attach schedule)  acquisition debt on or of or allocable to debt-financed property (attach schedule)			6 Column 4 divided by column 5	7 Gross (columi	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))						
(1)		<u>-</u>	%								
(2)			%								
(3)			%								
(4)			%		_						
					e and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)					
Totals											

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Schedule F - Interest, Anni			pt Contro			<u> </u>		JOG MIGHTUON	9110)		
1 Name of controlled organization	2 Employer identification numb	Je:	3 Net unrelated inco (loss) (see instruction		ome 4 Total o		fied includ	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)					<u> </u>					<u> </u>	
Nonexempt Controlled Organiz	ations										
7 Taxable Income	8. Net unrelated income (loss) (see instructions)		9 Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income		11 Deductions directly connected with income in column 10				
(1)											
(2)									<u></u>	_ <del></del>	
3)											
(4)											
Totals			:::::: c)(7), (9),	or (17	▶ ′) Orga	En Pa	dd columns ter here and in 1, line 8, c On (see II	on page 1, olumn (A)	En	dd columns 6 and 11 ter here and on page 1, int 1, line 8, column (B)	
1 Description of income	2 Amount of income		di	3 Deductions directly connected (attach schedule)			4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)		
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 9, column (A)		,	•			:			Enter here and on page Part I, line 9, column (B	
Totals	mpt Activity In	come, Oth	er Than	Advert	ising In	come	(see ins	tructions)			
. 1 Description of exploited activity	2 Gross unrelated business income from trade or business  3 Expense directly connected w production unrelated business income		with or	2 minus column 3)		from is n	5 Gross income from activity that is not unrelated business income 6 Expe		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		<del>-</del>	<del></del> -								
(2)										<del> </del>	
(3)		<del></del>						<del>                                     </del>		<del>-  </del>	
(4)										+	
	Enter here and on page 1, Part I, Inne 10, col (A) Inne 10, col (C)		arti, 🛅					,	Enter here and on page 1, Part II, line 25		
Totals ▶		<u>.</u>						<u>·</u>		<u></u>	
Schedule J-Advertising In	<u>-</u>										
Part I Income From Peri	odicals Report	ted on a Co	<u>onsolidat</u>	ed Bas	sis					<del> </del>	
1. Name of periodical	2 Gross advertising income	3 Oirec advertising	costs 2	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		6 Reade	,	7. Excess readership costs (column 6 minus column 5, bu not more than column 4)	
(1)											
(2)				, -				<del>                                     </del>			
(3)											
(4)				•						<del>                                     </del>	
· · · · · · · · · · · · · · · · · · ·		<del></del>								T	
Totals (carry to Part II, line (5))		<u></u>								Form 990-T (201	

Part II Income From Per 2 through 7 on a			rate Basis (For	each periodical	l listed in Part II	, fill in columns
2 Gross 1 Name of periodical advertising income		3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		,		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)				٠.	·	1
Schedule K - Compensatio		irectors, and Tr	ustees (see instr	uctions)		•
1. Name	2	Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
(1)				%		
(2)				%		
(3)				%		
(4)				%		

## ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC \$512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.