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Form	990-T	E	empt Organization (and proxy tax						ırn	L	OMB No	1545-0047
,,		For cale	danid proxy tax ndar year 2019 or other tax year begin						201	9	<u>୬</u> ଜ	<b>10</b>
٠,	the Treasure	FOI Cale	Go to www.irs.gov/Form990						20_		<u>Æ(</u>	פוש
	rtment of the Treasury al Revenue Service	▶Do	not enter SSN numbers on this form a						(c)(3)	, r	Open to Put 501(c)(3) Or	olic Inspection for ganizations Only
A	Check box if				me changed				Ď	Employ		ition number
	address changed									(Employ	ees uust, see	instructions )
	empt under section	l <b>_</b>	FAEGRE BAKER DANIEL	S FO	UNDATIO	N_			_			
X	501( C()(/3 )	Print or	Number, street, and room or suite no	f a P O	box, see ins	tructio	ons				66405	
	408(e) 220(e)	Туре	HELLS ENDSO OFNIEED	00 0	7011 00		200		E		t <b>ea busines:</b> tructions )	s activity code
	408A530(a)		WELLS FARGO CENTER  City or town, state or province, countr						-			
C Bo	529(a) ok value of all assets	1	MINNEAPOLIS, MN 554	•	•	posta	ii code					
	end of year	F Gro	up exemption number (See instruct									
	52,636.	-	ck organization type X 501				501(c	trust	4	01(a) t	rust	Other trust
H E		•	nization's unrelated trades or busine				1,55.45				(or first) uni	
		_	TTACHMENT 1				f only one,	complete Parts		•		
			end of the previous sentence, con	mplete	Parts I and	_	•	•			·-	
	ade or business, th										<del></del>	
I D	uring the tax year,	was the	corporation a subsidiary in an affil	ated g	roup or a pa	rent-	subsidiary o	controlled group	?		▶∟	Yes X No
			identifying number of the parent co	rporati	on 🕨				1.0	766	7000	
	he books are in care				T			e number ▶ 6				<u> </u>
			or Business Income		(A)	Inco	me	(B) Expe	enses	•	(	C) Net
1a	•			١								
b			c Balance ▶	1c 2				•				
2 3	=		ule A, line 7)	3				-				<del>-/</del>
4a	•		ttach Schedule D)	4a	ſ			-N/CD	_			/
b			Part II, line 17) (attach Form 4797)	4b			RLC	<del>LIVED</del>				
c	•		rusts	4c		$\overline{\Box}$			S			
5			r an S corporation (attach statement)	5	Ï	ली	MAY	<b>8</b> 2020	Q A	1		
6	Rent income (Sch	edule C)		6		a)			18%			
7	Unrelated debt-fi	nanced in	come (Schedule E)	7		_	000	EN, UT		<u> </u>		
8	Interest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)	8		L	000		$\neq$	]		
9			1(c)(7), (9), or (17) organization (Schedule G)						_			
10	•	•	ncome (Schedule I)	10								
11	_	-	fule J)	11								
12	•		tions, attach schedule)	12								
13 Pa			Taken Elsewhere (See insti		ns for lin	nıtat	ens on d	eductions )	(De	ductio	ns must	he directly
. α			ne unrelated business incom		ا ا ا ا ا ا ا ا ا ا			,	,50	<b>u</b> uoo		oo an oony
14			directors, and trustees (Schedule K)		/					14		
15										1 1		
16			/									
17	Bad debts					<i>:</i> .				17		
18			(see instructions)							18		
19			<i></i>					. <b></b> .		19		
20			4562)									
21			on Schedule A and elsewhere on re							21b		<del></del>
22	Depletion	4060				٠.	• • • • •	· · · · · · · ·	• •	22		
23 24			compensation plans							23		
24 25			Schedule I)									
25 26			chedule J)									
27			chedule)									
28			s 14 through 27									
29			le income before net operating							29		
30			g loss arising in tax years beginnir									
31			e income Subtract line 30 from line	29 .	<u></u>		<u> </u>	<u></u>		31		
Fŏr			lotice, see instructions.									990-T (2019)

	990-T (2019)			Page 4
Par	t M Total Unrelated Business Taxable Income			
32	fotal of unrelated business taxable income computed from all unrelated trades or businesses (see			
	ınstructions)	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			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	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	) <del>   </del>		1,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	`. <del> </del>		
33	enter the smaller of zero or line 37			0
Par	t IV Tax Computation	100		
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	<b>40</b>		
40				
41		- I - I		
40			<del></del>	
42	Proxy tax. See instructions			
43	Alternative minimum tax (trusts only)			
44	Tax on Noncompliant Facility Income. See instructions			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
Par		$\top$	<del></del>	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	-		
	Other credits (see instructions)	-		
	General business credit Attach Form 3800 (see instructions)	- 1		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	!		
е	Total credits. Add lines 46a through 46d			
47	Subtract line 46e from line 45			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)			
49	Total tax. Add lines 47 and 48 (see instructions)			0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
	Payments A 2018 overpayment credited to 2019	. I		
	2019 estimated tax payments	4		
C	Tax deposited with Form 8868	_		
d	Foreign organizations Tax paid or withheld at source (see instructions)	4 1		
е	Backup withholding (see instructions)	<b> </b>		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	_		
g	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	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want	56		
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	ns)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of	r other	authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r	nay hav	e to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the			1
	here ▶			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust	2	X
	If "Yes," see instructions for other forms the organization may have to file	•		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of m	y knowledge an	d belief, it
(Sigi	(nue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Her		•	IRS discuss to preparer sho	
		see instruction	· ·	
	Print/Type preparer's name Preparer's signature Date	TT	PTIN	
Paid	Che	ck llf -employed		9475
Prep	parer	's EIN ▶	44-0160	
Use	Only  Firm's address > 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204  Pho			

Form 990-T (2019) Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation 6 6 Inventory at end of year . . . . . . . Inventory at beginning of year . | 1 Purchases . . . . . . . 2 2 Cost of goods sold. Subtract line Cost of labor . . . . . . . . . 3 6 from line 5 Enter here and in Part 4a Additional section 263A costs (attach schedule) . . . . . 4a Do the rules of section 263A (with respect to Yes No b Other costs (attach schedule) . 4b property produced or acquired for resale) apply Х Total. Add lines 1 through 4b . 5 to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (b) From real and personal property (if the 3(a) Deductions directly connected with the income (a) From personal property (if the percentage of rent in columns 2(a) and 2(b) (attach schedule) percentage of rent for personal property exceeds for personal property is more than 10% but not 50% or if the rent is based on profit or income) more than 50%) (1) (2) (3) (4) Total Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) . . . . . ▶ Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1 Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4 Amount of average 5 Average adjusted basis 6. Column 8 Allocable deductions acquisition debt on or of or allocable to 7 Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) (1) % % (2) % (3) % (4) Enter here and on page 1, Part I, line 7, column (B) Enter here and on page 1, Part I, line 7, column (A)

▶

Total dividends-received deductions included in column 8

Schedule F - Interest, Ann	uities, Royalties	· ·				ti <b>ons</b> (se	e instructi	ons)	
		Exem	pt Controlled	Organizati	ons	,			
1 Name of controlled organization	2 Employer identification number	51	t unrelated income ) (see instructions)	I	of specified ents made	ıncluded	f column 4 ti in the contr ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)									
(2)						_			
(3)									
(4)									
Nonexempt Controlled Organiz	zations	,_		_	·				
, 7 Taxable Income :-	8 Net unrelated in (loss) (see instruct		9 Total of spe payments m	_	includ	rt of column ed in the co ation's gros	ntrolling -		I. Deductions directly _ inected with income in column 10
(1)									
(2)									
(3)									
(4)					ļ				
Totals			;)(7), (9), or (		Enter Part	columns 5 a here and on , line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	income	directly	ductions connected schedule)			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)			ļ						
(3)	<u> </u>		_						
(4)	Enter here and o								Enter here and on page 1,
Totals	Part I, line 9, co				ncome (	see instru	ictions)		Part I, line 9, column (B)
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expension directly connected production unrelated business income.	from unr or busing 2 minus of If a gair	come (loss) elated trade ess (column column 3) , compute through 7	from ac	is income itivity that unrelated is income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					į.				
(2)			,						
(3)			·						
(4)									
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,						Enter here and on page 1, Part II, line 25
Totals ▶  Schedule J- Advertising Ir	ICOME (see instri	ictions)						•	
Part I Income From Per			nsolidated F	lasis					
income i fom i ei		ca on a oc	msonuateu L	u313	T				
1 Name of periodical	2 Gross advertising income	3 Direct advertising o	gain or costs 2 minu a gain,	vertising (loss) (col s col 3) If compute through 7	1	culation come	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									Í
(4)									
Totals (carry to Part II, line (5))									
									Form 990-T (2019)

Page 5

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership gain or (loss) (col costs (column 6 2 Gross 3 Direct 2 minus col 3) If a gain, compute cols 5 through 7 5 Circulation 6 Readership minus column 5, but 1 Name of periodical advertising advertising costs income costs not more than ıncome column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 26 Totals, Part II (lines 1-5) .

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14.			

Form **990-T** (2019)

## 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.