Descriment death Tracky Internal Network Note	Form 990-T	E	empt Organization (and proxy tax	Bus	siness Income der section 6033(Tax Retui	'n	OMB No 1545-0047
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Name	Department of the Treasury	l					L	
Check book Sortice Check book Check book of name changed and see instructions) Check book Check b		▶ Do					:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
Section Color Co			Name of organization (Check be	ox if nai	me changed and see instruction	is)		yer identification number
Solid Soli	/ /]	THE INDIANAPOLIS FO	UNDA	TION INC.	<u></u>		
dega 20(e) Type 615 NORTH ALABAMA STREET 30.0 Service 10 Service	X 501(C(x) 3)		Number, street, and room or suite no. I	f a P O	box, see instructions		45-46	518430
Sole	408(e) 220(e							
Boba valued of all assets INDITANAPOLIS, IN 46204	408A530(a)				300	(566 113	ni octiona /
at end of year 30 6, 83 8, 08 3. G Check reganization number (See instructions.) ≥ 30 6, 83 8, 08 7. G Check organization type ≥ X 501(c) corporation H Enter the number of the organization variety and trade or businesses ≥ NONE Describe the only (or first) unrelated trade or business here ≥ ATCH 1 If only one, complete Parts I-V if more then one, describe the first in the blank space at the end of the previous sentence, complete Parts I-V if more then one, describe the first in the blank space at the end of the previous sentence, complete Parts I-V if more then one, describe the first in the blank space at the end of the previous sentence, complete Parts I-V if more then one, describe the first in the blank space at the end of the previous sentence, complete Parts I-V if more then one, describe the first in the blank space at the end of the previous sentence, complete Parts I-V if more then one, describe the first in the blank space at the end of the previous sentence, complete Parts II-V if more then one, describe the first in the blank space at the end of the previous sentence, complete Parts II-V if more then one described the first interest in the previous sentence of the previous sentence and described or business. The previous sentence in the previous sentence and described previous sentence in the previous sentence and described previous sen		1	·	-	ZIP or foreign postal code			
306, 938, 088. G Check organization type. ▼ Story to proportion Story or the complete parts (1) the story of the companization type. ▼ Story organization t		<u></u>						
H. Enter the number of the organization's unrelated trades or businesses. ► NONE Describe the only for first) unrelated trade or business here. ► ATCH 1 (If only one, complete Parts I-V) If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule Mor cach odditional trade or business, then complete Parts III-V) During the tax year, was the complete Parts III-V During the tax year, was the compretice Parts III-V To brooks are in care of ▶JENNITER BARTENBACH Telephone number ▶ JENNITER BARTENBACH Telephone number ▶ 317 − 634 − 2423 ■ Telephone number ▶ JENNITER BARTENBACH Telephone number ▶ 317 − 634 − 2423 ■ Telephone number ▶ JENNITER BARTENBACH Telephone number ▶ 317 − 634 − 2423 ■ Telephone number ↑ 317 − 634 − 2423 ■ Telephone number ↑ 317 − 634 − 2423 ■ Telephone number ↑ 317 − 634 − 2423 ■ Telephone number ↑ 317 − 634 − 2423 ■ Telephone number ↑ 317 − 634 − 2423 ■ Telephone number ↑ 317 − 634 − 2423 ■ Telephone number ↑ 317 − 634 − 2423 ■ Telephone number	306 030 003			<u>-</u> _	· · · · · · · · · · · · · · · · · · ·	 	1	
trade or business here ▶ ATCH I If only one, complete Parts I-V If more than one, 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, their complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶ Yes X No III-Yes, "enter the name and identifying number of the parent corporation ▶ The books are in care of ▶ENNIFER BARTENBACE Telephone number ▶ 317-634-2423 Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 Gross recepts or sales b Lass returns and althourses 1 Lass returns and althourses 1 Lass returns and althourses 1 Lass returns and althourses 2 Loss of goods soid (Schedule A, Ine 7), 2 2 3 Gross profit Subtract line 2 from line 1c 3 4 La Captatia gain net income (Edhadule Schedule D) 4 Shet gain (Ioss) (Farm 4797, Part II, line 17) (attach Form 4797), 4b 1 Captal loss deduction for trusts 1 Increase (sos) from a partnershor or 65 comprisens (witch satterness) 5 Increase (sos) from a partnershor or 65 comprisens (witch satterness) 5 Increase (sos) from a partnershor or 65 comprisens (witch satterness) 5 Increase (sos) from a partnershor or 65 comprisens (witch satterness) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule B) 10 Exploited exempt a christy income (Schedule B) 11 Advertising income (Schedule A) 12 Other income (Schedule A) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and frustees (Schedule K) 15 Repairs and maintenance 16 Repairs and maintenance 17 Increase (Interess) 18 Interess (state Partnerss) 19 Dependent (spartnerss) 19 Dependent (spartnerss) 19 Dependent (spartnerss) 20 Expense seempt expenses (Schedule I) 21 Less de decistion of the first of the satterness of the sa		1.5 5						
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				29 .	<u> </u>	<u> </u>	. 37	Form 990-T (2019)

	Tablillanded During T			age 4
Pa	t III 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	"		Ť
00	, , , , , , , , , , , , , , , , , , , ,	1 26		
27	instructions)			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	$\overline{}$		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		
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	t 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).			
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				
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a]		
b	Other credits (see instructions)]		
C	General business credit Attach Form 3800 (see instructions)	ji		
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			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).			_
49	Total tax. Add lines 47 and 48 (see instructions)			Ö.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			<u> </u>
		30		
51 a		ł		
	2019 estimated tax payments	• •		
	Tax deposited with Form 8868			
d	Foreign organizations Tax paid or withheld at source (see instructions)	1 1		
е	Backup withholding (see instructions)	!		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	<u> </u>		
g	Other credits, adjustments, and payments Form 2439	1 1		
	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 Credited to 2020 estimated tax	56		
Par			· · · · · · · · · · · · · · · · · · ·	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		~~, 	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have to	file 4	1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign cour	ntry	
	here >			(
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	x	ζ
	If "Yes," see instructions for other forms the organization may have to file			Ī
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$. 1
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bi	est of my know	ledge and belief.	11 15
Sigr	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	·		
Her	- IR VOAAAAAA K KU TOLAMUU III /15/2020 PEVECUTTVE VP AND CEO	-	scuss this retu	
1161		h the prepare instructions)? X	er shown belo	
	1 7 1 · · · · · · · · · · · · · · · · ·			No
Paid	Check	(L)	ΠN 01070475	
Prep	NICOLE B FISHBACK NCOL P 123 Wack 11/13/2020 self-el		01279475	
-	Only Firm's name DRD, DDF	EIN ▶ 44-		
	Firm's address > 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204 Phone	no 317.3	33.4000	

%

% %

Enter here and on page 1,

Part I, line 7, column (A)

Form 990-T (2019)

Enter here and on page 1,

Part I, line 7, column (B)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

	··			om Contro			(00				
1 Name of controlled organization	2 Employer identification number	per 3 N	3 Net unrelated income (loss) (see instructions)		4 Total of specific payments made		I Included in the controlling		olling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
4)							•				
Nonexempt Controlled Organi	zations					· · · · · · · · · · · · · · · · · · ·					
7. Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific payments made	ed	includ	rt of columned in the co cation's gros	introlling		Deductions directly nected with income in column 10	
1)											
(2)											
(3)											
(4)											
						Enter	columns 5 a here and on , line 8, colu	page 1,	Ent	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Totals			<u> </u>	<u> </u>	<u> ▶</u>	L					
Schedule G-Investment Ir	ncome of a Sec	ction 501(c)(7),			nization	(see ins	tructions)	r	F	
1. Description of income	2 Amount of	income		3. Deduct directly con (attach sch	nected			et-asides i schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
2)			-								
3)									_		
4)	Enter here and	00 0000 1								Enter hare and an nage	
	Enter here and Part I, line 9, c			-		•				Enter here and on page Part I, line 9, column (B	
Totals		O4h	- Th		-: lu	/		-1 \			
Schedule I-Exploited Exe	mpt Activity in	come, Oth	erin	an Adverti	sing in	come (see instru	ctions)		1	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business ind	r with n of d	4 Net incomfrom unrelate or business (2 minus column colum	ed trade column imn 3) mpute	from ac	s income tivity that inrelated is income	6 Expering attributa columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)				<u> </u>						 	
2)					-						
3)											
4)											
Foliale B	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Par line 10, col	ırt I,						٠.	Enter here and on page 1, Part II, line 25	
^{rotals} ▶ Schedule J– Advertising In	COMA (see instr	uctions)								<u> </u>	
Part I Income From Peri			nsol	idated Bas	is						
are momerrom ren	Todicais Report	ca on a oc	711301	luateu Das	<u></u>		·	İ			
1. Name of periodical	2 Gross advertising income	3 Direc advertising o		4 Adverti gain or (loss 2 minus col a gain, con cols 5 throu	s) (col 3) If pute		culation ome	6 Reade costs	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)				- 6						·	
2)					-					•	
3)										4	
4)											

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Z through / on a	ilile-by-ilile basi	5./		<u> </u>		
1 Name of periodical	· 2 Gross 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 ▶			の名前にははいる	HEALTH STATES	要が存むが高	
Totals, Part II (lines 1-5) ▶	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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2019) .

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

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 STATUTE OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.