

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INDIANAPOLIS BAR FOUNDATION, INC.		D Employer identification number 23-7051780
	Doing business as		E Telephone number 317-269-2000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	140 N. ILLINOIS ST.		G Gross receipts \$ 695,229.
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46204		
	F Name and address of principal officer: JULIE ARMSTRONG SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.INDYBAR.ORG/ABOUT/BAR-FOUNDATION**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1968** **M** State of legal domicile: **IN**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE JUSTICE AND LEAD POSITIVE CHANGE IN INDIANAPOLIS THROUGH PHILANTHROPY, EDUCATION, AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	752,436.	459,327.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131,126.	76,092.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-41,591.	-31,581.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	841,971.	503,838.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	162,500.	147,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,785.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	154,246.	154,079.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	316,746.	301,079.	
19 Revenue less expenses. Subtract line 18 from line 12	525,225.	202,759.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,725,164.	End of Year 2,059,445.
	21 Total liabilities (Part X, line 26)	31,514.	16,669.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,693,650.	2,042,776.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	JULIE ARMSTRONG, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SHELLEY A. MATTALIANO, CPA	Preparer's signature SHELLEY A. MATTALIANO	Date 11/12/20	Check if self-employed <input type="checkbox"/>	PTIN P01278792
	Firm's name ▶ BGBC PARTNERS, LLP	Firm's EIN ▶ 20-5804172		Phone no. (317) 633-4700	
Firm's address ▶ 300 N. MERIDIAN ST. STE. 1100		INDIANAPOLIS, IN 46204			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No