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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

| For | calendar year 2010, or ta | ax year beginning | | , and ending | | |
|-----------|---|---|---------------------------------------|--|--|--|
| G | Check all that apply: | Initial return | Initial return of a fo | ormer public charity | Final return | |
| | | Amended return | Address chan | ge 🗶 | Name change | |
| Nai | me of foundation | | | | A Employer identification | number |
| | | NGINEERING COR | | | 26-2717997 | |
| Nur | , | umber if mail is not delivered to street | · · · · · · · · · · · · · · · · · · · | Room/suite | B Telephone number | 1.0 |
| <u></u> | | RTH MERIDIAN S | TREET | | 317-842-26 | |
| City | y or town, state, and ZIP o | | 60 | | C If exemption application is pe | _ |
| L | INDIANA | | | | D 1. Foreign organizations. 2. Foreign organizations medicheck here and attach cor | crieck nere |
| " | Check type of organization | · / <u>· /</u> | Other taxable private foundation | ation | 1 | |
| _ <u></u> | air market value of all asse | | | Accrual | E If private foundation stat under section 507(b)(1)(| |
| | rom Part II, col (c), line | · I | ther (specify) | Accidal | | . , |
| | | 624,814. (Part I, colu | | basis) | F If the foundation is in a 6 under section 507(b)(1)(| |
| | art Analysis of Reven | nue and Expenses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | The total of amounts | in columns (b), (c), and (d) may not amounts in column (a)) | expenses per books | income | income | for charitable purposes (cash basis only) |
| | 1 Contributions, gifts | , grants, etc., received | | | | · · · · · · · · · · · · · · · · · · · |
| | 2 Check X if the fe | oundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and cash investments | d temporary | | | | |
| | 4 Dividends and inter | est from securities | 18,687. | 18,687. | 18,687. | |
| | 5a Gross rents | | | | | |
| | b Net rental income or (lo | oss) | | <u>- </u> | | |
| Ð | 6a Net gain or (loss) from | sale of assets not on line 10 | -3,433. | | | |
| 2 | b Gross sales price for all assets on line 6a | <u>326,618.</u> | | | | |
| Revenue | 7 Capital gain net income | e (from Part IV, line 2) | | 0. | | |
| | 8 Net short-term cap | ital gain | | | | - |
| | 9 Income modificatio | | | | | |
| | 10a and allowances | | | | | |
| | b Less Cost of goods so | | • | | | |
| | c Gross profit or (loss | s) | | | | |
| | 11 Other income 12 Total Add lines 1 t | through 11 | 15,254. | 18,687. | 18,687. | |
| | 1 | ers, directors, trustees, etc | 0. | 10,007. | 18,007. | 0. |
| | 14 Other employee sal | | | <u> </u> | | 0. |
| | 15 Pension plans, emp | - | | - | | |
| ses | 16a Legal fees | STMT 1 | 51. | 51. | 0. | 0. |
| | · I | STMT 2 | 1,150. | 1,150. | | 0. |
| Exper | c Other professional | | | | | |
| | 17 Interest | | 933. | 933. | 0. | 0. |
| strative | 18 Taxes | STMT 3 | 100. | 100. | 0. | 0. |
| | 19 Depreciation and di | epletion | | | | |
| Admin | 20 Occupancy | | | | | |
| | 21 Travel, conferences | s, and meetings | 1 | | | |
| and | 22 Printing and public | at RECEIVED | | | | - |
| | 23 Other expenses | 10 | <u> </u> | ·· | | |
| rati | 24 Total operating(an | d administrative 2011 | | | | - |
| Operating | expenses. Add This | B F 1 | 2,234. | 2,234. | 0. | 0. |
| J | 125 Contributions lains | grants paid | 50,500. | | | 50,500. |
| | 26 Total expenses and | d d d d d d d d d d d d d d d d d d d | H [2 724] | 0 024 | | EA |
| _ | Add lines 24 and 25 | | 52,734. | 2,234. | 0. | 50,500. |
| | 27 Subtract line 26 fro | | -37,480. | | | • |
| | l . | r expenses and disbursements come (if negative, enter -0-) | -3/,400. | 16,453. | | |
| | c Adjusted net incon | | | 10,433. | 18,687. | |
| 0235 | | ine furnedanse' curei -n-) | L | | 10,007 | r 000 DE (00.10) |

Form **990-PF** (2010)

| P | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | year |
|---------------------------|-------|--|--------------------|----------------|---------------------------|
| 느 | | Column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Çash - non-interest-bearing | 6,342. | 6,253. | 6,253. |
| | 2 | Savings and temporary cash investments | | · | |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | 1 | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less; allowance for doubtful accounts | 1 | | |
| | 5 | Grants receivable | | | |
| | 1 - | Receivables due from officers, directors, trustees, and other | | | |
| | ľ | disqualified persons | | | |
| | ١, | Other notes and loans receivable | | | |
| | ′ | | 1 1 | | |
| | ١. | Less: allowance for doubtful accounts | - | | |
| Assets | ١. | Inventories for sale or use | | | |
| \ss | 9 | Prepaid expenses and deferred charges | | | |
| • | 1 | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock | | | |
| | C | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis |] | | |
| | İ | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 4 | 626,878. | 618,561. | 618,561. |
| | 14 | Land, buildings, and equipment; basis | | | |
| | | Less accumulated depreciation | 1 | | |
| | 15 | Other assets (describe ▶ | | | |
| | | , | | | |
| | 16 | Total assets (to be completed by all filers) | 633,220. | 624,814. | 624,814. |
| | | Accounts payable and accrued expenses | 333,223 | <u> </u> | <u> </u> |
| | 18 | Grants payable | | | |
| m | 19 | Deferred revenue | | | |
| Liabilities | 1 | | | | |
| Ē | | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Ľ | 21 | Mortgages and other notes payable | | | |
| | 22 | Other liabilities (describe) | l- | · · · · · · · | |
| | | T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | _ | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| es | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| 5 | 1 | Unrestricted | 633,220. | 624,814. | |
| alaı | 25 | Temporarily restricted | | | |
| Ä | 26 | Permanently restricted | | | |
| Ĕ | | Foundations that do not follow SFAS 117, check here | | | |
| ī | | and complete lines 27 through 31. | | | |
| S | 27 | Capital stock, trust principal, or current funds | | | |
| set | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| Net Assets or Fund Balanc | 30 | Total net assets or fund balances | 633,220. | 624,814. | |
| _ | | | | | |
| | 31 | Total liabilities and net assets/fund balances | 633,220. | 624,814. | |
| | | | | | |
| F | art | Analysis of Changes in Net Assets or Fund B | alances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 633,220. |
| 2 | | amount from Part I, line 27a | | 2 | -37,480. |
| | | r increases not included in line 2 (itemize) UNREALIZED | CATNS | | 29,074. |
| | | lines 1, 2, and 3 | OTITIO | 3 | 624,814. |
| | | eases not included in line 2 (itemize) | | 4 | |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, ci | olumn (h) line 20 | 5 | 0. 624,814. |
| <u>u</u> | ivid | THE COLORS OF THE DESCRIPTION OF YEAR (HITE 4 HITHUS HITE 3) - PAIL II, C | oranii (n) iiis ou | | Form 990-PF (2010) |
| | E 4 4 | | | | 101111 330-1-1 (2010) |

BOWEN ENGINEERING CORPORATION ENDOWMENT

26-2717997

Page 2

Form 990-PF (2010)

See the Part VI instructions.

| | | <u>6-2/1/</u> 19 - see i | | | 2age 4 |
|------------|--|-----------------------------|------|------|---------------------|
| | | 1 - See i | isuc | Cuor | 15) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | ł | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | . | | 1 | <i>c</i> |
| D | | 1 | | | <u>65.</u> |
| | of Part I, line 27b | | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | _ | | | ^ |
| _ | · · · · · · · · · · · · · · · · · · · | 2 | | 1 | $\frac{0.}{65.}$ |
| 3 | | 3 | | | |
| 4 | , | 4 | | 1 | $\frac{0.}{65.}$ |
| 5 | , | 5 | | | 05. |
| | Credits/Payments: 2010 estimated tax payments and 2009 overpayment credited to 2010 6a | | | | |
| | Exempt foreign organizations - tax withheld at source | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c | 1 | | | |
| | Backup withholding erroneously withheld 6d | | | | |
| | | 7 | | | 0. |
| | | 8 | | | <u> </u> |
| | | 9 | | 1 | 65. |
| 10 | • | 10 | | | 55. |
| | i i i i i i i i i i i i i i i i i i i | 11 | | - | |
| | art VII-A Statements Regarding Activities | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | | Yes | No |
| | any political campaign? | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | 1b | | X |
| _ | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | or | | | |
| | distributed by the foundation in connection with the activities | | 1 | | |
| c | Did the foundation file Form 1120-POL for this year? | | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | |
| | (1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| | managers. > \$0. | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2_ | | _X_ |
| | If "Yes," attach a detailed description of the activities | | l | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | X |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | <u> </u> |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | ļ | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | • | |
| | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la | W | | | |
| | remain in the governing instrument? | | 6_ | | <u> </u> |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | 7 | Х | |
| - | If "Yes," complete Part II, col. (c), and Part XV | | | | |
| 88 | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| | IN | | _ | | |
| t | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | ,, | |
| _ | of each state as required by General Instruction G? If "No," attach explanation | | 8b | X | ļ |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend | aı | _ | | v |
| 40 | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | | _ <u>X</u> |
| 10 | Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses | | 10 | | $ldsymbol{\Lambda}$ |

| _ | 1990-PF (2010) BOWEN ENGINEERING CORPORATION ENDOWMENT 26-271 | <u> 1997</u> | | Page 5 |
|----|--|--------------|-----|--------|
| Pε | art VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | _11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► CHAD BACHMANN Telephone no. ► 317-84 | 12-2 | 616 | |
| | Located at ▶8802 NORTH MERIDIAN STREET, INDIANAPOLIS, IN ZIP+4 ▶46 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of | | | |
| | the foreign country | | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | If the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | | | |
| t | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| 0 | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| | before the first day of the tax year beginning in 2010? | .1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| á | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2010? Yes X No | ļ | | |
| | If "Yes," list the years \triangleright | 1 | | |
| t | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2b | | |
| (| If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | | | | |
| 38 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| ı | o If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | - | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2010) N/A | 3b | | |
| 48 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeonardy before the first day of the tax year beginning in 2010? | Ah | | y |

| orm 990-PF (2010) BOWEN ENGINEERING CORPOR Part VII-B Statements Regarding Activities for Which F | | | <u> 26-27179</u> | 9/ | Page 6 |
|---|---|-----------------------------|--|----------|--------------------------------|
| | Tomin 4720 May be h | required (contin | uea) | | |
| 5a During the year did the foundation pay or incur any amount to: | 10.154 \\0.00 | ٠. ا | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | | s X No | | |
| (2), Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indire | | [] | | |
| any voter registration drive? | _ | | s X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Ye | s LX No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | - | 1 |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | s X No | 1 | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | | | | |
| the prevention of cruelty to children or animals? | | | s X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | | n Regulations | | ı | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check h | | | | | 1 |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | | | |
| expenditure responsibility for the grant? | | I∕A | s L No | | |
| If "Yes," attach the statement required by Regulations section 53.4945 | • • | | | | 1 |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | . | | |
| a personal benefit contract? | | Ye | s X No | | 3.5 |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | <u> </u> | 6b | X |
| If "Yes" to 6b, file Form 8870 | .h | ۳. | s X No | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Ye | | 7. | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribution. Information About Officers, Directors, Trust | | nagore Highly | | 7b | |
| Part VIII Paid Employees, and Contractors | ees, i oulidation wa | mayers, riigini | • | | |
| List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) E | xpense nt, other |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | accou | nt, other wances |
| ROBERT L. BOWEN, P.E. | PRESIDENT | 0.1.0. | | 4.1.0 | |
| 3802 N. MERIDIAN ST. | | 1 | | | |
| INDIANAPOLIS, IN 46260 | 2.00 | 0. | 0. | | 0. |
| | SECRETARY | | - | | |
| 3802 N. MERIDIAN ST. | | | | | |
| INDIANAPOLIS, IN 46260 | 2.00 | 0. | 0. | | 0. |
| A. DOUGLAS BOWEN | TREASURER | 1 | | | |
| 3802 N. MERIDIAN ST. | | | | | |
| INDIANAPOLIS, IN 46260 | 2.00 | 0. | 0. | | 0. |
| SCOT EVANS | DIRECTOR | | | | |
| 3802 N. MERIDIAN ST. | | | | | |
| INDIANAPOLIS, IN 46260 | 2.00 | 0. | 0. | | 0. |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (d) Control 1 | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | ačcou | xpense int, other wances |
| NONE | | | | | |
| | | | | | |
| | Į | | | | |
| | | | | | |
| | | | ! | | |
| | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | |
| | | | | | |
| 2 | <u>. </u> | 1 | <u></u> | <u> </u> | |
| Cotal number of other employees paid over \$50,000 | | | ▶ | | U |

| Form 990-PF (2010) BOWEN ENGINEERING CORPORATION ENDOWMENT | 26-2 | 717997 | Page 7 |
|--|---------------|-----------|-----------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Paid Employees, and Contractors (continued) | | - | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | | |
| (a) Name and address of each person paid more than \$50,000 (b) Ty | pe of service | (c) Com | pensation |
| NONE | | | |
| | | | - |
| | | | |
| - | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| To be a separate of a thorough a separate of the separate of t | | • | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | | 0 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such | as the | | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | 40 010 | Expenses | 3 |
| 1 N/A | | | |
| | | | |
| | | | |
| 2 | | | |
| | - | | |
| 3 | | | |
| | | | |
| | | | |
| 4 | | | |
| | | | |
| Part IX-B Summary of Program-Related Investments | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount | |
| 1 N/A | | 711100111 | |
| | | | |
| | | | |
| 2 | | | |
| | | | |
| All other program related in restments. Can instructions | | | |
| All other program-related investments. See instructions. | | | |
| <u> </u> | | | |
| | | | |
| Total Add lines 1 through 3 | _ | | 0 |

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 622,373. a Average monthly fair market value of securities 1a 6,294. 1b b Average of monthly cash balances c Fair market value of all other assets 1c 628,667. 1d d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 9.430. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 619,237. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 30.962. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here \blacktriangleright and do not complete this part.) 30,962. Minimum investment return from Part X, line 6 165. Tax on investment income for 2010 from Part VI, line 5 Income tax for 2010. (This does not include the tax from Part VI.) 165 Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 50.500. 1a Program-related investments - total from Part IX-B 1b b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: 3 Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 50,500. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income, Enter 1% of Part I, line 27b 50.335. 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|---|---------------|---|----------------|---------------------|
| 1 Distributable amount for 2010 from Part XI, | - Valipas | | | 2010 |
| line 7 | | | | 30,797. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | 307.3.1 |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 7, 433. | | | | |
| f Total of lines 3a through e | 7,433. | | | |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4: ► \$ 50,500 . | | | | |
| a Applied to 2009, but not more than line 2a | | | . 0 | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | | *************************************** | | 30,797. |
| e Remaining amount distributed out of corpus | 19,703. | | | |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | : | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 27,136. | | | |
| b Prior years' undistributed income. Subtract | 2.72001 | | | |
| line 4b from line 2b | _ | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line | | | - - | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | • | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2011. | | | | |
| Subtract lines 7 and 8 from line 6a | 27,136. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | İ | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 7,433. | | | | |
| e Excess from 2010 19,703. | | *** | | 5 000 DE (00 (0) |

| Part XIV Private Operating F | | Structions and Part VI | | | 1/99/ Page 10 |
|---|--------------------------|--|------------------------------|---|---|
| 1 a If the foundation has received a ruling of | | | 17, question 5) | N/A | |
| foundation, and the ruling is effective for | | | | | |
| b Check box to indicate whether the found | • | · · | un contion | 4942(J)(3) or 4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | ing touridation described | Prior 3 years | 4542(J)(3) UI 4: | 942())(3) |
| income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for | (4) 2010 | (5) 2000 | (0) = 000 | (4) 2507 | (0) 10.0. |
| | | | | | |
| each year listed b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon; a "Assets" alternative test - enter; | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | - |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | *************************************** | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on securities loans (section | | | | | |
| 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in | | | | | |
| section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | 1 | | 1 125 000 | <u> </u> |
| Part XV Supplementary Info at any time during t | | | if the foundation | nad \$5,000 or m | ore in assets |
| | - | inoti dottorio.j | | | |
| Information Regarding Foundation List any managers of the foundation wh | _ | than 2% of the total con | tributions received by the | foundation before the clo | nce of any tay |
| year (but only if they have contributed n | | | indutions received by the | Touridation before the cic | ose of any tax |
| NONE | | | | | |
| b List any managers of the foundation wh | o own 10% or more of t | he stock of a corporation | (or an equally large porti | on of the ownership of a p | partnership or |
| other entity) of which the foundation has | | | | , | • |
| NONE | | | | | |
| 2 Information Regarding Contribut | on, Grant, Gift, Loar | , Scholarship, etc., P | rograms: | | |
| Check here \(\bigcup \leftarrow \limits \) if the foundation of the foundation makes gifts, grants, etc. | | | | | |
| a The name, address, and telephone num | | | | | |
| | | | | | |
| b The form in which applications should b | e submitted and inform | ation and materials they s | hould include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on sweet | e cuch so by accorach | nal arago, sharitable fields | kinds of institutions == | other factors: | |
| d Any restrictions or limitations on award | s, such as by geographic | ai ai eas, charnadhe heids | , หมานร บา เมรินเนนิเอทร, Or | omer factors. | |
| | | | | | |

Part XV

Supplementary Information (continued)

Page 11

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CENTER FOR LEADERSHIP CHARITABLE CHARITABLE SUPPORT 5,000. DEVELOPMENT ORGANIZATI 2425 WEST DR. MARTIN LUTHER KING JR. ST. THE MIND TRUST CHARITABLE CHARITABLE SUPPORT 13,000. 407 NORTH FULTON ST., ORGANIZATI STE. 402 INDIANAPOLIS, IN 46202 BIG BROTHERS BIG SISTERS CHARITABLE CHARITABLE SUPPORT 10,000. OF CENTRAL INDIANA ORGANIZATI 2960 NORTH MERIDIAN ST INDIANAPOLIS, IN CHARLES A TINDLEY ACADEMY CHARITABLE CHARITABLE SUPPORT 5,000. 3960 MEADOWS DRIVE ORGANIZATI INDIANAPOLIS, IN 46205-3114 BALL STATE UNIVERSITY PUBLIC 12,500. EDUCATIONAL SUPPORT 2000 W. UNIVERSITY AVE. UNIVERSITY MUNCIE, IN 47306 CHARITABLE CHARITABLE SUPPORT GEO FOUNDATION 5,000. 333 N. PENNSYLVANIA ST. ORGANIZATI #1000 INDIANAPOLIS, IN 46204 **▶** 3a 50,500. Total b Approved for future payment NONE Total

Page 12

Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated. | Unrelate | ed business income | Exclu | ded by section 512, 513, or 514 | (e) |
|---|-----------------|-----------------------------|--|---------------------------------|---------------------------------------|
| | (a) Business | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | 7 | COGE | 741104111 | |
| a | | | <u> </u> | | |
| b | | | | | |
| c | | | ├── | | |
| d | | | <u> </u> | | |
| e | | | ₩ | | |
| f | | | <u> </u> | | |
| g Fees and contracts from government agencies | | | ļ | | |
| 2 Membership dues and assessments | | | ļ | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 10 | 10.605 | |
| 4 Dividends and interest from securities | | | 18 | 18,687. | |
| 5 Net rental income or (loss) from real estate: | | | ļ | | |
| a Debt-financed property | | | ļ | | |
| b Not debt-financed property | <u> </u> | | ļ | | |
| 6 Net rental income or (loss) from personal | 1 | | | | |
| property | | | | | |
| 7 Other investment income | | | <u> </u> | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | -3,433. | · · · · · · · · · · · · · · · · · · · |
| 9 Net income or (loss) from special events | | | <u> </u> | - | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | ļ | | |
| C | | | | | |
| d | | | | | |
| e | | | - | 15 054 | |
| 12 Subtotal. Add columns (b), (d), and (e) | <u></u> | 0. | | 15,254. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 15,254. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities to | o the Acc | omplishment of Ex | cemp | t Purposes | |
| Line No Explain below how each activity for which incor | ne is reported | in column (e) of Part XVI-A | contrib | outed importantly to the accom | olishment of |
| the foundation's exempt purposes (other than I | | | | rated importantly to the decom | pholimone of |
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| 023821 12-07-10 | | | | | Form 990-PF (2010) |

| | PF (2010) BOWEN | ENGINEERING CORPORATION EN | DOWMENT 26-2 | <u>7179</u> 97 | Page 13 |
|---------------------|---|--|--|--------------------|----------|
| Part X | | garding Transfers To and Transactions a | nd Relationships With Nonc | charitable | |
| 1 Did | • Exempt Organ | ectly engage in any of the following with any other organization | in described in section 501(c) of | | res No |
| | - | (3) organizations) or in section 527, relating to political organ | • • | | . 00 110 |
| | • | ition to a noncharitable exempt organization of: | izations | 1 1 | |
| | Cash | and to a nononal maste exempt of gamma and on | | 1a(1) | x |
| | Other assets | | | 1a(2) | X |
| | r transactions: | | | | |
| (1) | Sales of assets to a noncharital | ole exempt organization | | 1b(1) | X |
| | | ncharitable exempt organization | | 1b(2) | Х |
| (3) | Rental of facilities, equipment, | or other assets | | 1b(3) | Х |
| (4) | Reimbursement arrangements | | | 1b(4) | Х |
| (5) | Loans or loan guarantees | | | 1b(5) | X |
| (6) | Performance of services or me | mbership or fundraising solicitations | | 1b(6) | X |
| c Sha | ring of facilities, equipment, mai | iling lists, other assets, or paid employees | | 1c | X |
| COlu (a) Line no | T | other assets, or services received. (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions | , and sharing arra | ngements |
| | | N/A | | | |
| | | | | | |
| | 1 | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

| 2a Is th | ne four | ndation directly or indirectly affiliated with, or r | related to, one | or more tax-exempt organ | izations described | | | |
|----------|---------|--|------------------|--------------------------|---|-------------------------|------------------------|-------------|
| ın s | ection | 501(c) of the Code (other than section 501(c) |)(3)) or in sect | ion 527? | | | Yes | X No |
| b If "Y | es," co | omplete the following schedule. | | | | | | |
| | | (a) Name of organization | | (b) Type of organization | | (c) Description of rela | ationship | |
| | | N/A | | | | | | |
| _ | | | - | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | , | | | | | | | |
| | | er penalties of perjury indeclare that I have examined the complete. Declaration of prepared (other than taxpayer | | | | | and belief, it is true | o, correct, |
| Sign | | | , | | | | | |
| Here | | wan so | Jaw | | | RESIDENT | | |
| - | | Signature of officer or trustee | | Date | , , , , , , , , , , , , , , , , , , , | Title - | | |
| | | Print/Type preparer's name | Preparer's si | ignature | Date | | PTIN | |
| | | | | | 1 | self- employed | | |
| Paid | | STEPHEN BLAKE | STEPHE | N BLAKE | 09/26/11 | | | |
| Prepa | | Firm's name ► BLUE & CO., | LLC | | | Firm's EIN | | |
| Use C | nly | | | | | | | |

Firm's address ► 12800 N MERIDIAN ST SUITE 400 CARMEL, IN 46032

Phone no.

| FORM 990-PF | LEGAL | FEES | <u>. </u> | TATEMENT 1 |
|------------------------------|------------------------------|-----------------------------------|--|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | | (C) ADJUSTED NET INCOME | |
| LEGAL FEES | 51. | 51. | 0. | 0. |
| TO FM 990-PF, PG 1, LN 16A = | 51. | 51. | 0. | 0. |
| FORM 990-PF | ACCOUNTI | NG FEES | 5 | STATEMENT 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | ADJUSTED | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | 1,150. | 1,150. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 1,150. | 1,150. | 0. | 0. |
| FORM 990-PF | TAX | ES | S | STATEMENT 3 |
| DESCRIPTION - | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | ADJUSTED | (D) CHARITABLE PURPOSES |
| OTHER TAXES | 100. | 100. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 100. | 100. | 0. | 0. |
| FORM 990-PF | OTHER INV | ESTMENTS | \$ | STATEMENT 4 |
| DESCRIPTION | | LUATION ETHOD BO | OOK VALUE | AIR MARKET VALUE |
| INVESTMENTS | | FMV | 618,561. | 618,561. |
| | | | | |

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously fil | ed Fo | | | | |
|--|--|-----------------|------------------|--|--|
| | | rm 8868 | | | |
| | n file (f | | | | |
| E <mark>lectronic filing (e-file).</mark> You can electronically file Form 8868 if you need a 3-month automatic extension of time to | , ,,,, | 6 months for | a corporation | | |
| required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Fo | orm 88 | 368 to reques | st an extension | | |
| of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Tran | sfers / | Associated W | /ith Certain | | |
| Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the | ne elec | tronic filing o | of this form. | | |
| visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. | | | | | |
| Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | | | | |
| A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com | plete | | | | |
| Part I only | | | ightharpoons | | |
| All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an to file income tax returns. | exten | sion of time | | | |
| Type or Name of exempt organization | ype or Name of exempt organization Employer identifica | | | | |
| BOWEN ENGINEERING CORPORATION ENDOWMENT | BOWEN ENGINEERING CORPORATION ENDOWMENT 2 | | | | |
| Number, street, and room or suite no If a P O box, see instructions Number Numb | | | | | |
| return See COOZ NORTH MERIDIAN BIREET | | | | | |
| | | | | | |
| INDIANAPOLIS, IN 46260 | | | | | |
| Enter the Return code for the return that this application is for (file a separate application for each return) | | | 0 4 | | |
| Enter the neturn code for the return that this application is for the a separate application for each return) | | | [0]= | | |
| Application Return Application | | | Return | | |
| Is For Code Is For | | | Code | | |
| Form 990 01 Form 990-T (corporation) | | | 07 | | |
| Form 990-BL 02 Form 1041-A | | | 08 | | |
| Form 990-EZ 03 Form 4720 | | | 09 | | |
| Form 990-PF 04 Form 5227 | | | | | |
| Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 | | | 10 | | |
| Form 990-T (trust other than above) 06 Form 8870 | | • | 12 | | |
| CHAD BACHMANN | | | | | |
| • The books are in the care of ▶ 8802 NORTH MERIDIAN STREET - INDIANAPOL | IS. | IN 46 | 260 | | |
| Telephone No ► 317-842-2616 FAX No ► 317-841-4257 | | | | | |
| If the organization does not have an office or place of business in the United States, check this box | | | ightharpoons | | |
| · | s is fo | r the whole a | roup, check this | | |
| box If it is for part of the group, check this box and attach a list with the names and EINs of all in the name is a contraction. | | _ | • | | |
| 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until | ıl | | | | |
| AUGUST 15, 2011 , to file the exempt organization return for the organization named a | bove | The extension | n | | |
| is for the organization's return for | | | | | |
| ▶ X calendar year <u>2010</u> or | | | | | |
| tax year beginning, and ending | | | | | |
| | | | | | |
| 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Fina Change in accounting period | l retur | n | _ | | |
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | - | | |
| nonrefundable credits. See instructions | 3a | s | 0. | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | - | | | |
| estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | s | 0. | | |
| c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, | | | | | |
| by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | | 0. | | |
| Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form | | EO for nove | | | |

LHA

For Paperwork Reduction Act Notice, see Instructions.

| Form 886 | 8 (Rev. 1-2011) | | | | | Page 2 | | |
|---|--|--------------------------------|---|-----------|-----------------|--------------------------------|--|--|
| If you a | re filing for an Additional (Not Automatic) 3-Mon | th Extension, | complete only Part II and check this b | ОХ | | ▶ [X] | | |
| | y complete Part II if you have already been grante | | | | 8868. | | | |
| | re filing for an Automatic 3-Month Extension, co | | • • | | | | | |
| Part II | Additional (Not Automatic) 3-Mon | | | copies | needed). | | | |
| Type or | Name of exempt organization | | | | | Employer identification number | | |
| print | BOWEN ENGINEERING CORPORATION ENDOWMENT | | | | | 26-2717997 | | |
| File by the extended due date for | | | | | | | | |
| filing your return See instructions | 8802 NORTH MERIDIAN STREE City, town or post office, state, and ZIP code. Findianapolis, IN 46260 | | dress, see instructions. | | | | | |
| Enter the | Return code for the return that this application is f | or (file a separa | ate application for each return) | | | 0 4 | | |
| Application | on | Return | Application | ··· | | Return | | |
| Is For | | Code | is For | | | Code | | |
| Form 990 | | 01 | | | | | | |
| Form 990 | BL | 02 | Form 1041-A | | | 08 | | |
| Form 990 | EZ | 03 | Form 4720 | | | 09 | | |
| Form 990 | PF | 04 | Form 5227 | | | 10 | | |
| Form 990 | T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| Form 990 | T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| STOP! Do | not complete Part II if you were not already gra | anted an autor | natic 3-month extension on a previou | usly file | ed Form 8868 | J | | |
| ● If the o ■ If this is box ▶ □ 4 I rec 5 For | one No. 317-842-2616 organization does not have an office or place of buses for a Group Return, enter the organization's four . If it is for part of the group, check this box quest an additional 3-month extension of time until calendar year 2010, or other tax year beginning etax year entered in line 5 is for less than 12 month. | digit Group Exe and atta NOVEM | emption Number (GEN) If the school list with the names and EINs of all BER 15, 2011, and ending | nis is fo | ers the exten | roup, check this sion is for. | | |
| | Change in accounting period | | | | | • | | |
| 7 Stat | te in detail why you need the extension | | | | | | | |
| | DITIONAL TIME IS NEEDED T | O GATHE | R INFORMATION TO PRI | EPAR | E A COM | PLETE | | |
| | D ACCURATE RETURN. | | | | | | | |
| | | | | | | | | |
| 8a If th | is application is for Form 990-BL, 990-PF, 990-T, 4 | 720, or 6069, e | nter the tentative tax, less any | | | | | |
| | refundable credits. See instructions | | • | 8a | s | 0. | | |
| | is application is for Form 990-PF, 990-T, 4720, or 6 | 6069, enter any | refundable credits and estimated | | | | | |
| - | payments made. Include any pnor year overpayme | | | | 1 | | | |
| - ' | viously with Form 8868. | | | 8b | s | 0. | | |
| | ance due, Subtract line 8b from line 8a. Include yo | our payment with | th this form if required, by using | 1 | | | | |
| | PS (Electronic Federal Tax Payment System) See | | art and tolling in toquinous by doining | 8c | s | 0. | | |
| | | | d Verification | <u> </u> | | | | |
| linder nenn | ilties of perjury, I declare that I have examined this form, | _ | | e heet a | if my knowledai | and halief | | |
| it is true, co | rrect, and complete, and that I am authorized to prepare | this form. | ranying solicules and statements, and to the | וב מבפנ ע | _ 1 | , and belief, / | | |
| | $()_{\mathcal{A}}$ | ► CPA | | Data | × 8/12 | ¥ 11 | | |
| Signature | Title Title | CFA | | Date | | 1 / · | | |
| | 1 | | | | rorm 88 | 368 (Rev 1-2011) | | |

| Form 886 | 68 (Rev 1-2011) | | | | | Page 2 |
|---|---|---|---|-------------|-----------------------|--------------|
| ● If you | are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II and check this b | ox | • | X |
| Note. On | lly complete Part II if you have already been granted an a | automatic | 3-month extension on a previously filed | d Form | 8868. | |
| | are filing for an Automatic 3-Month Extension, comple | | | | | |
| Part II | Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the original (no | copies | needed). | |
| Type or | Name of exempt organization | | | Emp | loyer identification | number |
| print | BOWEN ENGINEERING CORPORATION ENDOWMENT | | | 2 | 6-2717997 | |
| File by the extended due date for | Number, street, and room or suite no If a P O. box, s 8802 NORTH MERIDIAN STREET | ee instruc | tions. | | | |
| filing your return See | City, town or post office, state, and ZIP code. For a fo | oreign add | trace see instructions | | | |
| instructions | INDIANAPOLIS, IN 46260 | oroigii add | | | | |
| | | | | | | |
| Enter the | Return code for the return that this application is for (file | a separa | te application for each return) | | | 0 4 |
| Applicat | ion | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 990 | | 01 | <u> </u> | | | |
| Form 990 | | 02 | Form 1041-A | | | 08 |
| <u>Form 990</u> | | 03 | Form 4720 | | | 09 |
| Form 990 | | 04 | Form 5227 | | | 10 |
| | OT (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| | 0-T (trust other than above) o not complete Part II if you were not already granted | 06 | Form 8870 | | | 12 |
| Teleph If the company the lift this box I re | | s in the Ur Group Exe and atta | FAX No ► 317-841-425 inted States, check this box | nis is fo | r the whole group, c | |
| 5 For | calendar year $\underline{2010}$, or other tax year beginning $_$ | | , and ending | | | |
| 6 If th | ne tax year entered in line 5 is for less than 12 months, cl Change in accounting period | heck reaso | on Initial return | Final r | eturn | |
| | te in detail why you need the extension | | | | | |
| | | SATHE | R INFORMATION TO PRE | PAG | F A COMPLE | <u>ਆ</u> ਦਾ |
| | ID ACCURATE RETURN. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | X INFORMATION TO TRE | IL PII | L A COMPLE | 115 |
| | | | | | | |
| | nis application is for Form 990-BL, 990-PF, 990-T, 4720, o | or 6069, ei | nter the tentative tax, less any | | | _ |
| | refundable credits. See instructions. | | | 8a | \$ | <u> </u> |
| | nis application is for Form 990-PF, 990-T, 4720, or 6069, | • | | | 1: | |
| | payments made include any prior year overpayment alle | owed as a | credit and any amount paid | <u> </u> | | |
| | eviously with Form 8868. | | | 8b | \$ | 0. |
| | ance due. Subtract line 8b from line 8a. Include your pa | • | h this form, if required, by using | | | • |
| EFI | PS (Electronic Federal Tax Payment System) See instru | | d Verification | 8c | | 0. |
| Under pena t is true, co | alties of perjury, I declare that I have examined this form, includi prrect, and complete, and that I am authorized to prepare this fo | ng accomp rm. | | e best o | f my knowledge and be | elief, |

Form 8868 (Rev 1-2011)