

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation 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 2011 or tax year beginning		, and ending		
Name of foundation			A Employer identificatio	n number
RATIO FOUNDATION, INC.			20-143602	2
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
107 SOUTH PENNSYLVANIA STR	EET	100	317-633-40	040
City or town, state, and ZIP code			C If exemption application is	pending, check here
INDIANAPOLIS, IN 46204				
G Check all that apply. Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	ns, check here
Final return	Amended return			
Address change	Name change		Poreign organizations makes the check here and attach of	eeting the 85% test, computation
H Check type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation st	atus was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1	
I Fair market value of all assets at end of year J Accounti	ng method. X Cash	Accrual	F If the foundation is in a	60-month termination
	her (specify)		under section 507(b)(1	
▶\$ 34. (Part I, colu	mn (d) must be on cash b	pasis)		,
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
1 Contributions, gifts, grants, etc., received	73,714.		N/A	
2 Check If the foundation is not required to attach Sch. B				
Interest on savings and temporary cash investments	3.	3.		STATEMENT 1
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
ο 6a Net gain or (loss) from sale of assets not on line 10				
Gross sales price for all assets on line 6a 7 Capital gain net incompletem Part V: line 2:				
7 Capital gain net income (from Part V; [ine/2]		<u> </u>		
8 Net Short-term gapitargain 101				
D Less Cost of goods sold				
c Gross profit or (loss) G) - N				
11 Other income	72 747			
12 Total. Add lines 1 through 11	73,717.	3.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits			 	
16a Legal fees	1 175	0.	 	
b Accounting fees STMT 2	1,175.		·	0.
c Other professional fees				
18 Taxes				
b Accounting fees STMT 2 c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 3 24 Total operating and administrative expenses Add lines 13 through 23				·
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
22 Finding and publications 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	84.	0.		0.
24 Total operating and administrative				<u> </u>
expenses Add lines 13 through 23	1,259.	0.		0.
25 Contributions, gifts, grants paid	73,393.			73,393.
26 Total expenses and disbursements	1000	-		
Add lines 24 and 25	74,652.	0.	.[73,393.
27 Subtract line 26 from line 12.				
a Excess of revenue over expenses and disbursements	-935.			
b Net investment income (if negative, enter -0-)	2230	3.		
c Adjusted net income (if negative, enter -0-)			N/A	
123501 12-02-11 LHA For Paperwork Reduction Act Notice, see	instructions			Form 990-PF (2011)

20-1436022

Form 990-PF (2011)

Form 990-PF (2011)

RATIO FOUNDATION

F	Part IV Capital Gains and	Losses for Tax on Ir	vestment	Income					
	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b)	low acquired - Purchase - Donation		e acquired day, yr.)	(d) Date sold (mo., day, yr)
1a	1								
b	NONE				ļ				
_(<u> </u>				ļ	-			
_	<u> </u>								
_6			1		<u></u>				
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		··-··		Gain or (loss us (f) minus	
	a								
_t	<u> </u>								
_(ļ						
6		a in column (h) and award by	the foundation	on 12/21/60				(O-1 (b)	
_	Complete only for assets showing gain				-			(Col. (h) gaın t not less tha	
_	(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any	_		Losse	s (from col (h))
_8	a		 						
_ <u>t</u>	b								
_									
_(ļ <u>.</u>			<u> </u>			
_	<u> </u>		L						
_	Constell corp not income or (not constell)	If gain, also enter	r in Part I, line	7	 	2			
	Capital gain net income or (net capital I			1	7			···-	
3	Net short-term capital gain or (loss) as		nd (6):		٦				
	If gain, also enter in Part I, line 8, column	nn (c).			}	2			
T F	If (loss), enter -0- in Part I, line 8 Part V Qualification Unde	r Section 4940(e) for	Reduced	Tax on Net	Inv	estment In	come		
ш	or optional use by domestic private foun								
(1	or optional use by domestic private roun	dations subject to the section	1510(a) tax on	not invostment a	1001110	•• /			
lf	section 4940(d)(2) applies, leave this pa	rt blank.							
w	as the foundation liable for the section 4	942 tax on the distributable an	nount of any ve	ar in the base pe	rıod?				Yes X No
	"Yes," the foundation does not qualify un		• •	•					
1	Enter the appropriate amount in each of	column for each year; see instr	uctions before	making any entri	es.				
	(a)	(b)			(c)			Dietrik	(d) oution ratio
	Base period years Calendar year (or tax year beginning in)	Adjusted qualifying dis	tributions	Net value of no		ritable-use asset	s		rided by col (c))
	2010	6	0,926.			3,22	8.		18.874226
	2009		2,911.			4,90			10.793758
	2008	8	8,871.			14,00	7.		6.344756
Ξ	2007	6	7,685.			23,48	0.		2.882666
Ξ	2006	5	7,698.			19,28	1.		2.992480
2	Total of line 1, column (d)						2		41.887886
3	Average distribution ratio for the 5-year	base period - divide the total	on line 2 by 5,	or by the number	of ye	ars			
	the foundation has been in existence if	less than 5 years					3		8.377577
4	Enter the net value of noncharitable-us	e assets for 2011 from Part X,	line 5				4		494.
5	Multiply line 4 by line 3						5		4,139.
6	Enter 1% of net investment income (19	6 of Part I, line 27b)					6		0.
	·								
7	Add lines 5 and 6						7		4,139.
8	Enter qualifying distributions from Part	•					8		73,393.
	If line 8 is equal to or greater than line 3 See the Part VI instructions	7, check the box in Part VI, line	th, and comp	lete that part usin	ig a 1'	% tax rate			

orm	1990-PF (2011) RATIO FOUNDATION, INC.	20-	<u>-1436022</u>	2	Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		1		
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		}		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1	 		<u> 0 </u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	+		<u>0.</u>
	Add lines 1 and 2	3			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			<u> 0 </u>
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
	Credits/Payments:				
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a				
	Exempt foreign organizations - tax withheld at source		1		
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld				0
	Total credits and payments. Add lines 6a through 6d	7			<u> 0 </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	 		
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	 		0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	+		
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	ed 🖊 11	,		
	rt VII-A Statements Regarding Activities			Vac	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national state.	iervene m	4-	163	+
_	any political campaign?	2001/0	1a 1b	 -	X X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definit	-	10	 -	 ^ _
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials production and the foundation in connection with the setuition	ubiisneu oi			
_	distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?		1,0		x
			1 <u>c</u>	 	┼^
U	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$\bigsim \text{\$ 0 \cdot (2)} \text{ On foundation managers. } \bigsim \$ \cdot	0.			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
E	managers > \$,1	1		
9	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		-	-	1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpor	ation or			
Ŭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	a, o.	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	†	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A 4b	<u> </u>	†
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				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 of the state	he state law			
	remain in the governing instrument?		6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7		X
	If "Yes," complete Part II, col. (c), and Part XV				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	IN				
b	If 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	N	1/A 8b		1
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$	for calendar			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	<u>. </u>	10	<u> </u>	
			Form 99	0-PF	(2011)

	990-PF (2011) RATIO FOUNDATION, INC.	<u>20-1436</u>	<u>022</u>		Page 5
	rt 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		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	rivileges?	ļ		
	If "Yes," attach statement (see instructions)		12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				
14		▶ <u>317-63</u>		<u>040</u>	
	Located at ▶ 107 S PENNSYLVANIA ST STE 100, INDIANAPOLIS, IN	ZIP+4 ►4 6	204		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				Ш
		15	<u>N</u>	<u>/A</u>	
16	At any time during calendar year 2011, 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		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign				
_	country				
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1 1		
	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)	es X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	□			
		es X No	i		
	(4)	es X No es X No			
	(1)	as Lal No		İ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	es X No			
	, , ,	88 LALINO			
	(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	es X No			
	termination of government service, if terminating within 90 days.) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ES LALINU			
Q	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here		-10		
	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 2011?		1c		х
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)):				
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ng			
		es X No			
	If "Yes," list the years				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	t			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack				
	statement - see instructions)	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
		es X No			
t	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons at				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to 0				
	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 2011)	N/A	3b		v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	a that	4a		<u>X</u>
t	• Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e mai	AL		v
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	Ear	1 4b m 990	-PF /	X 2011\
	,	FULL		((۱۱۱۷

orm 990-PF (2011) RATIO FOUNDATION, INC.			<u> 20-14360</u>	22 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:			[]	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ectly,		
any voter registration drive?	_		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		[1	
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t	for	es X No	
the prevention of cruelty to children or animals?			es LALINO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur		in Regulations	37/3	_
section 53.4945 or in a current notice regarding disaster assistance (see instr			N/A	5b
Organizations relying on a current notice regarding disaster assistance check		unad		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?		1/A	es L No	
If "Yes," attach the statement required by Regulations section 53 494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No	
a personal benefit contract?	norcenal honofit contract?	16	- I	6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<u> </u>	- A
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax	chalter transaction?	□ v _e	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib		16	_	7b
Information About Officers Directors Trus	tees. Foundation Ma	nagers, Highly		, <u>, , , , , , , , , , , , , , , , , , </u>
Part VIII Paid Employees, and Contractors	tooo, i oanaanen me		•	
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) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
VILLIAM A. BROWNE, JR.	PRESIDENT			
07 S PENNSYLVANIA ST STE 100				
INDIANAPOLIS, IN 46204	0.00	0.	0.	0.
R. TIMOTHY BARRICK	SECRETARY & T	REASURER		
07 S PENNSYLVANIA ST STE 100				
INDIANAPOLIS, IN 46204	0.00	0.	0.	0.
	_			
Compensation of five highest-paid employees (other than those in		enter "NONE."	(4)	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(u) name and address of outsit on project part materials and project part m	devoted to position	(o) compensation	compensation	allowances
NONE	_			
	-			
	-			
	-			
				
	-			
	<u> </u>			
Total number of other employees paid over \$50,000			<u> </u>	000 DE (0044)
			Form	990-PF (2011)

Form 990-PF (2011) RATIO FOUNDATION, INC.	20-1	436022	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Foundation Managers, Paid Employees, and Contractors (continued)	lighly		_
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) Type	of service	(c) Comp	pensation
NONE			
	·		
			
		i	
	<u> </u>		
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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	the	Expenses	
SUPPORT OF LOCAL COMMUNITY PROJECTS			
		73,	393.
2			
1			
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.			
N/A		Amount	
N/A			
			0.
All other program-related investments. See instructions.			
N/A			
			0
Total. Add lines 1 through 3			$\frac{0.}{0.}$
		Form 990-PI	
			/ · · /

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	<u>0.</u> 502.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	502.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	502.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	494.
6	Minimum investment return Enter 5% of line 5	6	25.
Ρ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	25.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	25.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	25.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	25.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		-
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	73,393.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	73,393.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	73,393.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	ie section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				25.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 56,736.				
b From 2007 66,515.				
c From 2008 88,173.				
d From 2009 52,666.				
e From 2010 60,765.	204 255			
f Total of lines 3a through e	324,855.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ► \$ 73,393.			0	
a Applied to 2010, 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	0			
(Election required - see instructions)	0.			25.
d Applied to 2011 distributable amount	73,368.		-	45.
e Remaining amount distributed out of corpus	73,368.			0.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	398,223.			
b Prior years' undistributed income. Subtract				
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 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				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 2006				
not applied on line 5 or line 7	56,736.			
9 Excess distributions carryover to 2012				
Subtract lines 7 and 8 from line 6a	341,487.			
10 Analysis of line 9:				
a Excess from 2007 66,515.				
b Excess from 2008 88,173.				
c Excess from 2009 52,666.				
d Excess from 2010 60,765.				
e Excess from 2011 73,368.				Form QQ0-DF (2011)

	OUNDATION,				136022 Page
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter th	at it is a private operating			
foundation, and the ruling is effective fo	r 2011, enter the date o	f the ruling	▶	- 	
b Check box to indicate whether the found	dation is a private opera	ting foundation described i		4942(j)(3) or4	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
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			1		
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					
` '			<u> </u>		
(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					
Part XV Supplementary Info	rmation (Comp	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during			N/A		
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	-	e than 2% of the total cont	ributions received by th	ne foundation before the cl	ose of any tax
year (but only if they have contributed i			,		
b List any managers of the foundation wh	no own 10% or more of	the stock of a corporation	(or an equally large por	tion of the ownership of a	partnership or
other entity) of which the foundation ha			(, , , , , , , , , , , , , , , , , , , ,	F -
2 Information Regarding Contribut	ion Grant Gift Loa	n Scholarship etc. Pr	ograms:		
Check here X if the foundation				not accept unsolicited red	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	·				
a The hame, address, and telephone ham	iber of the person to wit	om applications should be	u00103300		
b The form in which applications should	be submitted and inform	nation and materials they si	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geograph	ical areas, charitable fields,	kınds of institutions, o	r other factors:	·
-		,	·		

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year CHAMPAIGN COUNTY YMCA NONE OTHER GENERAL 500 W. CHURCH STREET CHAMPAIGN, IL 61820 1,000. LEUKEMIA & LYMPHOMA SOCIETY NONE OTHER GENERAL 941 E 86TH STREET, STE 100 INDIANAPOLIS, IN 46240 100. AMERICAN HEART ASSOCIATION NONE OTHER GENERAL 6100 W 96TH STREET, STE 200 INDIANAPOLIS IN 46278 500. NONE NORTH CAROLINA MUSEUM OF ART OTHER GENERAL FOUNDATION 4630 MAIL SERVICE CENTER RALEIGH, NC 27699 2,500. MADISON CONSOLIDATED SCHOOLS NONE OTHER GENERAL 2421 WILSON AVENUE MADISON IN 47250 250. SEE CONTINUATION SHEET(S) ▶ 3a Total 73.393. b Approved for future payment NONE Total **≥** 3b

Part XVI-A	Analysis	of Income	-Producing	Activities
	A lary or o	000		

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C	1				
d	1				
e	- I		1		
f					
g Fees and contracts from government agencies			1		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	3.	
4 Dividends and interest from securities			 -		
5 Net rental income or (loss) from real estate:	-		+		
a Debt-financed property					
			+-		
b Not debt-financed property 6 Net rental income or (loss) from personal			+-		
·					
property Other resetment manner			+		
7 Other investment income		· · · · · · · · · · · · · · · · · · ·	+-		
8 Gain or (loss) from sales of assets other					
than inventory			+		
9 Net income or (loss) from special events			+-		
10 Gross profit or (loss) from sales of inventory	-	·	+		
11 Other revenue:					
a	i 1		+		
b			+		
C					
d			 		
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	-∟	3.	
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	3.
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	ome is reported ii	n column (e) of Part XVI-			nplishment of
N/A					·
	····································				
					
		-			
					
				· · · · · · · · · · · · · · · · · · ·	
					
					
					
1					
123821 12-02-11					Form 990-PF (2011)

Parl	XVII			sfers To a	and Transactions a	and Relations	hips With Nonc	haritable	•	
		Exempt Organ		- (4 (- 1)			on 501/a) of	_ · _ ·	Yes	No
					g with any other organizati		וטון טט ו(ט) טו	İ	162	140
					7, relating to political organ	nizations				
		from the reporting founda	ation to a noncharitat	Die exempt org	ganization or:					37
	1) Cash							1a(1)		X
	2) Other							1a(2)		X
_	ther tran									
•	•	of assets to a noncharital						1b(1)		X
(2) Purch	ases of assets from a no	ncharitable exempt o	rganization				1b(2)		X
	,	l of facilities, equipment,						<u>1b(3)</u>		X
(-	4) Reim	oursement arrangements						1b(4)		X
(5) Loans	or loan guarantees						1b(5)		X
(6) Perfo	rmance of services or me	mbership or fundrais	sıng solıcıtatıo	ins			1b(6)		X
c S	haring of	facilities, equipment, ma	iling lists, other asse	ts, or paid em	ployees			1c		X
d li	the ansv	ver to any of the above is	"Yes," complete the f	following sche	dule. Column (b) should al	ways show the fair n	narket value of the goo	ds, other ass	ets,	
		• • •			ed less than fair market val	ue in any transaction	or sharing arrangeme	nt, show ın		
C	<u>_</u>) the value of the goods,								
(a) Line	no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions,	and sharing ar	rangeme	nts
				N/A						
										
2a	s the four	ndation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organ	izations described				
		501(c) of the Code (other	•	•	· -			Yes	X	No
		emplete the following sch		,(0), 0 000.						
		(a) Name of org			(b) Type of organization		(c) Description of relati	onship		
	_	N/A	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		` <u>·</u>	· ·		
		247 21								
	Under	penalties of peruny, I declare	that I have examined this	s return, includin	I ig accompanying schedules and	d statements, and to the	best of my knowledge			
Sigi	and be	elief, pristrule correct and cor	nplete Declaration of pre	eparer (other than	n taxpayer) is based on all inform	nation of which prepare	has any knowledge	May the IRS of return with the	e prepare	er
Her		'VZXIII VZ KT	Ki		12/12/12	TREASU		shown below] No]
	<u> </u>	ature of officer drustee	, W		Date	Title	, , , , , , , , , , , , , , , , , , ,	LAS 163	<u> </u>] NO
	lcigi	Print/Type preparer's na		Preparer's si	ionature	Date	Check If PT	'IN		
		I					self- employed			
Paid	4	STEPHEN M.		Culcula	и и прост	02/11/12		00000	იიი	
	parer	CPA			N M. WESSEL	104/11/14	Firm's EIN ▶	200099	U J 4	
	Only	Firm's name ► SOM	ERSET CPA	S, P.C	•		CIHII S EIN			
USE	Unity	Firm's address > 20	OE DITTED	CDOCCT	NIC DEMO CO	1E 200	 			
		Firm's address ► 39				E. 300	Dhone 315	7 470	220	^
		<u>IN</u>	<u>DIANAPOLI</u>	S, IN	40240		Phone no. 317	<u>7-472-</u>	<u> 440</u>	<u>U</u>

317-472-2200 Form **990-PF** (2011)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Employer identification number

20-1436022 RATIO FOUNDATION, INC Organization type (check one) Section Filers of: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ▶ \$ religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

RATIO FOUNDATION, INC.

20-1436022

Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	RATIO ARCHITECTS INC 107 S. PENNSYLVANIA ST STE 100 INDIANAPOLIS, IN 46204	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

RATIO FOUNDATION, INC.

20-1436022

Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

OITAS	FOUNDATION, INC.		20-1436022				
Part III	Exclusively religious, charitable, etc., individually individual formulate columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	, contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once)				
/s\ Nis	Use duplicate copies of Part III if additional	space is needed					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	1	(e) Transfer of gif	t				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
——							
_		(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, an	(e) Transfer of git	Relationship of transferor to transferee				
	Transieree's name, address, an	VEI TT	relationship of admoretor to admoreto				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	fear (Continuation)	_		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
ISHARD FOUNDATION	NONE	OTHER	GENERAL	
001 WEST 10TH STREET	HONE	J'IIII		ĺ
				3.00
NDIANAPOLIS, IN 46202				3,0
IA NORTH CAROLINA	NONE	OTHER	GENERAL	:
15 WEST MORGAN STREET	,,,,,,			
ALEIGH, NC 27601		ļ		6,0
RBANA PARK DISTRICT	NONE	OTHER	GENERAL	
03 WEST UNIVERSITY AVENUE		1		
RBANA, IL 61801				1,00
NDIANA ARCHITECTURAL FOUNDATION	NONE	OTHER	GENERAL	
O BOX 5073			i	
IONSVILLE, IN 46077				2!
ENGLEWOOD COMMUNITY DEVELOPMENT	NONE	OTHER	GENERAL	
CORPORATION				į
7 N RURAL STREET				
NDIANAPOLIS IN 46201				30
INDIANA STATE MUSEUM FOUNDATION	NONE	OTHER	GENERAL	
550 W WASHINGTON STREET				
INDIANAPOLIS, IN 46204				5,00
SU FOUNDATION	NONE	OTHER	GENERAL	
0 NORTH FIFTH STREET PERRE HAUTE IN 47809				1,50
ALL TIVO				1,50
INDIANA UNIVERSITY FOUNDATION	NONE	OTHER	GENERAL	
950 NORTH MERIDIAN STREET				
INDIANAPOLIS IN 46204				2,50
OUTRUN THE SUN	NONE	OTHER	GENERAL	
2815 EAST 62ND STREET, STE 220				
NDIANAPOLIS, IN 46220				2!
CARY ACADEMY SCHOLAR'S GOLF CLASSIC	NONE	OTHER	GENERAL	
1500 N HARRISON AVENUE				1.5
ARY, NC 27513 Total from continuation sheets	<u> </u>	1		1,50

Part XV Supplementary Information	on			
3 Grants and Contributions Paid During the	Year (Continuation)	,		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
BENJAMIN HARRISON PRESIDENTIAL SITE	NONE	OTHER	GENERAL	
1230 NORTH DELAWARE				
INDIANAPOLIS, IN 46202				400.
AMERICAN CANCER SOCIETY	NONE	OTHER	GENERAL	
5635 W 96TH STREET				
INDIANAPOLIS, IN 46278				40.
AMERICAN BRAIN TUMOR ASSOCIATION	NONE	OTHER	GENERAL	
2720 RIVER ROAD, STE 146				
DES PLAINES, IL 60018		<u> </u>		50.
WAKE TECH FOUNDATION	NONE	OTHER	GENERAL	
9101 FAYETTEVILLE ROAD				
RALEIGH, NC 27603				1,000,
TURTUM GRORDS CORR	NONE	OTHER	OTHER A F	
INDIANA SPORTS CORP 201 S CAPITOL AVENUE, STE 1200	NONE	OTHER	GENERAL	
INDIANAPOLIS, IN 46225				450.
•				
OUR 2012SB, INC. 201 S CAPITOL AVENUE, STE 1200	NONE	OTHER	GENERAL	
INDIANAPOLIS IN 46225				20,000.
ALLIANCE FOR HEALTH PROMOTION -	NONE	OTHER	GENERAL	
MAYORS BIKE RIDE				
401 W MICHIGAN STREET INDIANAPOLIS IN 46202				500.
INDIANA LANDMARKS	NONE	OTHER	GENERAL	
1201 CENTRAL AVENUE INDIANAPOLIS IN 46202				1,400.
INDIAMIN OBID, IN 10202		 		1,400.
RACE FOR THE CURE	NONE	OTHER	GENERAL	
3500 DEPAUW BLVD, STE 2070 INDIANAPOLIS, IN 46268				425
INDIMAROUIS, IN 40200				435.
JOHN H. BONER COMMUNITY CENTER	NONE .	OTHER	GENERAL	
2236 EAST 10TH STREET				100
INDIANAPOLIS, IN 46201 Total from continuation sheets			. 1-	100.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of recipient contribution Amount any foundation manager Name and address (home or business) or substantial contributor OTHER GENERAL HERRON HIGH SCHOOL NONE 110 EAST 16TH STREET 200. INDIANAPOLIS, IN 46202 SECOND HELPINGS NONE OTHER GENERAL 1121 SOUTHEASTERN AVENUE INDIANAPOLIS, IN 46202 50. NONE OTHER BALL STATE UNIVERSITY GENERAL ALUMNI CENTER, STE 249, 2800 W BETHEL AVENUE MUNCIE, IN 47306 1,000. ANDERSON & BECK - JAZZ TRIO FOR NONE OTHER GENERAL JULIAN JAM 630 TIMBER MILL LANE 300. INDIANAPOLIS, IN 46260 JUSTIN CRAWFORD - JULIAN JAM NONE OTHER GENERAL 11401 RINGER ROAD 700. FORTVILLE IN 46040 OTHER GENERAL NONE THE JULIAN CENTER 2011 NORTH MERIDIAN STREET 2,000. INDIANAPOLIS, IN 46202 GLEANERS FOOD BANK NONE OTHER GENERAL 3737 WALDEMERE AVENUE INDIANAPOLIS, IN 46241 2,087. OTHER GENERAL NONE SAMANTHA'S HOUSE 2850 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208 431. NONE OTHER GENERAL PLANNED PARENTHOOD OF CENTRAL INDIANA 200 SOUTH MERIDIAN STREET, PO BOX 397 5_000. INDIANAPOLIS, IN 46205 WAKE EDUCATION PARTNERSHIP NONE OTHER GENERAL 706 HILLSBOROUGH STREET, STE A 500. RALEIGH, NC 27603 Total from continuation sheets

RATIO FOUNDATION, INC.

Part XV Supplementary Informatio				y
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
ENLAND SCHOOL OF CRAFTS	NONE	OTHER	 GENERAL	
о вох 37				
PENLAND, NC 28765				500
THE CHILDREN'S MUSEUM	NONE	OTHER	GENERAL	
PO BOX 3000				
NDIANAPOLIS, IN 46206		<u> </u>		10,000
OCAL INITIATIVES SUPPORT CORP	NONE	OTHER	GENERAL	
333 N PENNSYLVANIA ST, STE 600				
INDIANAPOLIS, IN 46204				100
AIA INDIANAPOLIS	NONE	OTHER	GENERAL	
00 S MERIDIAN STREET, STE 302				
INDIANAPOLIS, IN 46204				250
RILEY HOSPITAL FOR CHILDREN - 'TWAS	NONE	OTHER	GENERAL	
THE NIGHT BEFORE				
702 BARNHILL DRIVE				0.50
INDIANAPOLIS, IN 46202				250
		1		
Total from continuation sheets				<u></u>

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
NATIONAL BANK OF INDIANAPOLIS	}		•		3.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A			3.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS				
SOMERSET CPAS	1,175.	0.		· ·	0.
TO FORM 990-PF, PG 1, LN 16B	1,175.	0.			0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-		CHARITAE	
BANK SERVICE CHARGE	84.	0.			0.
TO FORM 990-PF, PG 1, LN 23	84.	0.	4		0.