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### **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

|                                    |           | the Treasury             | 1  |                                |          | a Private                  |          |                   |                |   |  |
|------------------------------------|-----------|--------------------------|--|--------------------------------|----------|----------------------------|----------|-------------------|----------------|---|--|
|                                    |           | ue Service               |  | Note. The foundation may be ab |          |                            | eturn te | o satisfy state i | eporting requi | rements                                 | Open to Public Inspection                              |
|                                    | e of four | ar year 2012 or t        | ax year beginni                                    | ng , a                         | nd en    | aing                       |          |                   | A Emplo        | oyer identification number              |  |
| 144                                | 6 01 1001 | noalion                  |  |                                |          |                            |          |                   |                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| TI                                 | ie (      | OTT FOUND                | DATION IN  | IC                             |          |                            |          |                   | 26             | -3299645                                |  |
|                                    |           |                          |  | vered to street address)       |          |                            | Roo      | m/suite           |                | none number (see instructions           | )  |
| _18                                | 300       | N WABASH                 | I ROAD   |                                |          |                            | 3        | 00                | 764            | <u>4-664-5400</u>                       |  |
| -                                  |           | state, and ZIP code      |  | 46050                          |          |                            |          |                   | C If exer      | nption application is pending,          | check here   |
|                                    | RIC       |                          |  | IN 46952                       |          |                            |          |                   | į              |   | . 🗂  |
| G C                                | heck a    | all that apply:          | Initial retur                                      | <del></del>                    |          | former publ                | ic ch    | arity             | <b>D</b> 1. Fo | reign organizations, check he           | re L   |
|                                    |           |                          | Final return                                       |                                | return   |                            |          |                   | 1              | reign organizations meeting the         |  |
|                                    |           |                          | Address cl   |                                |          |                            |          |                   | 85             | % test, check here and attach           | computation  |
| H C                                | heck t    | ype of organization      | on <sup>.</sup> 🗶 Section !                        | 501(c)(3) exempt private       | found    | ation                      |          |                   | L i            | ate foundation status was term          | nated under  |
| S                                  | ection    | 1 4947(a)(1) none        | xempt charitable                                   | trust _ Other taxabl           | e priva  | te foundation              | <u>n</u> |                   | sectio         | n 507(b)(1)(A), check here              |  |
| 1 Fa                               | ır mar    | ket value of all as      | sets at  | J Accounting method:           | X        | Cash                       | Accr     | ual               |                | oundation is in a 60-month te           | - 1 1  |
| en                                 | d of ye   | ear (from Part II, o     |  | Other (specify)                |          |                            |          |                   | under          | section 507(b)(1)(B), check h           | ere  |
| line                               | e 16) I   | <b>\$</b>                | 588,902  | (Part I, column (d) must       | be on    | cash basis                 |          |                   |                |   |  |
| Pa                                 | rt l      |                          | evenue and Expe                                    |                                |          | ) Revenue and expenses per |          | (b) Net inv       | estment        | (c) Adjusted net                        | <ul><li>(d) Disbursements<br/>for charitable</li></ul> |
|                                    |           |                          | (b), (c), and (d) may n<br>mn (a) (see instruction |                                | ١ '      | books                      |          | inco              | me             | income                                  | purposes<br>(cash basis only)                          |
| 3                                  | 1         | Contributions, aifts     | , grants, etc., recen                              | ved (attach schedule)          |          | 668,4                      | 00       | "                 |                | *                                       |  |
| 2013                               | 2         |                          | -  | ot required to attach Sch B    |          |                            |          |                   | ٠              | **.                                     |  |
| •                                  | 3         |                          |  | ry cash investments            |          | 3,5                        | 60       | ·                 | 3,560          | 3,560                                   | S. A. S.           |
| <b>8</b>                           | 4         |                          | nterest from secu                                  | •                              |          |                            |          |                   |                |   | Y# 31/280 \$   |
|                                    | 5a        | Gross rents              |  |                                |          |                            |          |                   |                |   |  |
| Z H                                | b         | Net rental incom         | ne or (loss)                                       |                                |          | <i>,</i>                   |          |                   |                |   |  |
| D.                                 | 6a        | Net gain or (loss) from  | sale of assets not on lir                          | ne 10                          |          |                            |          |                   | ۵              | <b>2</b> ,4.                            | -  |
| SCANREGEDURAY                      | b         | Gross sales price for a  | Il assets on line 6a                               |                                |          | ** ,                       |          | <u> </u>          |                | *                                       | . A. S.            |
| H.                                 | 7         | Capital gain net         | income (from Pa                                    | art IV, line 2)                |          |                            | *        |                   | 0              | . * * * * * * * * * * * * * * * * * * * | `  |
| Ž,                                 | 8         | Net short-term of        | apıtal gaın  |                                |          | <u> </u>                   |          |                   |                | 0                                       |  |
| 5                                  | 9         | Income modifica          | ations   | EL PROFILE                     | 5        |                            |          | ξ.,               | ,              |   | * .  |
| עש                                 | 10a       | Gross sales less retu    | rns and allowances                                 | RECEIVE                        | U        |                            |          | ··· ·             |                |   | ,  |
|                                    | b         | Less. Cost of go         |  |                                |          |                            |          | * **              | ,              | ł,                                      | 4.3  |
|                                    | С         | Gross profit or (        | loss) (attach sch                                  | equie) Way 1420                | 113      | 10                         | $\dashv$ | <u> </u>          | X > ^          |   |  |
|                                    | 11        |                          | attach schedule)                                   | ISI MILL T A F.                |          | 181                        |          |                   |                |   |  |
|                                    | 12        | Total. Add lines         | 1 through 11                                       | OCUEN                          | UT       | <u>-671,9</u>              |          |                   | 3,560          | 3,560                                   |  |
| ses                                | 13        | Compensation of          | of officers, director                              | ors, trustees, etc. EN.        | -        |                            | 0        |                   |                |   |  |
| JS.                                | 14        |                          | salaries and wa                                    | _                              | <u> </u> |                            | $\dashv$ |                   |                | <u>-</u> -                              | -  |
| <u>B</u>                           | 15        | •                        | employee benefi                                    | ts                             |          |                            |          |                   |                |   |  |
| Ä                                  | 16a       | Legal fees (atta         | •  | e) <b>STMT 1</b>               |          | 1,4                        | 150      |                   |                |   |  |
| é                                  | b         | -                        | s (attach schedul                                  | -7                             | <u> </u> | 1,4                        | 100      |                   |                |   |  |
| aţį                                | 17        |                          | I fees (attach sched                               | RECEIVED                       |          |                            | $\dashv$ |                   |                |   |  |
| str                                | 17<br>18  | Interest                 | edule) (see instructi                              |                                | 10       |                            |          |                   |                |   |  |
| <u>=</u>                           | i .       | •                        | edule) (see li Silder<br>ch schedule) क्वि de      | oplotion                       | 뗈        |                            |          |                   | ·              |   |  |
| Operating and Administrative Expen | 19<br>20  | Occupancy                | chi schedule) area de                              | MAY 1 4 2013                   | so-s     |                            | $\neg$   |                   |                |   |  |
| ¥                                  | 21        |                          | nces, and meetin                                   |                                | 置        | 2,5                        | 574      |                   |                |   |  |
| Б                                  | 22        | Printing and pul         | Ji -   | OGDEN, UT                      |          |                            |          |                   |                |   |  |
| ā                                  | 23        | Other expenses (att s    | П  | STMT 2                         | ┢═┷      |                            | 92       | -                 |                |   |  |
| Ĕ                                  | 24        |                          | ∞,<br>g and administra                             | <del>-</del>                   |          |                            |          |                   |                |   |  |
| rat                                |           | Add lines 13 thi         | -  |                                |          | 4.:                        | L26      |                   | 0              | l o                                     | o  |
| þe                                 | 25        | Contributions, gifts, gr | -  |                                |          | 279,                       |          |                   |                |   | 279,172  |
| 0                                  | 26        |                          |  | ts. Add lines 24 and 25        |          | 283,2                      |          |                   | 0              | 0                                       |  |
|                                    | 27        | Subtract line 26         |  |                                |          |                            |          |                   |                |   |  |
|                                    | a         |                          |  | s and disbursements            |          | 388,                       | 662      |                   |                |   |  |
|                                    | b         |                          | t income (if neg                                   |                                |          |                            |          |                   | 3,560          |   |  |
|                                    | 6         |                          | ncome (if negative                                 | •                              |          |                            |          |                   |                | 3,560                                   |  |

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6

588,902

| d) Date sold<br>no , day, yr )   |
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| y col (c))   |
| y ∞l (c))<br>.708518   |
| y col (c)) .708518 .866779   |
| . 708518<br>. 866779<br>. 575297<br>. 787649                             |
| y col (c)) .708518 .866779   |
| . 708518<br>. 866779<br>. 575297<br>. 787649<br>441,423                  |
| . 708518<br>. 866779<br>. 575297<br>. 787649                             |
| . 708518<br>. 866779<br>. 575297<br>. 787649<br>441,423                  |
| . 708518<br>. 866779<br>. 575297<br>. 787649<br>441,423<br>347,686<br>36 |
| . 708518<br>. 866779<br>. 575297<br>. 787649<br>441,423<br>347,686       |
| ()   |

Form 990-PF (2012)

Form 990-PF (2012)

| Form 990-PF (2012) THE OTT FOUNDATION INC   | 26-3299645                                    | Page 7           |
|---|---|------------------|
| Part VIII Information About Officers, Directors, Trust  | ees, Foundation Managers, Highly Paid Emp     | oloyees,         |
| and Contractors (continued)   |   |                  |
| 3 Five highest-paid independent contractors for professional service  | es (see instructions). If none, enter "NONE." |                  |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                           | (c) Compensation |
| NONE  |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   | -                |
|   |   |                  |
|   |   |                  |
|   |   |                  |
| Total number of others receiving over \$50,000 for professional services                                    |   | <b>&gt;</b>      |
|   |   |                  |
| Part IX-ASummary of Direct Charitable Activities  | -   | -                |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant state | tistical information such as the number of    |                  |
| organizations and other beneficiaries served, conferences convened, research papers produced, e             |   | Expenses         |
| 1 SEE STATEMENT 4   |   |                  |
|   |   |                  |
|   |   | 279,172          |
| 2   |   |                  |
|   |   |                  |
|   |   |                  |
| 3   |   |                  |
|   |   |                  |
|   |   |                  |
| 4   |   |                  |
|   |   |                  |
| Part IX-B Summary of Program-Related Investments  | s (see instructions)                          |                  |
| Describe the two largest program-related investments made by the foundation during the tax year of          |   | Amount           |
| 1 N/A   |   |                  |
|   |   |                  |
|   |   |                  |
| 2   |   |                  |
|   | 1   |                  |
|   |   |                  |
| All other program-related investments See instructions  |   |                  |
| 3   |   |                  |
|   |   |                  |

Total. Add lines 1 through 3

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Foreign                                  | n fou     | ndations,        |
|----|---|-----------|------------------|
|    | see instructions.)  |           |                  |
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,                     |           |                  |
|    | purposes:   |           | _                |
| а  | Average monthly fair market value of securities   | <u>1a</u> | 0                |
| ь  | Average of monthly cash balances  | 1b        | 448,145          |
| C  | Fair market value of all other assets (see instructions)  | 1c        | 0                |
| d  | Total (add lines 1a, b, and c)  | 1d        | 448,145          |
| 8  | Reduction claimed for blockage or other factors reported on lines 1a and  |           |                  |
|    | 1c (attach detailed explanation)  |           | _                |
| 2  | Acquisition indebtedness applicable to line 1 assets  | 2         | 0                |
| 3  | Subtract line 2 from line 1d  | 3         | 448,145          |
| 4  | Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see                              |           |                  |
|    | instructions)   | 4         | 6,722<br>441,423 |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                  | 5         |                  |
| 6  | Minimum investment return. Enter 5% of line 5   | 6         | 22,071           |
| Pa | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating                       |           |                  |
|    | foundations and certain foreign organizations check here  and do not complete this part )                             |           |                  |
| 1  | Minimum investment return from Part X, line 6   | 1         | 22,071           |
| 2a | Tax on investment income for 2012 from Part VI, line 5  | , "       |                  |
| b  | Income tax for 2012. (This does not include the tax from Part VI)   |           |                  |
| C  | Add lines 2a and 2b   | 2c        | 71               |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1  | _3_       | 22,000           |
| 4  | Recoveries of amounts treated as qualifying distributions   | 4         |                  |
| 5  | Add lines 3 and 4   | 5         | 22,000           |
| 6  | Deduction from distributable amount (see instructions)  | 6         |                  |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,                           |           |                  |
|    | line 1  | 7         | 22,000           |
| P  | art XII   |           |                  |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.                            |           |                  |
| a  | Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26   | 1a        | 279,172          |
| b  | Program-related investments – total from Part IX-B  | 1b        |                  |
| 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_        | 279,172          |
| 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 (see instructions)   | 5         | 0                |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6         | 279,172          |
|    | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found | ation     |                  |
|    | qualifies for the section 4940(e) reduction of tax in those years   |           |                  |

| Part XV   Supplementary Information (c  | ontinued)  |                      |                                  |        |
|---|--|----------------------|----------------------------------|--------|
| Part XV Supplementary Information (c<br>3 Grants and Contributions Paid During th | e Year or Approved for F   | uture Payment        |                                  |        |
| Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)   | or substantial contributor   | reapient             | COMMIDDING                       |        |
| a Paid during the year SEE STATEMENT 5  |  |                      |                                  | 279,17 |
|   |  |                      |                                  |        |
|   |  |                      |                                  | -      |
|   |  |                      |                                  |        |
|   |  |                      |                                  |        |
|   |  |                      |                                  |        |
| Total   |  |                      | <b>▶</b> 3a                      | 279,17 |
| b Approved for future payment N/A   |  |                      | P Ja                             |        |
|   |  |                      |                                  |        |
| Total   |  |                      | <b>▶</b> 3h                      |        |

| ī            | Part XVI-A    | Analysis of Income-Producing Act                                   | ivities              |                                       |                          |                               |                                       |
|--------------|---------------|--|----------------------|---------------------------------------|--------------------------|-------------------------------|---------------------------------------|
|              |               | unts unless otherwise indicated.                                   | 1                    | d business income                     | Exclude                  | d by section 512, 513, or 514 |                                       |
|              |               |  | (a)<br>Business code | (b)<br>Amount                         | (c)<br>Exclusion<br>code | ( <b>d</b> )<br>Amount        | (e) Related or exempt function income |
| 1            | Program ser   | vice revenue:  |                      |                                       | 1                        |                               | (See instructions )                   |
|              |               |  |                      |                                       | ļ                        |                               |                                       |
|              |               |  |                      |                                       | -                        |                               |                                       |
|              |               |  |                      |                                       |                          |                               |                                       |
|              | d             |  |                      |                                       | <b>├</b>                 |                               |                                       |
|              |               |  | -                    |                                       | <del> </del>             |                               |                                       |
|              | f             |  | 1                    |                                       | 1                        |                               |                                       |
|              | _             | d contracts from government agencies                               |                      |                                       | <del> </del>             |                               |                                       |
|              | -             | dues and assessments   |                      |                                       | 1 4                      | 2.560                         |                                       |
| 3            |               | avings and temporary cash investments                              |                      |                                       | 14                       | 3,560                         |                                       |
| 4            |               | nd interest from securities  |                      |                                       |                          |                               |                                       |
| 5            |               | come or (loss) from real estate.                                   |                      | -                                     | <del> </del>             | - ×                           |                                       |
|              |               | anced property   |                      |                                       | -                        |                               |                                       |
| _            |               | t-financed property  |                      |                                       | +                        |                               |                                       |
|              |               | come or (loss) from personal property                              |                      |                                       | +                        |                               |                                       |
|              | Other investi |  |                      |                                       | <del> </del>             |                               |                                       |
|              | •             | s) from sales of assets other than inventory                       |                      |                                       | <del> </del>             |                               |                                       |
| 10           |               | or (loss) from special events<br>or (loss) from sales of inventory |                      | · · · · · · · · · · · · · · · · · · · | <del> </del>             |                               |                                       |
|              | •             | ue: a  |                      |                                       | +                        | <del></del>                   | · · · · · ·                           |
| • •          |               |  |                      |                                       |                          |                               | <u>.</u>                              |
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|              |               |  |                      |                                       | 1                        |                               |                                       |
|              | e             |  |                      |                                       |                          |                               |                                       |
| 12           |               | ld columns (b), (d), and (e)                                       |                      | (                                     |                          | 3,560                         | 0                                     |
|              |               | ine 12, columns (b), (d), and (e)                                  |                      | •                                     |                          | 13                            | 3,560                                 |
|              |               | in line 13 instructions to verify calculations.)                   |                      |                                       |                          | _                             |                                       |
|              | Part XVI-B    |  | complishm            | ent of Exempt P                       | urpose                   | es                            |                                       |
|              | Line No.      | Explain below how each activity for which income                   |                      |                                       |                          |                               |                                       |
|              |               | accomplishment of the foundation's exempt purpo                    | oses (other than     | by providing funds for                | or such p                | urposes). (See instruct       | ions.)                                |
| _            | N/A           |  |                      |                                       |                          | <del> </del>                  | <del></del>                           |
| _            |               |  |                      |                                       |                          |                               |                                       |
|              |               |  |                      |                                       |                          |                               | -                                     |
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|              |               |  |                      |                                       |                          |                               |                                       |
|              |               |  |                      |                                       |                          |                               |                                       |

| Form 990-PF (20             | 012) THE OTT F  | 'OUNDA'I                            | CION INC   | 26-3299645  | Page 13   |
|-----------------------------|---|-------------------------------------|--|---|---|
| Part XVII                   | Information Rega  | arding Tra                          | ansfers To and Transactio  | ns and Relationships W  | ith Noncharitable   |
| ın section (<br>organizatio | 501(c) of the Code (other   | rectly engag<br>r than section      | ge in any of the following with any con 501(c)(3) organizations) or in se                      | ction 527, relating to political  | Yes No  |
| (1) Cash<br>(2) Other a     | assets  |                                     |  |   | 1a(1) X<br>1a(2) X  |
|                             | of assets to a noncharita   |                                     | _  |   | 1b(1) X<br>1b(2) X  |
| (3) Rental                  | ases of assets from a no<br>of facilities, equipment,<br>oursement arrangements | or other ass                        | -  |   | 1b(2) X<br>1b(3) X<br>1b(4) X   |
| (5) Loans                   | or loan guarantees  |                                     | r fundraising solicitations  |   | 1b(5) X<br>1b(6) X  |
| c Sharing of d If the answ  | facilities, equipment, m  | ailing lists, o<br>s "Yes," com     | ther assets, or paid employees<br>plete the following schedule. Colui                          |   | 1c X  |
|                             | •   | _                                   | iven by the reporting foundation. If<br>nt, show in column (d) the value of                    |   |   |
| (a) Line no                 | (b) Amount involved   | (c) Name                            | e of noncharitable exempt organization   | (d) Description of transfers,   | transactions, and sharing arrangements  |
|                             |   |                                     |  |   |   |
|                             |   |                                     |  |   |   |
|                             |   | <u> </u>                            |  |   |   |
|                             |   |                                     |  |   |   |
|                             |   |                                     |  |   |   |
|                             |   |                                     |  |   |   |
|                             |   |                                     |  |   |   |
|                             |   |                                     |  |   |   |
| 2a. Is the four             | ndation directly or indirec   | tly affiliated                      | with, or related to, one or more tax   | -exempt organizations   |   |
| described                   | •   | Code (other                         | than section 501(c)(3)) or in section  | . •   | Yes X No  |
| N/A                         | (a) Name of organization  |                                     | (b) Type of organization   | (c) Descr   | ription of relationship   |
|                             |   |                                     |  |   |   |
|                             |   |                                     |  |   |   |
|                             | penalties of perjury, I declare the and complete Declaration of                 | nat I have exami<br>preparer (other | Inned this return, including accompanying sch<br>than taxpayer) is based on all information of | Ledules and statements, and to the best of which preparer has any knowledge | of my knowledge and belief, it is true,  May the IRS discuss this return  with the preparer shown below |
| Sign<br>Here                | gnature of officer or trustee   | m/ 2                                | - S Date   |   | (see instructions)? X Yes No  |
| Paid                        | Type preparer's name  ERT J. LOGAN,   | CPA                                 | Pyeparer's signatu   | A Locus   | Date Check if self-employed   |
| Preparer Firm'              | s name ► REA  | LOGAN 8                             |  |   | PTIN P00118145  |
| Firm'                       | s address ► 202 MARI  |                                     | INGTON ST.<br>46952-8637   |   | Firm's EIN ▶ 26-1194602 Phone no 765-664-2366   |
|                             |   |                                     |  |   | Form 990-PF (2012   |

### Schedule B<sup>\*</sup> (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

**Employer identification number** 

2012

THE OTT FOUNDATION INC 26-3299645 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 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 331/3 % 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization THE OTT FOUNDATION INC Employer identification number 26-3299645

| Part I            | Contributors (see instructions). Use duplicate copies of P | art I if additional space is ne | eded.   |
|-------------------|--|---------------------------------|---|
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                          | (c) Total contributions         | (d)<br>Type of contribution   |
| 1                 | GARY & CONNIE OTT<br>1800 N WABASH ROAD<br>MARION IN 46952 | \$ 666,000                      | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution   |
| 110.              |  | \$                              | Person Payroll Noncash (Complete Part II if there is a noncash contribution)    |
| (a)<br>No.        | (b)<br>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)<br>No.        | (b)<br>Name, address, and ZIP + 4                          | (c) Total contributions         | (d)<br>Type of contribution   |
|                   |  | \$                              | Person Payroll Noncash (Complete Part II if there is a noncash contribution)    |
| (a)<br>No.        | (b)<br>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)<br><u>No.</u> | (b)<br>Name, address, and ZIP + 4                          | (c) Total contributions         | (d) Type of contribution  |
|                   |  | \$                              | Person Payroli Noncash (Complete Part II if there is a noncash contribution)    |

| 26-3299645  | Federal (                     | Federal Statements |   |                 |                       |   |
|---|-------------------------------|--------------------|---|-----------------|-----------------------|---|
| Statement   | Statement 1 - Form 990-PF, Pa | art I, Line 16b    | 90-PF, Part I, Line 16b - Accounting Fees             | ØI              |                       | , |
| Description   | Total                         | Net<br>Investment  | ·   | Adjusted<br>Net | Charitable<br>Purpose |   |
| INDIRECT ACCOUNTING FEES TOTAL                                      | \$ 1,460                      | \$\dots            | \$ \$   | 0               | w w                   |   |
|   |                               |                    |   |                 |                       |   |
| Statemen  | Statement 2 - Form 990-PF, F  | Part I, Line 23    | 990-PF, Part I, Line 23 - Other Expenses              |                 |                       |   |
| Description   | Total                         | Net<br>Investment  |   | Adjusted<br>Net | Charitable<br>Purpose |   |
|   | ళు                            | ₩                  | ❖   |                 | \$                    |   |
| EXPENSES<br>TAX EXPENSE<br>BANK FEES                                | 42                            |                    |   |                 |                       | · |
| LEGAL FEES<br>TOTAL   | \$ 92                         | w                  | φ.<br>  0   | 0               | \$                    |   |
| Statement 3 - Form 990-PF, Part                                     | 30-PF, Part VIII, Line        | 1 - List of Offi   | VIII, Line 1 - List of Officers, Directors, Trustees, | rustees, Etc.   |                       |   |
| Name and<br>Address   | Title                         | Average<br>Hours   | Compensation  | Benefits        | Expenses              | s |
| GARY OTT<br>1800 N WABASH ROAD<br>MARION IN 46952                   | PRESIDENT                     | 1.00               | 0   |                 | 0                     | 0 |
| CONNIE OTT<br>1800 N WABASH ROAD<br>MARION IN 46952                 | TREASURER                     | 1.00               | 0   |                 | 0                     | 0 |
| BRADLEY OTT<br>16403 STONY RIDGE DRIVE<br>NOBLESVILLE IN 46060-8071 | V-PRESIDENT                   | 1.00               | 0   |                 | 0                     | 0 |
| SARAH OTT<br>16403 STONY RIDGE DRIVE<br>NOBLESVILLE IN 46060-8071   | DIRECTOR                      | 1.00               |   |                 | 0                     | 0 |
|   |                               |                    | -   |                 |                       |   |
|   |                               |                    |   |                 | 1-3                   |   |

| 26-3299645  | Federal              | Federal Statements |                   | _             | •        |
|---|----------------------|--------------------|-------------------|---------------|----------|
| Statement 3 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, | 190-PF, Part VIII, L | ine 1 - List of    | Officers, Directo | rs, Trustees, | ,        |
|   | Etc. (               | continued)         |                   | <u> </u>      |          |
| Name and<br>Address   | Title                | Average<br>Hours   | Compensation      | Benefits      | Expenses |
| RYAN OTT<br>1050 LONG BRANCH COURT<br>GAS CITY IN 46933                               | DIRECTOR             | 1.00               | 0                 | 0             | 0        |
| AMIE OTT<br>1050 LONG BRANCH COURT<br>GAS CITY IN 46933                               | DIRECTOR             | 1.00               | 0                 | 0             | 0        |
| DANIEL SHOWALTER<br>16739 BURKET DRIVE<br>WESTFIELD IN 46074                          | DIRECTOR             | 1.00               | 0                 | 0             | 0        |
| JENNIFER SHOWALTER 16739 BURKET DRIVE WESTFIELD IN 46074                              | DIRECTOR             | 1.00               | 0                 |               | 0        |
|   |                      |                    |                   |               | 8        |

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26-3299645

### **Federal Statements**

### Statement 4 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

### Description

RELIEF FOR THE POOR, DISTRESSED OR UNDERPRIVILEGED.
ADVANCEMENT OF EDUCATION WHICH INCLUDE CONTRIBUTING TO
EDUCATIONAL INSTITUTIONS FOR THE SUPPORT AND FURTHERANCE
OF THE EDUCATIONAL INSTITUTION OR REWARDING OF
SCHOLARSHIPS. SUPPORT OF RELIGIOUS ORGANIZATIONS.

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### Federal Statements

## Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

3,000 2,000 5,000 4,400 5,000 1,000 7,160 2,000 200 100 912 72,500 30,000 2,000 12,000 80,000 5,000 2,000 10,000 Amount OPERATIONS & EDUCATION FOR CHILDREN NEW ZEALAND CHURCH PLANTING LETS FIGHT LYME BENEFIT GENERAL MINISTRY NEEDS Purpose CHILDREN SPONSORSHIP STUDENT SCHOLARSHIP MISSIONARY SUPPORT MISSIONARY SUPPORT THE HOSTESS HOUSE MINISTRY SUPPORT PROJECT ABRAHAM MOLDOVA ACCOUNT FAIRMOUNT CAMP OUTREACH FUND SUPPORT STE 200 1042 PEACHTREE INDUSTRIAL 101 SOUTH WASHINGTON ST SIMMS ST., UNIT 20 SCHALKS CROSSING RD EDUCATIONAL 12290 VOYAGER PARKWAY 1206 N MILLER AVENUE 4201 S WASHINGTON ST Status 3037-T HOPYARD ROAD 723 W FOURTH STREET 5313 S COLONY BLVD CHARITY 625 SLATERS LANE, CHARITY CHARITY CHARITY CHARITY S GALLATIN ST CHARITY 401 w 39TH STREET 14485 E EVANS AVE E 38TH STREET Address PO BOX 50434 PO BOX 365 PO BOX 134 PO BOX 497 Relationship ഗ 5500 200 423 NONE COLORADO SPRINGS CO 80921 INDIANA NORTH DISTRICT OFFICE CLARK MEDICAL DONATION INDIANAPOLIS IN 46250 INDIANAPOLIS IN 46206 PRINCETON ALLIANCE CHURCH COMPASSION INTERNATIONAL SPECIAL OLYMPICS INDIANA NEIGHBOR HOPE MINISTRIES WORLD HOPE INTERNATIONAL ST JAMES LUTHERAN CHURCH WILSON VAUGHAN HOUSE GRANT CO. RESCUE MISSION PLAINSBORO NJ 08536 PLEASANTON CA 94588 ALEXANDRIA VA 22314 THE COLONY TX 75056 COLLEGE WESLEYAN CHURCH KINGDOM BUILDING MINIST JONESBORO IN 46938 LITTLETON CO 80127 FAMILY SERVICE SOCIETY LAMPLIGHTER MINISTRIES INDIANA WESLEYAN UNIV. FISHERS IN 46038 Address Name MARION IN 46953 MARION IN 46952 AURORA CO 80014 MARION IN 46952 MARION IN 46953 MARION IN 46952 MARION IN 46953 MARION IN 46952 MARION IN 46953 GILEAD MINISTRIES SOLD PROJECT GLOBAL PARTNERS STOREHOUSE THE THE THE ANN

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| <b>Statements</b> |
|-------------------|
| Federal           |
|                   |

26-3299645

# Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

|         | Amount       | •                       | 2,500                | 1                           | 2,300                | 1                       | 25,000           | ,               | 100                   | •                            | 5,000              | 279,172 |
|---------|--------------|-------------------------|----------------------|-----------------------------|----------------------|-------------------------|------------------|-----------------|-----------------------|------------------------------|--------------------|---------|
| -       | Purpose      |                         | GENERAL FUND         |                             | SUPPORT OF NATE HOOD |                         | GENERAL MINISTRY |                 | THEFT LOSS ASSISTANCE |                              | MISSIONARY SUPPORT |         |
| Address | Status       | EW DRIVE                | CHARITY              | ERIA ST                     | INDIVIDUAL           | 10310                   | CHARITY          | ER RD           | INDIVIDUAL            | LLMEYER COURT                | CHARITY            |         |
|         | Relationship | 470 LAKEVIEW DRIVE      | <u> </u>             | 13857 KRAMERIA ST           |                      | PO BOX 103              | 띹                | 604 RENNAKER RD |                       | 4107 GALLM                   | 凹                  |         |
|         |              |                         | 0 NONE               | RAIN                        | NONE                 |                         | NONE             |                 | NONE                  | SIONS                        | NONE               |         |
| Name    | Address      | LEGACY CHRISTIAN SCHOOL | NOBELSVILLE IN 46060 | QUICK TIME PLUMBING & DRAIN | THORNTON CO 80602    | GRIP OUTREACH FOR YOUTH | CHICAGO IL 60610 | MELISSA WATTERS | LAFONTAINE IN 46940   | RAY OF HOPE MEDICAL MISSIONS | FT WAYNE IN 46835  | TOTAL   |