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# Form **990-PF**

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

		be able to use a copy of this	return to satisfy state repo	orting requirements.	Open to public inspection
	calendar year 2012 or tax year beginning		, and ending		
Nai	me of foundation			A Employer identification	number
	ARANAY FAMILY FOUNDATION,			27-1363578	<u> </u>
	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	342 W. VERMONT ST.	<u></u>		574-243-41	.53
	y or town, state, and ZIP code			C if exemption application is p	ending, check here
	NDIANAPOLIS, IN 46224				
G (	Check all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		2. Foreign organizations me	esting the 85% test
	Address change	Name change		2. Foreign organizations me check here and attach co	omputation
H (	Check type of organization: X Section 501(c)(3) ex		-1	E If private foundation sta	
<u> </u>		Other taxable private founding method: X Cash		under section 507(b)(1)	(A), check here
		ng method: LX Cash cher (specify)	Accrual	F If the foundation is in a	
	\$ 4,047,549. (Part I, colu		basis )	under section 507(b)(1)	)(B), check here
	art   Analysis of Revenue and Expenses	I		(a) Adverted pet	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	1,001,500.	<del>.</del>	†	(333. 340.0 0),
	2 Check I if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	31,749.	31,749.	31,749.	STATEMENT 1
	4 Dividends and interest from securities	27,420.	27,420.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				-
Ð	6a Net gain or (loss) from sale of assets not on line 10	-1,562.			
ğ	b Gross sales price for all 381,157.				
Revenue	7 Capital gain net income (from Part IV, line 2)	- ma	0.	<u></u>	
	8 Net short-term capital gain			N/A	
	9 Income modifications Gross sales less returns				
	102 and allowances				
	D Less Cost of goods sold				ļ
	c Gross profit or (loss)  11 Other income				
	12 Total. Add lines 1 through 11	1,059,107.	59,169.	59,169.	<del> </del>
_	13 Compensation of officers, directors, trustees, etc	0.	33,103.	39,109.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	-			<del>                                     </del>
ses	16a Lenal fees				<del>                                     </del>
ě	b Accounting fees STMT 3	1,775.	1,775.	0.	0.
Operating and Administrative Expens	c Other professional fees	· · · · · ·			
ķ	17 Interest				
trat	18 Taxes. PECFIVE STMT 4 19 Depreciation and depletion	408.	408.	0.	0.
nist	19 Depreciation and depretion				
Ë	20 Occupancy 21 Travel pronferences and fifeetings 22 Printing and publications				
Ă	21 Travell conferences and meetings 22 Printing and publications				
au	22 Printing and publications	25 525	25 522		
ing	23 Other expenses GOEN STMT 5	35,729.	35,729.	0.	0.
<sub>э</sub> rat	24 Total operating and administrative	37 010	27 010		
Ö	expenses. Add lines 13 through 23	37,912.	37,912.	0.	105 000
_	25 Contributions, gins, grants paid	105,000.			105,000.
	26 Total expenses and disbursements.	142 012	37 010		105 000
	Add lines 24 and 25	142,912.	37,912.	0.	105,000.
	27 Subtract line 26 from line 12:	916,195.			
	Excess of revenue over expenses and disbursements     Net investment income (if penative enter -0-)	710,1930	21,257.	<del> </del>	-

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59,169.

c Adjusted net income (if negative, enter -0-)

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,003,384.	2,884.	2,884.
	2	Savings and temporary cash investments	1,063,290.	1,961,626.	1,961,626.
	3	Accounts receivable ▶	****		<del></del>
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			<del></del>
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
s	8	Inventories for sale or use			<del></del>
Assets	9	Prepaid expenses and deferred charges	<del>"</del>		<del></del>
As		Investments - U.S. and state government obligations			<del></del>
		Investments - corporate stock			
	l	Investments - corporate bonds			<del></del>
		Investments - land, buildings, and equipment basis			
	l ''		·		
	12	Less accumulated depreciation			
	13	Investments - mortgage loans Investments - other STMT 6	1,009,649.	2,027,934.	2,081,254.
	l	<b>.</b>	1,003,043.	2,021,334.	2,001,234.
	"	Land, buildings, and equipment basis		ļ	
	46	Less accumulated depreciation  Other assets (describe ► STATEMENT 7 )	1,711.	1,785.	1 705
	10	Other assets (describe ► STATEMENT 7)	1,/110	1,705.	1,785.
	40	Total assate (to be completed by all filess)	3,078,034.	2 004 220	4 047 E40
_		Total assets (to be completed by all filers)	3,0/0,034.	3,994,229.	4,047,549.
		Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
ij		Loans from officers, directors, trustees, and other disqualified persons			
Lial	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
				•	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.	2 2 2 2 2 4		
nces	24	Unrestricted	3,078,034.	3,994,229.	
ag a	25	Temporarily restricted			
Fund Bala	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
or F		and complete lines 27 through 31.			
ts	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		<u></u>	
Ž	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances	3,078,034.	3,994,229.	
_	31	Total liabilities and net assets/fund balances	3,078,034.	3,994,229.	
ΓP	art	Analysis of Changes in Net Assets or Fund B	alances		
		net assets or fund balances at beginning of year - Part II, column (a), line		<del></del>	
'		ther assets of fund balances at beginning of year - Part it, column (a), line in agree with end-of-year figure reported on prior year's return)	JU		3,078,034.
•	•	rander with end-or-year figure reported on prior year's return)		1	916,195.
		r increases not included in line 2 (itemize)		2	916,195.
		lines 1, 2, and 3		3	3,994,229.
		eases not included in line 2 (itemize)		4	3,994,229.
			duma (h) line 20	5 6	3,994,229.
6	1014	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numin (D), mile 30		5, 994, 229.

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Part IV Capital Gains	and Losses for Tax on I	nvestment	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.)					low ac - Purcl - Dona	nase [	c) Date acq (mo., day,		(d) Date sold (mo., day, yr.)
1a POWERSHARES						P (	8/15/	/12	11/28/12
	FEDERAL HOME LN P 0					8/17/		03/08/12	
c FEDERAL HOME L	N						10/05		06/28/12
d ISHARES TR S&P							7/06/		05/17/12
e ISHARES TR RUS	SELL			Ц,		P (	06/21/		12/05/12
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain (e) plus (f)		9)
a 45,263.			47,03						-1,770.
b 100,000.			99,90						100.
c 100,000.			99,87						125.
d 70,940.		ļ	76,96						-6,022.
e 64,954.		1	58,94	9.					6,005.
Complete only for assets showin	g gain in column (h) and owned by	the foundation	on 12/31/69				Gains (Col.		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			COI. (	(k), but not Losses (fro		
a									-1,770.
b									100.
C									125.
d									-6,022.
e									6,005.
2 Capital gain net income or (net ca	pital loss) { If gain, also ento	er ın Part I, line 0- ın Part I, line	7 7	}	2				-1,562.
3 Net short-term capital gain or (los	•			<b>_</b>					• •
If gain, also enter in Part I, line 8,		iiid (0).		J					
If (loss), enter -0- in Part I, line 8	• •			ال	3				-1,562.
Part V   Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	lnv	estn	nent Inco	ome		
(For optional use by domestic private if section 4940(d)(2) applies, leave if Was the foundation liable for the sect if "Yes," the foundation does not qual	nis part blank. tion 4942 tax on the distributable a	mount of any ye	ear in the base per		i-)				Yes X No
	each column for each year, see the			ntries					
(a)	(b)			(c)			1		(d)
Base periód years Calendar year (or tax year beginnii	ng in) Adjusted qualifying di		Net value of no	nchai	rtable-			Distrit I. (b) div	oution ratio ided by col. (c))
2011		49,800.			<del></del>	0,304	+		.024171
2010		4,937.				7,959			.004580
2009		0.			8	6,598	•		.000000
2008							<del>-</del>		
2007	Í						<del>                                     </del>		
2 Total of line 1, column (d)							2		.028751
3 Average distribution ratio for the state the foundation has been in existent		l on line 2 by 5,	or by the number	of ye	ars		3		.009584
4 Enter the net value of noncharitab	le-use assets for 2012 from Part X	, line 5					4		3,132,692.
5 Multiply line 4 by line 3					5		30,024.		
	an (40) of Double has 0.75								
6 Enter 1% of net investment incom	18 ( 1% OT PART I, IINB 270)						6		213.
7 Add lines 5 and 6							7		30,237.
8 Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions.	n Part XII, line 4 I line 7, check the box in Part VI, lin	e 1b, and comp	elete that part usin	g a 1'	% tax ı	rate.	8		105,000.
000504 40 05 40									orm <b>990-PF</b> (2012)

	990-PF (2012) BARANAY FAMILY FOUNDATION, INC					1363		ſ	Page 4
	art VI Excise Tax Based on Investment Income (Section 4940			940(e), or 4	948	- see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and er	nter "N/	'A" on line 1.	J					
	Date of ruling or determination letter: (attach copy of letter if nec			ns)		1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	• <u>X</u>	and enter 1%	<b>)</b>	_1_	<u> </u>		2	<u>13.</u>
	of Part I, line 27b								
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			(b). J					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers ei	nter -0-)		2				0.
	Add lines 1 and 2				3			2	13.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers e	nter -0-)		4				<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5	ļ		2	13.
	Credits/Payments:	1 -	1						
	2012 estimated tax payments and 2011 overpayment credited to 2012	6a	<u> </u>						
	Exempt foreign organizations - tax withheld at source	6b	<b>_</b>						
	Tax paid with application for extension of time to file (Form 8868)	6c							
	Backup withholding erroneously withhold	_6d	<u> </u>	-		ļ			_
	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 attack.	ched			8				4 2
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				9				<u> 13.</u>
	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 2013 estimated tax ▶  art VII-A   Statements Regarding Activities	_		Refunded	11				
								Vaal	Na
14	During the tax year, did the foundation attempt to influence any national, state, or local legisl any political campaign?	ation c	or ala it participa	ite or intervene	ın		4.	Yes	No
ь.		(	<b></b>				1a	-	X
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	•		•			1b	_	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	а сорі	es or any mat	enais publishe	ea or				
	distributed by the foundation in connection with the activities.								v
	Did the foundation file Form 1120-POL for this year?						1c	$\dashv$	<u> </u>
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1) On the foundation. > \$ 0 • (2) On foundation managers.			0.					
۰	Enter the reimbursement (if any) paid by the foundation during the year for political expendit							l	
C	managers. > \$ 0.	ture tax	x imposed on io	undation					
2	Has the foundation engaged in any activities that have not previously been reported to the IR	200					2		X
-	If "Yes," attach a detailed description of the activities	10,							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrum	ent articles of i	ncornoration o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		ong arabics or i	ilcorporation, o	'		3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year						4a		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes," has it filed a tax return on Form 990-T for this year?	•			N	/A	4b		<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					,	5	$\neg$	X
	If "Yes," attach the statement required by General Instruction T.						<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	ther:							
	By language in the governing instrument, or							1	
	By state legislation that effectively amends the governing instrument so that no mandatory	/ direct	tions that confli	ct with the state	law		1		
	remain in the governing instrument?						6	х	
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 instruction	ns) 🕨						ŀ	
	IN								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney	General (or des	ignate)					
	of each state as required by General Instruction G? If "No," attach explanation	•	•	•			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4	942(j)(3) or 494	(2)(5) for cale	ndar		-		
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," co	omple	te Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedul	le listing	their names and a	ddresses S	TMT		10	X	
						Forn	n <b>990</b>	-PF (	2012)

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
<u>-</u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		· · · · · · · · · · · · · · · · · · ·
a		1a	1.715.236.
b	Average of monthly cash balances	1b	1,715,236. 1,465,162.
C		1c	
d	Total (add lines 1a, b, and c)	1d	3,180,398.
е	Reduction claimed for blockage or other factors reported on lines 1a and	- <u> </u>	
	1c (attach detailed explanation) 1e 0.	'	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,180,398.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	47,706.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,132,692.
6	Minimum investment return. Enter 5% of line 5	6	156,635.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	156,635.
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	213.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	156,422.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	156,422.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	<u> 156</u> ,422.
P	art XII Qualifying Distributions (see instructions)	-	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	6.40	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	105,000.
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:	15 1	
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	105,000.
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	213.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	104,787.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for	the section

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2012 from Part XI, line 7  2 Undestributed recome, 4 any, as of the and of 2012 a Enter amount for 2011 only 3 Total for pricy spaces:  3 Excess distributions carryover, if any, to 2012: 4 From 2007  5 From 2009  6 From 2010  6 From 2010  7 From 2010  9 From 2010  9 From 2010  9 Part XII, line 4: ▶ \$ 1.05, 0.00.0  4 Applied to 2011, but not more than line 2 a Applied to 2011, but not more than line 2 a 1011,650.  4 Applied to 2011, but not more than line 2 a 1011,650.  5 Packed as distributions for 2012 from Part XII, line 4: ▶ \$ 1.05, 0.00.0  4 Applied to 2011, but not more of prior years (Election required - see instructions)  (		(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
Intel®   2   Undestinated action come, a large, and the world of 2012	1 Distributable amount for 2012 from Part XI.				
2. Undestributed recover, damy, us of the end of 3012 a. Enter amount 1012 2011 only b Total for prior years:  3. Excess distributions carryover, if any, to 2012 4 from 2007 b from 2008 c. From 2009 d. From 2010 c. From 2010 c. From 2010 c. From 2011 f. Total of line 3s through e. C. Total of line 3s through e. C. Applied to 2012 from 2011 f. Total of line 3s through e. C. Applied to 2012 from 2011 f. Total of line 3s through e. C. Applied to 2011 but not more than hine 2a by Applied to undestributed morne of prior years (Rector in required - see instructions) d. Applied to 2012 distributional amount of corpus c. Rector and distributed out of corpus c. Rector and distributed and come s. Subtract line 4s from line 2s. As and so subtract lines 4s from line 2s. Taballe amount - see most c. Bracter and distributed ancome for 2012. Subtract lines 4s from line 2s. Taballe amount - see most c. Undestributed ancome for 2011. Subtract line 4 from line 2s. Taballe amount - see most c. Undestributed ancome for 2011. Subtract line 4 from line 2s. Taballe amount - see most c. Undestributed ancome for 2011. Subtract line 4 from line 2s. Taballe amount - see most c. Undestributed ancome for 2011. Subtract line 4 from line 2s. Taballe amount - see most c. Corpus to satisfy requirements imposed by section 700(N)(N) or 484(20)(3) s. C. Resto stability lines and post of the 2s. C. Resto stability lines and 2013 s. C. Resto stability lines are post to 2013. Subtract lines 6s from 2016 s. R	·				156.422.
a Enter amount for 2011 only b Total for prior years:  Sexess distributions carryover, if any, to 2012: 4 From 2007 b From 2009 d From 2010 e From 2011 e From 20	·				
Sexess distributions carryover, if any, to 2012:  a From 2007 b From 2008 e From 2009 d From 2010 f From 2011 Total of lines 3a through e  O  4 Opialyhing distributions for 2012 from Part XI, lines 4: № \$ 105,000.  A Appled to 2011, but not more than line 2a Appled to 2014, but not more than line 2a Appled to 2012 distributible amount (Election required - see instructions) d Appled to 2012 distributible amount (Election required - see instructions) d Appled to 2012 distributible amount  8 Emaining amount distributed out of corpus  5 Excess distributions out of corpus  5 Excess distributions out of corpus  6 Extern the net total of each column as indicated below:  A Corpus Add Innes 2.  Certification of below:  A Corpus Add Innes 2.  Either the net total of each column as indicated below:  A Corpus Add Innes 2.  Either the amount of prof year?  Undestributed innes 6.  Solvent Innes 6. Toxable amount the seed of t				101,650.	
3 Excess distributions carryover, if any, to 2012: a from 2007 b From 2008 c From 2009 d From 2010 1 Total of lines 3a through e  4 Qualifying distributions for 2012 from Part XII, line 4: PS 105, 000 3 Applied to 2011, but not more than line 2a 3 Applied to 2011, but not more than line 2a 3 Applied to 2011, but not more than line 2a 3 Applied to 2011, but not more than line 2a 3 Applied to 2011, but not more than line 2a 3 Applied to 2011, but not more than line 2a 3 Applied to 2011, but not more than line 2a 3 Applied to 2011, but not more than line 2a 3 Applied to 2011, but not more than line 2a 3 Applied to 2011, but not more than line 2a 3 Applied to 2012 distributable amount 8 Remaining amount distributed out of corpus 5 Ceases sintermal-one enrywine applies to 2012 0 .  5 Ceases sintermal-one enrywine applies to 2012 0 .  6 Eater the net tatal of each oolimic to 2014 0 .  6 Eater the net tatal of each oolimic to 2014 0 .  6 Eater the net tatal of each oolimic to 2014 0 .  6 Eater the net tatal of each oolimic to 2014 0 .  6 Eater the net tatal of each oolimic to 2014 0 .  6 Eater the net tatal of each oolimic to 2014 0 .  6 Eater the net tatal of each oolimic to 2014 0 .  6 Eater the net tatal of each oolimic to 2014 0 .  6 Eater the net tatal of each oolimic to 2014 0 .  6 Eater the net tatal of each oolimic to 2014 0 .  6 Eater the net tatal of each oolimic to 2014 0 .  7 Eater the net tatal of each oolimic to 2014 0 .  8 Excess distributed each or 2015 0 .  8 Excess distribution scarryover ton 2013 0 .  8 Excess from 2016 0 .  9 Excess distributions carryover ton 2015 0 .  9 Excess from 2016 0 .  9 Excess from 2017 0 .  9 Excess from 2016 0 .  9 Excess from 2017	-				
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<b>c</b> Excess from 2010 <b>d</b> Excess from 2011 <b>e</b> Excess from 2012	a Excess from 2008				
d Excess from 2011 e Excess from 2012					
e Excess from 2012					
	e Excess from 2012				- 000 55

Part XV   Supplementary Informati	<del></del>	_		
3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
MARIAN HIGH SCHOOL	NONE	501(C)(3)	HELP PROVIDE THE	
1311 SOUTH LOGAN STREET			EXCEPTIONAL CATHOLIC	
MISHAWAKA, IN 46544			EDUCATION AND FAMILY	
			COMMUNITY.	55,000.
UNIVERSITY OF NOTRE DAME	NONE	501(C)(3)	HELP PROVIDE THE	
112 N. NOTRE DAME AVE			EXCEPTIONAL CATHOLIC	
SOUTH BEND, IN 46556			EDUCATION AND FAMILY	
		-	COMMUNITY.	50,000.
			i	
			-+	
			-	
			1	
			1	
Total		<b>T</b>	<b>▶</b> 3a	105,000.
<b>b</b> Approved for future payment			1	
			1	
NONE				
			i	
			$\top$	
Total				^
Total			<b>▶</b> 3b	0.

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

Enter gross amounts unless otherwise indicated.	Unrelated bu	siness income		by section 512, 513, or 514	(e)
<b>3.00</b>	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b		·			
	_		<del></del>		
d	_		<del>                                     </del>	·	<del> </del>
e					
1					
g Fees and contracts from government agencies		•			
2 Membership dues and assessments					
3 Interest on savings and temporary cash				• †	
investments	523000	31,749.			
4 Dividends and interest from securities	523000	31,749. 27,420.			
5 Net rental income or (loss) from real estate:				·	
a Debt-financed property			î l		
b Not debt-financed property			1		
6 Net rental income or (loss) from personal					
property					
7 Other investment income		·			
8 Gain or (loss) from sales of assets other					
than inventory	[523000]	-1,562.			
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
С					
d					
е					
2 Subtotal. Add columns (b), (d), and (e)		57,607.		0.	
3 Total. Add line 12, columns (b), (d), and (e)				13	57,60
See worksheet in line 13 instructions to verify calculations	S.)				

Line No. ■	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
.	
	<del></del>
-	<del></del>
223621 12-05-12	Form <b>990-PF</b> (20

## 27-1363578 Page 13 Form 990-PF (2012) BARANAY FAMILY FOUNDATION, INC. 27-1363578 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

			• •	aescribed in section 501(c) of	-i ⊢	res	40
		)(3) organizations) or in section		ations?	1 1		
		ation to a noncharitable exempt	organization of:			ı	
(1) Cast					1a(1)		<u>X</u>
(2) Othe					1a(2)		X
<b>b</b> Other tra							
(1) Sale	es of assets to a noncharital	ble exempt organization			1b(1)		<u>X</u>
(2) Puro	chases of assets from a noi	ncharitable exempt organization			1b(2)		$\overline{\mathbf{x}}$
(3) Rent	tal of facilities, equipment,	or other assets			1b(3)		X
(4) Rein	nbursement arrangements				1b(4)		X
<b>(5)</b> Loar	ns or loan guarantees				1b(5)		X
(6) Perfe	formance of services or me	mbership or fundraising solicita	tions		1b(6)		X
		illing lists, other assets, or paid e			1c		X
				ays show the fair market value of the goods,		ts,	
or service	es given by the reporting fo	oundation. If the foundation rece	ived less than fair market value	in any transaction or sharing arrangement,	show in		
column (		other assets, or services receive	d				
a)Line no	(b) Amount involved	(c) Name of noncharita	ble exempt organization	(d) Description of transfers, transactions, and	d sharing arra	ngements	<u> </u>
		N/A	,				
							_
			-				_
							_
							_
			·				
							—
							—
				·	·		
							—
	~						
			•••	<del></del>			—
			· · · · · · · · · · · · · · · · · · ·				
							—
2a is the fou	undation directly or indirect	tly affiliated with, or related to, o	ne or more tay-eyempt organiza	ations described			—
		r than section 501(c)(3)) or in se		mons described	Yes	X	No
111 3001101		than section so i(c)(s)) or in se	Guon 327	l		الحكا	NU
		adule					—
	complete the following sche		(h) Type of organization	(c) Description of relation			
	complete the following sche (a) Name of org		(b) Type of organization	(c) Description of relation			
	complete the following sche		(b) Type of organization	(c) Description of relation			_
	complete the following sche (a) Name of org		(b) Type of organization	(c) Description of relation			_
	complete the following sche (a) Name of org		(b) Type of organization	(c) Description of relation			<u>_</u>
	complete the following sche (a) Name of org		(b) Type of organization	(c) Description of relation			
b If "Yes," c	complete the following sche (a) Name of org N/A	panization					
b If Yes, c	complete the following sche (a) Name of org N/A  er penalties of perjury, I declare in	Janization that I have examined this return, inclu	ding accompanying schedules and st	tatements, and to the best of my knowledge	ship		
b If Yes, c	complete the following sche (a) Name of org N/A  er penalties of perjury, I declare in	Janization that I have examined this return, inclu	ding accompanying schedules and st	tatements, and to the best of my knowledge tion of which preparer has any knowledge st	ship	preparer	
Sign Here	complete the following sche  (a) Name of org  N/A  Per penalties of perjury, I declare to belief, it is true, correct, and complete the following scheme in the correct of	anization that I have examined this return, inclunplete Declaration of preparer (other t	ding accompanying schedules and sthan taxpayer) is based on all informat	tatements, and to the best of my knowledge tion of which preparer has any knowledge St. PRESIDENT	ship  ay the IHS diturn with the	preparer see instr )	
Sign Here	complete the following sche  (a) Name of org  N/A  Per penalties of perjury, I declare to belief, it is true, correct, and complete in the correct of the co	panization that I have examined this return, inclu- inplete Declaration of preparer (other t	ding accompanying schedules and sthan taxpayer) is based on all informat	tatements, and to the best of my knowledge tion of which preparer has any knowledge st PRESIDENT	ship  ay the IHS di turn with the nown below (s	preparer see instr )	?
Sign Here	er penalties of perjury, I declare to belief, it is true, correct, and comparature of officer or trustee Print/Type preparer's na	that I have examined this return, incluniplete Declaration of preparer (other the part of	ding accompanying schedules and sthan taxpayer) is based on all informat	tatements, and to the best of my knowledge tion of which preparer has any knowledge st PRESIDENT  Title  Date Check   if PTIN	ship  ay the IHS di turn with the nown below (s	preparer see instr )	?
Sign Here	er penalties of perjury, I declare to belief, it is true, correct, and commander of officer or trustee Print/Type preparer's na BRANDON L.	that I have examined this return, incluniplete Declaration of preparer (other the part of	ding accompanying schedules and sthan taxpayer) is based on all informat Date	tatements, and to the best of my knowledge tion of which preparer has any knowledge  PRESIDENT  Title  Check if PTIN self- employed	ay the IRS direction with the town below (s	preparer see instr )î	?
Sign Here	er penalties of perjury, I declare to belief, it is true, correct, and commature of officer or trustee Print/Type preparer's na BRANDON L. CPA	that I have examined this return, inclumplete Declaration of preparer (other to the companies). The cook of the co	ding accompanying schedules and sthan taxpayer) is based on all informat Date  Signature	tatements, and to the best of my knowledge tion of which preparer has any knowledge  PRESIDENT  Title  Check if PTIN self- employed  3/28/13	ay the IRS direction with the town below (s	preparer (See Instr.)	?
Sign Here	er penalties of perjury, I declare to belief, it is true, correct, and commature of officer or trustee Print/Type preparer's na BRANDON L. CPA	that I have examined this return, inclumplete Declaration of preparer (other to the companies). The cook of the co	ding accompanying schedules and sthan taxpayer) is based on all informat Date	tatements, and to the best of my knowledge tion of which preparer has any knowledge  PRESIDENT  Title  Check if PTIN self- employed	ay the IRS direction with the town below (s	preparer (See Instr.)	?
Sign Here	expendities of perjury, I declare to belief, it is true, correct, and comparature of officer or trustee Print/Type preparer's na BRANDON L. CPA  Firm's name   GRE	that I have examined this return, incluniplete Declaration of preparer (other to the COOK,  ENWALT CPAS, I	ding accompanying schedules and standard taxpayer) is based on all information by Date Signature CPA 3	tatements, and to the best of my knowledge tion of which preparer has any knowledge  PRESIDENT  Title  Check if PTIN self- employed  3/28/13	ay the IRS direction with the town below (s	preparer (See Instr.)	?
Sign Here	er penalties of perjury, I declare to belief, it is true, correct, and comparature of officer or trustee Print/Type preparer's na BRANDON L. CPA  Firm's name   GRE  Firm's address   5 3	that I have examined this return, inclumplete Declaration of preparer (other to the COOK,  ENWALT CPAS, I	ding accompanying schedules and sthan taxpayer) is based on all informat Date  Signature  CPA  STREET	tatements, and to the best of my knowledge tion of which preparer has any knowledge  PRESIDENT  Title  Date	ay the IRS diturn with the nown below (some below (some below (some below)). Yes	218	? No
Sign Here	er penalties of perjury, I declare to belief, it is true, correct, and comparature of officer or trustee Print/Type preparer's na BRANDON L. CPA  Firm's name   GRE  Firm's address   5 3	that I have examined this return, incluniplete Declaration of preparer (other to the COOK,  ENWALT CPAS, I	ding accompanying schedules and sthan taxpayer) is based on all informat Date  Signature  CPA  STREET	tatements, and to the best of my knowledge tion of which preparer has any knowledge  PRESIDENT  Title  Date	ay the IRS direction with the town below (some below (some below) 13272	218	? No

#### Schedule B (Form 990, 990-EZ

or 990-PF

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

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

OMB No 1545-0047

Name of the organization Employer identification number BARANAY FAMILY FOUNDATION, INC. 27-1363578 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable 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 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, chantable, 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 reliqious, 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

Employer identification number

### BARANAY FAMILY FOUNDATION, INC.

27-1363578

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER F. BARANAY P.O. BOX 1174 SOUTH BEND, IN 46624	\$\frac{1,001,500.}{-}	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 Oncash 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.)

Employer identification number

## BARANAY FAMILY FOUNDATION, INC.

27-1363578

Part II	rt II Noncash Property (see instructions). Use duplicate copies of Part 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			
		   \$				
		Ψ				
(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			
		_				
23453 12-21	12		990, 990-EZ, or 990-PF)			

Name of or	ganization	<u> </u>	Employer identification number					
BARAN	AY FAMILY FOUNDATION, I	NC.	27-1363578					
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501(c)(7), (in the following line entry. For organizations conc., contributions of \$1,000 or less for the year.	B), or (10) organizations that total more than \$1,000 for the mpleting Part III, enter ear. (Enter this information once)					
(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, a	nd 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, a	nd 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						
i	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
		<del></del>						

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH II	NVESTMENTS	ST	ATEMENT	1
SOURCE							AMOUNT	
CREDIT SUISSE MORGAN STANLEY SALIN BANK						3,87 24,53 3,33		39.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A				31,7	49.
FORM 990-PF DIVIDENI	DS AND	INTER	EST FROM	SECUI	RITIES	ST	ATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	С	OLUMN (A AMOUNT	)
CREDIT SUISSE MORGAN STANLEY	_		23,429. 3,991.		0.	•		
TOTAL TO FM 990-PF, PART I, I	LN 4 =		27,420.		0.		27,42	20.
FORM 990-PF	ACC	COUNTI	NG FEES			ST	ATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) (C) NET INVEST- ADJUSTED MENT INCOME NET INCOM			(D) CHARITABLE PURPOSES		
ACCOUNTING FEES		1,775.	1,775.			0.	<del></del>	0.
TO FORM 990-PF, PG 1, LN 16B	-	1,775.	1,775.			0.	0.	
FORM 990-PF		TAX	ES		, <del></del>	ST	ATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) (C)  NET INVEST- ADJUSTEI  MENT INCOME NET INCOM			(D) CHARITABLE PURPOSES		
FEDERAL EXCISE TAXES FOREIGN TAXES	,	200.	200.			0.	0.	
TO FORM 990-PF, PG 1, LN 18		408.		408.		0.		0.
=			=				<del></del>	

FORM 990-PF	OTHER EXPENSES STATEME					ATEMENT	5
	(A) EXPENSES PER BOOKS	NSES NET INVEST- ADJUSTE					
INVESTMENT FEES BOND INTEREST EXPENSE	10,883. 24,846.	10,883. 24,846.			0.		0.
TO FORM 990-PF, PG 1, LN 23	35,729.	,729. 35,729.		0.	0.		
FORM 990-PF	OTHER INV	ESTMENTS			ST	ATEMENT	6
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FA	IR MARKE	r
PERSHING, LLC		FMV	rv 2,027,934.		2,081,254.		
TOTAL TO FORM 990-PF, PART II,	LINE 13			2,027,934.		2,081,2	54.
FORM 990-PF	OTHER .	ASSETS			ST	'ATEMENT	7
DESCRIPTION	-	NING OF K VALUE		OF YEAR OK VALUE	FA	IR MARKE' VALUE	r
DIVIDENDS RECEIVABLE		1,711.	1,785.		1,7	85.	
TO FORM 990-PF, PART II, LINE 1	.5	1,711.		1,785.	1,785		

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	8
NAME OF CONTRIBUTOR	ADDRESS		
PETER F. BARANAY	P.O. BOX 1174 SOUTH BEND, IN 46601		

	- LIST OF OFFICERS, DESIGNATION MANAGE		STATI	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
PETER F. BARANAY 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224	PRESIDENT 0.00	0.	0.	0.
NANCY ANN NATALI BARANAY 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224	SECRETARY/TREAS	SURER 0.	0.	0.
ALLISON M. BARANAY 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224	VICE-PRESIDENT 0.00	0.	0.	0.
MELISSA BARANAY 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224	VICE-PRESIDENT 0.00	0.	0.	0.
PAUL BARANAY 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224	VICE-PRESIDENT 0.00	0.	0.	0.
MICHELLE BARANAY 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224	VICE-PRESIDENT 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	AGE 6, PART VIII	0.	0.	0.