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Form **990-PF**

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

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

2012
pen to public Inspection

		dar year 2012 or tax year beginning foundation		, and ending	A Employer identification	on number
-	י בו א	. H. MUSELMAN FAMILY F	OUNDATION, IN	C	31-094146	7
		nd street (or PO box number if mail is not delivered to str		Room/suite	B Telephone number	·
		5 LAKEVIEW TRAIL	(260)589-	4075		
		wn, state, and ZIP code			C if exemption application is	
		NE, IN 46711			• if exemption application is	pending, check here
		all that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	ns, check here
•		Final return	Amended return	,		
		Address change	Name change		Foreign organizations r check here and attach	meeting the 85% test, computation
H C	heck	type of organization X Section 501(c)(3)	exempt private foundation		E If private foundation s	tatus was terminated
	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(
I Fa	ıır ma	rket value of all assets at end of year J Accou	nting method X Cash	Accrual	F If the foundation is in	a 60-month termination
-		Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)(B), check here
	\$		olumn (d) must be on cash	basis)		
Pa	<u>irt l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	1,000.		N/A	
		Check X if the foundation is not required to attach Sch. 8				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	18,156.	18,156	•	STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)	4 156			
ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 26, 446.	4,156.		-	
স Revenue	_b	assets on the ou		4,156		
26 6 5		Capital gain net income (from Part IV, line 2) Net short-term capital gain		4,130	•	
ð	۱ ـ	Income modifications		***************************************		
) 3)	9 10a	Gross sales less returns				
SOFTINE -		and allowances Less Cost of goods sold			# ************************************	
ក្តី		Gross profit or (loss)				
J 	L	Other income	931.	931	•	STATEMENT 2
	12	Total. Add lines 1 through 11	24,243.	23,243		
	13	Compensation of officers, directors trustees lete	0.	0	•	0.
•	14	Compensation of officers, directors trospess (etc.) Other employee salaries and traspess. Pension plans employee serielis.	<u> </u>			
es	15	Pension plans, employee benefits	0			
ense		Legal fees 2013	<u> œ </u>			
ğ	b	Accounting fees		<u> </u>		
e Ü	1	Other professional vees w.			-	
Operating and Administrative Expens	10	Pension plans, employee benefits Legal fees Accounting fees Other professional fees MAY Interest Taxes Depreciation and depletion Occupancy Travel conferences and meetings	600.	0		0.
stra	18 19	Depreciation and depletion			•	•
<u>=</u>	20	Occupancy			<u> </u>	
Adr	21	Travel, conferences, and meetings		1		· · · · · · · · · · · · · · · · · · ·
5	22	Printing and publications				
D	23	Other expenses STMT 4	6,409.	5,331	•	0.
atir	24	Total operating and administrative				
per		expenses Add lines 13 through 23	7,009.	5,331	•	0.
0	25	Contributions, gifts, grants paid	0.			0.
	26	Total expenses and disbursements.				_
		Add lines 24 and 25	7,009.	5,331	•	0.
		Subtract line 26 from line 12	17 004			
	1	Excess of revenue over expenses and disbursements	17,234.	17 010		
	1	Net investment income (if negative, enter -0-)		17,912		
2225		Adjusted net income (if negative, enter -0-)	_ t	Ļ	N/A	L

For	rm 99	0-PF(2012) CARL H. MUSELMAN FAMILY		INC. 31-	0941467 Page 2
p	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	131.4		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	··- ·	1,129.	452.	452.
	2	Savings and temporary cash investments	······································		
	3	Accounts receivable			
	١.	Less allowance for doubtful accounts	<u> </u>		······································
	4	Pledges receivable			
	_	Less allowance for doubtful accounts			
	5	Grants receivable			
	b	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			······································
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
Ass	9	Prepaid expenses and deferred charges			
•	1	Investments - U S and state government obligations			
	1	Investments - corporate stock			
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	1	Investments - mortgage loans	E 6 E 2 4 2	E00 150	670 177
	13	Investments - other STMT 5	565,242.	583,153.	678,177.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers)	566,371.	583,605.	678,629.
_		Accounts payable and accrued expenses	300/3/11	303,003.	070,023.
	18	Grants payable			
un.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
į	21	Mortgages and other notes payable			
<u>"</u>	1	Other liabilities (describe)		-	
		The state of the s			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ş	24	Unrestricted			
<u>la</u> n	25	Temporarily restricted			
Ba	26	Permanently restricted			
μ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	566,371.	583,605.	
Š	30	Total net assets or fund balances	566,371.	583,605.	
	31	Total liabilities and net assets/fund balances	566,371.	583,605.	
p	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)	.		566,371.
2		ramount from Part I, line 27a		2	17,234.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	583,605.
		eases not included in line 2 (itemize)	•	5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	583,605.
					Form 990-PF (2012)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Form **990-PF** (2012)

88,308.

0.

8 Enter qualifying distributions from Part XII, line 4

Add lines 5 and 6

223521 12-05-12

7

8

	n 990-PF (2012) CARL H. MUSELMAN FAMILY FOUNDATION,				0941			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 494	10(b), 494	Ю(e), or 4	948	- see iı	nstru	ctio	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on	n line 1						
	Date of ruling or determination letter (attach copy of letter if necessary-see	instructions)					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%							3	58.
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, III	ine 12, col (t	n) J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -	-0-)		2				0.
3	Add lines 1 and 2			3_	_		3	58.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter-	- 0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5			3	58.
6	Credits/Payments							
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a		858.					
b	Exempt foreign organizations - tax withheld at source 6b							
	: Tax paid with application for extension of time to file (Form 8868)							
	Backup withholding erroneously withheld 6d							
7	Total credits and payments Add lines 6a through 6d			7_			8	58.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			88				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		>	10			5	00.
	Enter the amount of line 10 to be Credited to 2013 estimated tax	500.R	efunded 🕨	11				0.
	art VII-A Statements Regarding Activities				,			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	t it participate	e or intervene	ın			Yes	No
	any political campaign?					1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see inst					1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	of any mater	ials publishe	ed or				
	distributed by the foundation in connection with the activities.							
	Did the foundation file Form 1120-POL for this year?				ļ	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		•					
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$		0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	posed on fou	ndation					
	managers ▶ \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?					2		X
_	If "Yes," attach a detailed description of the activities.							
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or						_		.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				-	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			N.T	/3	4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year? N/A				4b		X	
Ð	· · · · · · · · · · · · · · · · · · ·				5	741 PF 1		
If "Yes," attach the statement required by General Instruction T.								
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
	By language in the governing instrument, or By state language on the effectively emends the governing instrument as that as mondatory discrete as	Abak aaaftak		. In				
	By state legislation that effectively amends the governing instrument so that no mandatory directions amends to the governing instrument?	that connet	with the state	iaw		_	v	1
7	remain in the governing instrument?				-	<u>6</u> 7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				-			ļ
٥.	If "Yes," complete Part II, col. (c), and Part XV.							
Oâ	i Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IN							
1.	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	aral (or door	inata)					
ú	of each state as required by General Instruction G? If "No," attach explanation	ierai (UI Uesi(male)			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942()	'IV(3) or 4049	/1\/5\ for onla	ndar	ŀ	on		
3	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Pa		(I)(U) for cale	iiuai		9	:	Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their		draccae		ŀ	10		X
<u>.,,</u>	1 1es, attach a schedule listing their	names and ad	4163363		Forn		PF	(2012)
							1	

a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter-0-) employee benefit plans account, of allowance MARILYN C. MUSELMAN PRESIDENT 1.00 0.00 0.00 THOMAS C. MUSELMAN VICE PRESIDENT	ge 6
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b) If any answer is "Yes" to 52, 11-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? N/A	
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Organizations relying on a current notice regarding disaster assistance check here c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (find paid, enter-0-) allowance (d) Compensation (find paid, enter-0-) employee benefit plans account, off allowance PRESIDENT 1.00 0.0.0 (e) Expension (find paid, enter-0-) allowance ANARILYN C. MUSELMAN PRESIDENT 1.00 0.0.0 (find paid, enter-0-) allowance ANARILYN C. MUSELMAN PRESIDENT 1.00 0.0.0 (g) Compensation VICE PRESIDENT	
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## "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? **Bull the foundation receive any proceeds or have any net income attributable to the transaction? **Part VIII** Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address	
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b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (if no	
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Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (if not paid, enter -0-) ARRILYN C. MUSELMAN 1676 LAKEVIEW TRAIL BERNE, IN 6711 1.00 0.0.0 (d) Contributions to employee benefit plans account, oth allowance of the paid of the paid, enter -0-) 1.00 VICE PRESIDENT	
1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee benefit plans and deterred compensation) (If not paid, employee b	
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(a) Name and address hours per week devoted to position for paid, enter -0-) add deterred and deterred compensation allowance present plans and determine present plans and deterred compensation allowance present plans and determine present plans and determine plans and determine present plans and determine plans an	ISE
MARILYN C. MUSELMAN PRESIDENT 1676 LAKEVIEW TRAIL BERNE, IN 6711 1.00 0. 0. THOMAS C. MUSELMAN VICE PRESIDENT 1716 LAKEVIEW TRAIL	ther
1676 LAKEVIEW TRAIL BERNE, IN 6711 THOMAS C. MUSELMAN 1716 LAKEVIEW TRAIL VICE PRESIDENT	es
BERNE, IN 6711 1.00 0. 0. THOMAS C. MUSELMAN VICE PRESIDENT 1716 LAKEVIEW TRAIL	
THOMAS C. MUSELMAN VICE PRESIDENT 1716 LAKEVIEW TRAIL	0.
1716 LAKEVIEW TRAIL	••
BERNE, IN 46711 1.00 0. 0.	0.
TYLER KITT CHIEF FINANCIAL OFFICER	<u>••</u>
169 SOUTH JEFFERSON	
	0.
DERNE, IN 40711	•
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."	_
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week (c) Compensation and determined account, other per week hours per week (c) Compensation and determined account, other per week hours per week (c) Compensation and determined account, other per week (c) Compensation and determined account, other per week (c) Compensation and determined accounts to the period of the period	ise ther
devoted to position (c) Compensation and determed and determed and determed allowance	es
NONE	
	—
Total number of other employees paid over \$50,000	0

Form 990-PF (2012) CARL H. MUSELMAN FAMILY FOUN		941467 Page 7
Part VIII Information About Officers, Directors, Trustees, Formation About Officers, Directors, Direc	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If non	e, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
		0.
		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevantimeter of organizations and other beneficiaries served, conferences convened, research pa	pers produced, etc	Expenses
1 N/A	<u></u>	
·		
2		
0		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax	y year on lines 1 and 2	Amount
1 N/A	Vyear oil mics i and 2	Amount
1 11/11		
2		
All other program-related investments. See instructions		
3		
Tetal Add lines 1 through 3	D	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	856,531.
þ	Average of monthly cash balances	1b	34,433.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	890,964.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	890,964.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,364.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	877,600.
6	Minimum investment return Enter 5% of line 5	6	43,880.
P	postributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	43,880.
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	358.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	43,522.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	43,522.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	43,522.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		·····
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for	

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				43,522.
2 Undistributed income, if any, as of the end of 2012		<u> </u>	THOUSENED IN III A TO	
a Enter amount for 2011 only			0.	
b Total for prior years		, , ,		
		0.		
3 Excess distributions carryover, if any, to 201	2		**************************************	
a From 2007				
b From 2008 64,227	7.			
c From 2009 107,755				
d From 2010 55, 205				
e From 2011 35, 363				
f Total of lines 3a through e	262,550.			
4 Qualifying distributions for 2012 from				
	o.			
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior		, · · · · ·	THE PERSON NAMED IN THE PE	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
·	43,522.			43,522.
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				13/322.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	219,028.			
b Prior years' undistributed income Subtract				
line 4b from line 2b	Ē	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line	е			
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount mus	st			
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	219,028.			
IO Analysis of line 9				
a Excess from 2008 20,70	5.			
b Excess from 2009 107,75.	5.			
c Excess from 2010 55, 20				
d Excess from 2011 35, 36	3.			
e Excess from 2012				
-				Form QQ0_DF (2012)

Part XIV Private Operating Fo		structions and Part \		N/A	41467 Page
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for					
b Check box to indicate whether the founda			Lin section	4942(J)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	Touridation described	Prior 3 years	4342()/(0) 01 43	42(J)(U)
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for			(1)	(-,	\-/
each year listed b 85% of line 2a			 	-	
				 	
c Qualifying distributions from Part XII,					
line 4 for each year listed d Amounts included in line 2c not		-		 	
• • • • • • • • • • • • • • • • • • • •					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the			<u> </u>		
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter		===		 	· · · · · · · · · · · · · · · · · · ·
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)				· · · · · · · · · · · · · · · · · · ·	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Infor	mation /Comple	to this part only	if the foundation	had \$5 000 ar ma	ve in coeste
Part XV Supplementary Infor at any time during the			i the foundation	i nau \$5,000 or me	ore in assets
1 Information Regarding Foundation		i dottoris.			
a List any managers of the foundation who	-	than 2% of the total co	ntributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed me	ore than \$5,000) (See s	section 507(d)(2))			
SEE STATEMENT 6		·-· · · · · · · · · · · · · · · · · · ·			
b List any managers of the foundation who other entity) of which the foundation has			i (or an equally large porti	on of the ownership of a pa	artnership or
NONE	•				
2 Information Regarding Contribution	on, Grant, Gift, Loan	. Scholarship, etc.,	Programs:		
Check here ► X If the foundation on				not accept unsolicited requ	ests for funds If
the foundation makes gifts, grants, etc. (s					
a The name, address, and telephone numb	er or e-mail of the person	on to whom applications	should be addressed		
N/A	·				
b The form in which applications should be	submitted and informa	ation and materials they	should include		
N/A	· · · · · · · · · · · · · · · · · · ·				
c Any submission deadlines N/A					
d Any restrictions or limitations on awards,	euch as hy geographic	al areas charitable field	e kinds of institutions or	other factors	
N/A	, such as by geographic	ai aivas, Cilainavie Helu	o, amus oi msututions, Of	Other 186(UIS	
223601 12-05-12					Form 990-PF (201

Part XVI-A	Analysis	of Income	-Producing	Activities
* *** * * * * * * * * * * * * * * * *	/ 11 1G1 J C1 C			

Enter gross amounts unless otherwise indicated	Unrelated business income			by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	sion code	Amount	function income
a					
b					
C					
d					
е					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	18,156.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	1				
property					
7 Other investment income			14	931.	
8 Gain or (loss) from sales of assets other					
than inventory		- 	18	4,156.	
9 Net income or (loss) from special events		·			
10 Gross profit or (loss) from sales of inventory		·····			
11 Other revenue					
a		 			
b					
C					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		().	23,243.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	23,243.
(See worksheet in line 13 instructions to verify calculations)					

Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

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)
-	

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Form 99					THI FOUNDA			. · · · · · · · · · · · · · · · · · · ·	-0341407		ige 13
Part	XVII	Information Re Exempt Organ	-	sfers To a	and Transactio	ns an	d Relationsh	nips With No	oncharitable	9	
1 Dic	the ora	anization directly or indi	rectly engage in any	of the followin	g with any other orga	nization	described in section	on 501(c) of	/ /////	Yes	No
	•	other than section 501(c)									
	•	rom the reporting found				•					
	Cash	, ,			•				1a(1)		Х
	Other	ecate							1a(2)		X
	er trans										
		of assets to a noncharita	hle evernt organiza	tion					1b(1)	1	Х
			-								X
		ases of assets from a no		viyanization					1b(2)		X
		of facilities, equipment,	or other assets						1b(3)		
		ursement arrangements							1b(4)		X
		or loan guarantees							1b(5)		X
		mance of services or me	· ·	•					1b(6)		X
		facilities, equipment, ma							10		X
		er to any of the above is								sets,	
		given by the reporting for			ed less than fair mark	et value i	in any transaction	or sharing arrang	ement, show in		
		the value of the goods,					T				
(a) Line r	0 (b) Amount involved	(c) Name o		exempt organization		(d) Description	of transfers, transact	ions, and shanng a	rangeme	nts
	_			N/A					 		
					· · · · · · · · · · · · · · · · · · ·						
	<u>.</u>					_					
	\perp										
						-					
		•				·		•	, ,		
									•		
2a Is 1	he foun	dation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt	organizat	tions described				
		501(c) of the Code (othe	=		· ·				Yes	X	No
		mplete the following sch		,(0), 0: 0000							
	100, 00	(a) Name of org			(b) Type of organization	ation	(1	c) Description of	relationship		
		N/A			(-, ,,,			,			
	-								-		
	· ·										
	-										
		•									
	Under	penalties of perjury, I declare	that I have examined th	ıs return, ıncludin	l la accompanying schedul	les and sta	atements, and to the b	est of my knowledge			
Sign		ief, it is true, correct, and cor							May the IRS return with th	e prepar	er
Here		Thomas CH	Welnes		18/3/2	ØB.	16.8	Esidat	shown below	(see ins	tr)?
	Sign	ature of officer or trustee			Dota /] -	 	2519907	X Yes	· L	J No
	Sigili			Droparor's et	Date /	/	Title /	Check If	PTIN		
		self- employed									
Paid		מיז ע ממטש	TNEC	/ ,,	NSCAL	L	3/14/12	sen- employed	DOOCOS	052	
	250-	TODD E. HA		1111		P00691					
Prep Use		Firm's name ► HAI	NEO, ISEN	IBARGER	& SKIBA,	LLC	-	Firm's EIN ► 5	02-212/3	/ 1	
USE	July	Firmle add-see A.C.	20 0 77	, 	ON DIVE			-			
		Firm's address ► 46			ON BLVD.				12601426	^-	00
		F'O	RT WAYNE,	IN 46	υυ4			Phone no	(260)436	<u>-95</u>	υU

FORM 990-PF DIVIDEND	S AND	INTER	EST	FROM	SECU	URITIES	STATEMENT	1
SOURCE		GROSS		S AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
LAKE CITY	•		18,156.		0.		18,156.	
TOTAL TO FM 990-PF, PART I, L	.N 4		18,	156.		0.	18,1	L56.
FORM 990-PF	OTHER INCOME				STATEMENT	2		
DESCRIPTION			REV	(A) JENUE BOOKS		(B) NET INVEST- MENT INCOME		
INCREASE IN CSV LIFE		9:		931.	931	•		
TOTAL TO FORM 990-PF, PART I,	LINE	11		Ç	931.	931	•	
FORM 990-PF		ТАХ	ES				STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS		(B) NET INVEST MENT INCOM					
FEDERAL -	600		0.		0	•		0.
TO FORM 990-PF, PG 1, LN 18 =	60		0.		0	•		0.
FORM 990-PF	0	OTHER EXPENSES				STATEMENT 4		
DESCRIPTION	EXPE	A) NSES BOOKS		(B) I INVI NT INC		(C) ADJUSTED NET INCOM		
LIFE INSURANCE		1,078. 5,331.						0.
INVESTMENT FEES		5,331.		5	,331	•		0.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT	5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET	r
LIFE INSURANCE-MCM LAKE CITY BANK	COST COST	22,884. 560,269.	22,88 655,29	
TOTAL TO FORM 990-PF, PART II, LINE 1	3	583,153.	678,177.	
FORM 990-PF PART XV LIST OF FOUND	- LINE 1A ATION MANAGE	RS	STATEMENT	6

NAME OF MANAGER

MARILYN C. MUSELMAN THOMAS C. MUSELMAN