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Form **990-PF**

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

OMB No 1545-0052

Treated as a Private Foundation Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For calendar year 2012 or tax year beginning and ending Name of foundation A Employer identification number CARL MARSHALL REEVES AND MILDRED ALMEN REEVES FOUNDATION, 35-2026200 INC. Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number 812-343-1787 C/O LARRY NUNN, 3435 DUFFER DRIVE C If exemption application is pending, check here City or town, state, and ZIP code COLUMBUS, IN 47203-2714 D 1 Foreign organizations, check here G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: | X | Cash Accrual F If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 12,647,017. (Part I, column (d) must be on cash basis.) ▶\$ Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements Part I (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments STATEMENT 5,108 5,108 371,011 371,011 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 205,448 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 2,554,218. 205,448 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a and allowances D Less Gost of goods sold S c Grossprotte Miloss) 4 2013 Other income 11 Add lines through 581,567. 581,567 Opmpensation of difficers prector 2,000 2,000. 0. 14 Other employee salaries and wages Pension plans, employee benefits Expenses 16a Legal fees 1,900. STMT 3 1,900 0. **b** Accounting fees 20,616 0. STMT 4 20,616. c Other professional fees 17 Interest 0. 5.529 5,529 STMT 5 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 2,867. 0 2,867 STMT 6 23 Other expenses 24 Total operating and administrative 6,767. 32,912 26,145 expenses Add lines 13 through 23 652,288. 652,288 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 659,055. <u>685,200</u> 26,145 Add lines 24 and 25 27 Subtract line 26 from line 12: -103,633 a Excess of revenue over expenses and disbursements 555,422

LHA For Paperwork Reduction Act Notice, see instructions

b Net investment income (if negative, enter -0-)

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

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N/A

CARL MARSHALL REEVES AND MILDRED ALMEN

| | | 0-PF(2012) REEVES FOUNDATION, INC. | | 35- | 2026200 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 o | |
| <u>.</u> | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | 1 | Savings and temporary cash investments | 103,302. | 317,927. | 317,927. |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable | | | |
| | _ | Less; allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | 1 | |
| | 6 | 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 Investments - U.S. and state government obligations | | | |
| | | | 8,861,485. | 9 960 170 | 10,706,600. |
| | Ì | · | 60,355. | 50,086. | 87,044. |
| | | Investments - corporate bonds STMT 10 Investments - land, buildings, and equipment basis | 00,333. | 30,000. | 07,044. |
| | ' ' | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 11 | 1,486,132. | 1,279,332. | 1,535,446. |
| | 14 | Land, buildings, and equipment; basis | 1,400,1321 | 1,275,332. | 1,333,1100 |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe > | | | |
| | | | | | |
| | 16 | Total assets (to be completed by all filers) | 10,511,274. | 10,516,524. | 12,647,017. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| ş | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| iab | 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 | | | |
| ğ | 24 | Unrestricted Tamparauly restricted | | | |
| 3ala | 25 | Temporarily restricted | | | |
| ğ | 20 | Permanently restricted Foundations that do not follow SFAS 117, check here | | | |
| Ē | | and complete lines 27 through 31. | | | |
| ō | 27 | Capital stock, trust principal, or current funds | 1,130,348. | 1,239,231. | |
| ets | ı | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| Ass | 29 | Retained earnings, accumulated income, endowment, or other funds | 9,380,926. | 9,277,293. | |
| Net Assets or Fund Balances | 30 | Total net assets or fund balances | 10,511,274. | 10,516,524. | |
| ~ | | 333. 115. 255515 51. 12110 5211211555 | 20,022,2:10 | 20,020,0220 | |
| | 31 | Total liabilities and net assets/fund balances | 10,511,274. | 10,516,524. | |
| | art | | | | |
| <u></u> | arı | Analysis of onlinges in Net Assets of Fund B | | , · · · | |
| | | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | • | st agree with end-of-year figure reported on prior year's return) | | 1 | 10,511,274. |
| | | r amount from Part I, line 27a | | 2 | -103,633. |
| | | r increases not included in line 2 (itemize) | SEE STA | ATEMENT 8 3 | 108,883. |
| | | lines 1, 2, and 3 | | 4 | 10,516,524. |
| | | eases not included in line 2 (itemize) | duma (h) h 00 | 5 | 10 516 524 |
| <u>6</u> | ı ota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | numn (b), line 30 | 6 | 10,516,524. |

See the Part VI instructions.

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.

CARL MARSHALL REEVES AND MILDRED ALMEN Form 990-PF (2012) REEVES FOUNDATION, INC. Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 5,554. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗓 and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments: 5,360. a 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6b b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6с 6d d Backup withholding erroneously withheld 5.360. 7 Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 194. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Refunded > 11 11 Enter the amount of line 10 to be: Credited to 2013 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X 1a any political campaign? Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities Х c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. 0. (2) On foundation managers. > \$ _ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. managers. > \$ Х 2 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 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 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A 4b b If "Yes," has it filed a tax return on Form 990-T for this year? Х 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered (see instructions) IN

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X

X

8b

10

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

CARL MARSHALL REEVES AND MILDRED ALMEN Form 990-PF (2012) 35-2026200 REEVES FOUNDATION, INC. Page 5 Part VII-A | Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 X 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12 X If "Yes," attach statement (see instructions) 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.CARLANDMILDREDREEVESFOUNDATION.ORG Telephone no. ► (812) 343-1787 14 The books are in care of ► LARRY NUNN Located at ▶ 3435 DUFFER DRIVE, COLUMBUS, IN ZIP+4 ►47203 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year **▶** 15 No Yes 16 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, X 16 securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 1b section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X 1c before the first day of the tax year beginning in 2012? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)); a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2012? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after

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X

3ь

4a

N/A

May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2012)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

| Total number of other employees paid over \$50,000 | | | Form | 0 990-PF (2012) |
|---|---|--|--|---|
| to the transfer of other analysis and are 000 000 | | <u>. </u> | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| NONE | | | | |
| | hours per week devoted to position | (C) Compensation | and deferred compensation | allowances |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans | (e) Expense account, other |
| Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| SEE STATEMENT 12 | | 22,616. | 0. | 0. |
| | | | | |
| | to position | `enter'-0-) | compensation | allowalices |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other allowances |
| List all officers, directors, trustees, foundation managers and their | | (c) Compensation | (d) Contributions to | (a) Evnance |
| Paid Employees, and Contractors | | | , | |
| b If "Yes," did the foundation receive any proceeds or have any net income attributed by Information About Officers, Directors, Trusto | | nagers, Highly | | <u> </u> |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Ye | s X No N/A | 7b |
| If "Yes" to 6b, file Form 8870 | halter transaction | | . 🔻 . | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | <u> </u> | 6b X |
| a personal benefit contract? | | ☐ Ye | s X No | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | | | | |
| If "Yes," attach the statement required by Regulations section 53.4945 | | | | |
| expenditure responsibility for the grant? | | . — | s 🔲 No | |
| Organizations relying on a current notice regarding disaster assistance check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | ined | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru- | | | N/A | 5 b |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | | in Regulations | 37/3 | _ |
| the prevention of cruelty to children or animals? | | | s X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or t | | _ | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Ye | s X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | > | | s X No | |
| (2) Influence the outcome of any specific public election (see section 4955); o any voter registration drive? | to carry on, directly or indire | | s X No | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | * ** | | s X No | |
| 5a During the year did the foundation pay or incur any amount to: | | | [1] | |
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be F | Required (continu | ued) | |
| orm 990-PF (2012) REEVES FOUNDATION, INC. | | | <u>35-20262</u> | 00 Page 6 |
| . CARL MARSHALL REEVES AND | MITDAED ADME | | | |

0.

1 NONE

3 NONE

Total, Add lines 1 through 3

All other program-related investments See instructions.

| F | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndation | is, see instructions) |
|----|---|-----------|------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | | 1a | 11,863,654. |
| b | Average of monthly cash balances | 1b | 125,129. |
| C | Fair market value of all other assets | 1c | |
| d | | 1d | 11,988,783. |
| 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 | 11,988,783. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 179,832. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 11,808,951. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 590,448. |
| F | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | ıd certai | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 590,448. |
| 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 | 5,554. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 584,894. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 584,894. |
| 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 | 584,894. |
| F | 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 | 659,055. |
| 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: | | |
| a | 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 | 659,055. |
| 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 | 5,554. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 653,501. |
| | 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 |

REEVES FOUNDATION, INC.

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| 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 | | | | <u>584,894.</u> |
| 2 Undistributed income, if any, as of the end of 2012 | | | | |
| a Enter amount for 2011 only | | | 392,742. | |
| b Total for prior years: | | | | |
| ,, ,, ,, ,, ,, ,, ,, | | 0. | ~ | |
| 3 Excess distributions carryover, if any, to 2012: | | | | |
| a From 2007 | | | | |
| b From 2008 | | | | |
| c From 2009 d From 2010 | | | | |
| e From 2011 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2012 from | • | | | |
| Part XII, line 4: ►\$ 659,055. | | | | |
| a Applied to 2011, but not more than line 2a | | | 392,742. | |
| b Applied to undistributed income of prior | | | <u> </u> | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2012 distributable amount | | | | 266,313. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2011. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2012. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2013 | | | | 318,581. |
| 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 | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2008 | | | | |
| b Excess from 2009 | | | | |
| c Excess from 2010 d Excess from 2011 | | | | |
| e Excess from 2012 | | | | |
| 6 EV0009 HOHI 50 15 | | <u> </u> | | 5 000 DE (2010) |

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

Form 990-PF (2012) REEVES FOUNDATION, INC.

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation Amount contribution any foundation manager status of Name and address (home or business) recipient or substantial contributor a Paid during the year CHARITABLE HIGH SCHOOL BAND COLUMBUS EAST HIGH SCHOOL NONE 230 S MARR ROAD MUSICAL EQUIPMENT 5,154. COLUMBUS, IN 47201 COLUMBUS INDIANA ARCHITECTURAL NONE PRODUCTION OF CHARITABLE DOCUMENTARIES ARCHIVES 536 FIFTH STREET 6,000. COLUMBUS IN 47201 COLUMBUS PHILHARMONIC NONE CHARITABLE SCHOLARSHIPS, 315 FRANKLIN ST INSTRUMENTS, TEACHERS, 10,000. MUSICIAN FEES COLUMBUS IN 47201 NONE CHARITABLE REAL ESTATE ACQUISITON FOUNDATION FOR YOUTH COSTS **405 HOPE AVENUE** 30,000, COLUMBUS, IN 47201 IUPUC NONE CHARITABLE SCULPTURE IN UNIVERSITY PARK 4601 CENTRAL AVENUE 50 000 COLUMBUS IN 47201 SEE CONTINUATION SHEET(S) ▶ 3a 652,288, Total b Approved for future payment NONE CHARITABLE SCHOLARSHIPS, COLUMBUS PHILHARMONIC INSTRUMENTS, TEACHERS, 315 FRANKLIN ST MUSICIAN FEES 10,000, COLUMBUS, IN 47201 NONE CHARITABLE BUILDING PROJECT COLUMBUS REDEVELOPMENT COMMISSION 723 THIRD ST SUITE B 50,000. COLUMBUS IN 47201 NONE CHARITABLE MACULAR DEGENERATION DUKE EYE CENTER ATTN: SCOTT W OF THE EYE RESEARCH COUSINS, MD STUDY 2351 ERWIN RD 30,000. DURHAM, NC 27710 CONTINUATION SHEET(S) **▶** 3b 675 137 Total

223611

Form 990-PF (2012)

Form 990-PF (2012) REEVES FOUNDATION, INC.

35-2026200 Page 12

Part XVI-A Analysis of Income-Producing Activities

| Catar area | no omounto unlogo et | hanina iadi | antad | Unrelate | d business i | ncome | Exclus | ded by section 512, 513, or 514 | (0) |
|--------------------|---------------------------------------|---------------|--------------------|--|--------------|----------------------|-----------------------|---|---------------------------------------|
| | ss amounts unless ot | nerwise inai | cated. | (a) Business | | (b) nount | (C) Exclu- sion | (d) Amount | (e) Related or exempt function income |
| 1 Progra | am service revenue: | | | code | | | code | Allount | Tanonon moonto |
| _ | | | | - | | | | | |
| | | | | - | | | - | | |
| | | | | - | | | | | |
| a | | | | - | | | | | |
| e | | . | | - | | | | | |
| · - | | | | - | | | | | |
| | es and contracts from | - | it agencies | | | | | | |
| | ership dues and asse | | | | | | ├ | | <u> </u> |
| | st on savings and tem | iporary cash | 1 | | | | 1 4 | Г 100 | |
| invest | | | | | | · | 14 | 5,108. | |
| | nds and interest from | | | | | | 14 | 371,011. | |
| | ntal income or (loss) | from real es | tate: | | | | | | |
| | bt-financed property | | | | | | | | |
| | t debt-financed prope | | | | | | | | |
| | ntal income or (loss) | from persor | ıal | | | | | | |
| prope | • | | | | ~ | | | | |
| | investment income | | | | | | | | |
| | r (loss) from sales of | assets othe | Г | | | | | | 005 440 |
| | rventory | | | | | | | | 205,448. |
| | come or (loss) from s | • | | | | | ļ | | |
| | profit or (loss) from | sales of inve | ntory | | | | | | |
| 11 Other | revenue: | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | 1 | | | | | |
| b | | - | | _ | | | | | |
| c | | | | - | | | ļ | | |
| d | | | | _ | | | ļ | | |
| е | | | | | | | <u> </u> | 276 110 | 205 440 |
| | tal. Add columns (b), | | | | | 0. | ļ | 376,119. | 205,448. |
| | Add line 12, columns | | | | | | | 13 | 581,567. |
| | ksheet in line 13 instri | | • | | | | | | |
| Part) | (VI-B Relat | ionship | of Activities | to the Acco | omplish | nent of Ex | cemp | t Purposes | |
| Line No | Evalua balou i | how oach ac | truty for which in | nome is reported | ın column (e | \ of Dart Y\/I_A | contrib | outed importantly to the accom | nlichment of |
| LIIIE NO | the foundation | 's exempt o | urposes (other tha | in by providing fu | nds for such | n purposes). | COILLI | outed importantly to the accom | phormone of |
| | EARNINGS | | | | | | וזק י | RPOSES | |
| <u>4</u> 3 | EARNINGS | | | | | | | | |
| <u> </u> | Dimini in Co | 11011 | III V DD IIII | <u> </u> | <u> </u> | | | 0223 | |
| | | | | | | <u></u> | | | |
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| | | • | | | | | | | |
| 223821 12-05-12 | | | | | | | | | Form 990-PF (2012) |

| | Exempt Organ | izations | | | | | | | |
|--------------------|--|-------------------------------|--------------------|---------------------------------------|-----------------------|---------------------------------------|--------------------------------------|-------------|--------|
| 1 Did the | organization directly or indi | rectly engage in any o | of the followin | g with any other organization | on described in secti | on 501(c) of | | Yes | No |
| the Cod | e (other than section 501(c |)(3) organizations) or | n section 52 | 7, relating to political organ | nzations? | | | | |
| a Transfer | s from the reporting found | ation to a noncharitat | ole exempt or | ganization of: | | | | | |
| (1) Cas | h | | | | | | 1a(1) | | X |
| (2) Oth | er assets | | | | | | 1a(2) | | X |
| b Other tra | ansactions: | | | | | | | | |
| (1) Sale | es of assets to a noncharita | ble exempt organizat | ion | | | | 1b(1) | | _X_ |
| (2) Pur | chases of assets from a no | ncharitable exempt o | rganization | | | | 1b(2) | | X |
| (3) Rer | ital of facilities, equipment, | or other assets | | | | | 1b(3) | | X |
| (4) Rei | mbursement arrangements | 1 | | | | | 1b(4) | | X |
| (5) Loa | ns or loan guarantees | | | | | | 1b(5) | | X |
| (6) Per | formance of services or me | embership or fundrais | sing solicitatio | ns | | | 1b(6) | | X |
| c Sharing | of facilities, equipment, ma | uling lists, other asset | ts, or paid em | ployees | | | 10 | | X |
| d If the an | swer to any of the above is | "Yes," complete the f | ollowing sche | dule. Column (b) should alv | ways show the fair n | narket value of the go | ods, other ass | ets, | |
| or service | ces given by the reporting f | oundation. If the four | ndation receive | ed less than fair market valu | ue in any transaction | or sharing arrangem | ent, show in | | |
| column | (d) the value of the goods, | | | | | +1 | | | |
| (a) Line no | (b) Amount involved | (c) Name of | | exempt organization | (d) Description | of transfers, transaction | s, and sharing ar | rangeme | ents |
| | | | N/A | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| - | | | | | | | | | |
| 2a Is the fo | undation directly or indirec | tly affiliated with or r | elated to one | or more tax-exempt organi | zations described | | | | |
| | on 501(c) of the Code (othe | • | • | | 2410110 400011004 | | Yes | X | No |
| | complete the following sch | | (0)) 01 111 0001 | | | | | | |
| B 11 100, | (a) Name of org | | | (b) Type of organization | | (c) Description of rela | ationship | | |
| | N/A | | | | | · · · · · · · · · · · · · · · · · · · | • | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 1 | ler penalties of perjury, I declare belief, it is true, correct, and cor | | | | | | May the IRS | | |
| Sign L | belief, it is true, confect, and con | implete tractar attorn or pre | cparer (other tria | I (axpayer) is based on all lilloring | N 20- | -A-J | return with the shown below | (see ins | |
| Here | | | | 5/6/2013 | 1 Vien | der () | _ X Yes | ; L | _∣ No |
| Sı | opature of officer or trustee | · | - | Date | Title | ···· | <u> </u> | | |
| | Print/Type preparer's na | ame | Preparer's s | ignature | Date | | PTIN | | |
| Daid | | | L | | | self- employed | | | |
| Paid | | | | NN NUNN, CP | | 15 > 25 | P00014 | |) |
| Prepare | 111110110110 | RRY NUNN & | ASSOC | IATES, CPAS, | L.L.C. | Firm's EIN ► 35 | -15212 | 39 | |
| Use Onl | | 45 50550 | 17m= == | 717D 0177DD 3 | | | | | |
| | | | | IVE, SUITE A | | Dhana a - 0.1 | 276 | 3 N E | 1 |
| · - | | LUMBUS, I | N 4/20 | 3-3499 | | Phone no. 81 | – 376 – <u>2</u> Form 99 0 | | |
| | | | | | | | rorm 990 | ,-rr | (2012) |

| Part (V Capital Gains and Los | ses for Tax on Investment Income | | 0200 1 | | |
|---|--|---|---------------------------------------|---|----------------------------------|
| (a) List and | describe the kind(s) of property solo | | (b) How acquired P - Purchase | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| | <u></u> | JO GHA, INICO OU. | D - Donation P | ,, ,, | , , , , , , , , |
| ta CAPITAL GAIN DE PHILADELPHIA PA | D | · - · · · | 12/31/12 | | |
| c MARIETTA GA | D | | 06/01/12 | | |
| d ABBOTT LABS | D | | 10/11/12 | | |
| e ACM INCOME | | | P | | 05/10/12 |
| f ACM INCOME | | | P | | 06/15/12 |
| g ACM INCOME | - | | P | | 07/11/12 |
| h ACM INCOME | | | P | | 08/28/12 |
| ACM INCOME | | | P | | 11/05/12 |
| ACM INCOME | | | P | | 11/07/12 |
| k BP PLC | | | P | | 01/23/12 |
| BP PLC | | | P | | 03/10/12 |
| m BP PLC | | | P | | 07/09/12 |
| n BP PLC | | | P | | 10/10/12 |
| OCBL & ASSOCIATION | ES | | P | ļ | 11/06/12 |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | |) Gain or (loss) blus (f) minus (g) | |
| a 763. | | | | | 763. |
| b 127. | | 42. | | | 85. |
| c 10,000. | | 10,031. | | | -31. |
| d 358,409. | | 225,399. | | | <u>133,010.</u> |
| e 81,498. | | 83,700. | | | <u>-2,202.</u> |
| f 81,520. | | 81,997. | | | -477. |
| g 124,648. | | 124,910. | | | <u>-262.</u> |
| h 41,900. | | 41,637. | | | 263. |
| 42,517. | | 40,574. | <u></u> | | 1,943. |
| 25,859. | | 23,978. | | | 1,881. |
| <u>k 42.</u> | <u> </u> | 52. | | | <u>-10.</u> |
| 1 30. | | 36. | | | -6. -2. |
| m 4. n 33. | | 6. | | | -2· |
| 050 000 | | 251,997. | | | -1,997. |
| | ig gain in column (h) and owned by t | | /I) ns | sses (from col. (h)) | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | Gains (excess | of col (h) gain ove lot less than "-0-") | r col. (k), |
| a | | | | | 763. |
| b | | | | | 85. |
| С | | | | | -31. |
| d | | | | | <u>133,010.</u> |
| e | | | | | -2,202. |
| f | | | | | -477. |
| 9 | | | | | -262. |
| h | | | | | 263. |
| 1 | | | | | 1,943. |
| 1 | | | | | 1,881. |
| <u>k</u> | | | | | -10. |
| 1 | | | · · · · · · · · · · · · · · · · · · · | | <u>-6.</u> |
| m | | | | | -2. |
| <u>n</u> | | | · · · · · · · · · · · · · · · · · · · | | -8. |
| 0 | . If gain, also enter | un Part 1 line 7 | | | -1,997. |
| 2 Capital gain net income or (net ca | · · · (1000), 0.1101 | . . | 2 | | |
| 3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8 | | lu (o). | 3 | | |
| (1000), Sinor O mir are i, into | · | | | | |

| Part IV Capital Gains and Los | sses for Tax on Investment Income | | | | |
|--|---|--|--|--|---|
| (a) List and | describe the kind(s) of property sold ick warehouse; or common stock, 20 | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a GENERAL DYNAMI | CS | | P | | 06/25/12 |
| b GENERAL ELECTR | | | P | | 11/14/12 |
| c GLIMCHER REIT | | | P | | 09/05/12 |
| d INDIANA COMMUN | | | P | | 02/02/12 |
| e KRAFT FOODS | | | P | | 10/16/12 |
| 1 MONSANTO | | | D | | 01/12/12 |
| g PNC CAPITAL TR | | | P | | 04/26/12 |
| h FORD BACKED PF | D | | P | | 10/11/12 |
| BLACKROCK INV | TRUST | | D | | 09/17/12 |
| | TRUST | • | D | | 10/09/12 |
| | REDITS | | P | | 01/03/12 |
| I | | | | | , |
| m | | | | - | |
| n | | | | | |
| 0 | , | · · · | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) (e) p | Gain or (loss) lus (f) minus (g) | |
| a 324,010. | · · · · · · · · · · · · · · · · · · · | 352,580. | V-7 F | | -28,570. |
| b 20,650. | | 21,600. | | • • | -950 . |
| c 125,000. | | 127,049. | | | -2,049. |
| d 429,970. | | 379,468. | | | 50,502. |
| e 31. | | 23. | | | 8. |
| f 80,142. | | 7,768. | | | 72,374. |
| FO 000 | | 49,654. | | | 346. |
| g 50,000. h 250,000. | | 219,304. | | | 30,696. |
| 127,900. | | 153,462. | | | -25,562. |
| 127,300. | | 153,462. | | | -23,362. -24,362. |
| | | 153,462. | | | <u>-24,362.</u> 65. |
| <u>k</u> 65. | | | | | 65. |
| | | | | | |
| m . | | | | | |
| <u>n</u> | | | | | |
| Complete only for assets showin | g gain in column (h) and owned by ti | he foundation on 12/31/69 | /I) L oo | oss (from sel (b)) | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | Gains (excess o | ses (from col. (h)) of col. (h) gain ove ot less than "-0-") | |
| a | <u>-</u> | · · · · · · · · · · · · · · · · · · · · | | | -28,570. |
| b | | | | | -950 . |
| C | | · · | | | -2,049. |
| d | • | | | | 50,502. |
| e | | | | | <u> 30,302.</u> 8. |
| f | | | | | 72,374. |
| | | | | | 346. |
| g h | | | | | 30,696. |
| | | | | | -25,562. |
| | | | | | -23,362. $-24,362.$ |
| k | | | | | <u>-24,362.</u> 65. |
| <u>K</u> | | | | | |
| - | | | | | |
| m n | | | | | |
| <u>n</u> | | | | | · - |
| 0 | | . | 1 | | |
| 2 Capital gain net income or (net ca | · (1000), 01101 0 | -" in Part I, line 7 / | 2 | | 205,448. |
| 3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, | column (c). | d (6): | | NT / 7 | |

REEVES FOUNDATION, INC.

| 3 Grants and Contributions Paid During the Y | | T | | |
|--|--|----------------------|----------------------------------|--------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| KIDSCOMMONS | NONE | CHARITABLE | EXHIBIT | |
| 309 WASHINGTON STREET | | | MATERIALS/PROGRAMS AND | |
| COLUMBUS, IN 47201 | | | CURRICULA EDUCATIONAL | |
| | | | MATERIALS IN CHILDRENS | |
| | | | MUSEUM | 19,48 |
| | | | | |
| LINCOLN CENTRAL NEIGHBORHOOD FAMILY | NONE | CHARITABLE | TRANSITION OF THE YES | |
| CENTER | | | CINEMA'S SCREEN TO | |
| 1039 SYCAMORE ST | | | DIGITAL | |
| COLUMBUS, IN 47201 | | | | 5,00 |
| | | | | |
| VANDERBILT UNIVERSITY ATTN: MILAM A | NONE | CHARITABLE | MACULAR DEGENERATION | |
| BRANTLEY JR., MD, PHD | | | OF THE EYE RESEARCH | |
| 2311 PIERCE AVENUE | | | STUDY | |
| NASHVILLE, TN 37232 | | | | 109,72 |
| | | | | |
| <u>.</u> | | | DIADEMEG MEGMING | |
| VOLUNTEERS IN MEDICINE | NONE | CHARITABLE | DIABETES TESTING - | |
| 836 JACKSON ST | | | MEDICAL SUPPLIES AND | 7.92 |
| COLUMBUS, IN 47201 | <u> </u> | | EQUIPMENT | |
| WASHINGTON UNIVERSITY ATTN. RAJENDRA | NONE | CHARITABLE | MACULAR DEGENERATION | |
| | NONE | CHARTIADDD | OF THE EYE RESEARCH | |
| S APTE, MD, PHD 660 SOUTH EUCLID AVENUE | | | STUDY | |
| ST LOUIS MO 63110 | | | | 95,65 |
| 51 B0013, MO 03110 | | - | | |
| | | | | |
| ADVOCATES FOR CHILDREN | NONE | CHARITABLE | RENNOVATION OF | |
| P O BOX 2107 | | | ORGANIZATION'S WEBSITE | |
| COLUMBUS, IN 47202 | | | | 3,76 |
| | | | | |
| | | | | |
| COLUMBUS PARKS FOUNDATION | NONE | CHARITABLE | BUILDING PROJECT AT | |
| P O BOX 858 | | | HAMILTON CENTER | |
| COLUMBUS, IN 47202 | <u> </u> | | FACILITY | 21,00 |
| | | | | |
| | | | | |
| COLUMBUS SYMPHONY ORCHESTRA | NONE | CHARITABLE | MUSICAL SCORES | |
| P O BOX 1992 | | | | 70 |
| COLUMBUS, IN 47202 | | | | |
| VIDION DODD DDD DDD DD DD DD DD DD DD DD DD DD | NONE | CANDIMADIE | MACULAR DEGENERATION | |
| HENRY FORD DEPARTMENT OF | NONE | CHARITABLE | OF THE EYE RESEARCH | |
| OPHTHALMOLOGY ATTN: DR. GAO | | | | |
| 6530 FARMINGTON ROAD | | | STUDY | 17 50 |
| WEST BLOOMFIELD, MI 48322 | | | | <u>17,50</u> |
| DECEMBAL MA DEBUBNIM BI THRAIDES MELV | NONE | CHARITABLE | MACULAR DEGENERATION | |
| RESEARCH TO PREVENT BLINDNESS NEW | HONE | CHARLIABLE | OF THE EYE RESEARCH | |
| YORK, NY | | | STUDY | |
| 645 MADISON AVENUE, 21ST FLOOR | | | 1.001 | 75.00 |
| NEW YORK, NY 10022 Total from continuation sheets | <u> </u> | | | 551 13 |

REEVES FOUNDATION, INC.

35-2026200

| Part XV Supplementary Information | | | | |
|--|--|----------------------|--|----------------|
| 3 Grants and Contributions Paid During the | Year (Continuation) | · | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | oon a load on | |
| INTERNATIONAL SCHOOL 3136 N NATIONAL RD STE E | NONE | CHARITABLE | EDUCATIONAL MEDIA, TEXTBOOKS, EQUIPMENT | |
| COLUMBUS IN 47201 | | | FOR SPORTS PROGRAMS | 5,598. |
| BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION 1200 CENTRAL AVE COLUMBUS, IN 47201 | NONE | CHARITABLE | EQUIPMENT FOR EARLY LEARNING CENTER | 5,000, |
| COLUMBUS REDEVELOPMENT COMMISSION 723 THIRD ST SUITE B COLUMBUS, IN 47201 | NONE | CHARITABLE | BUILDING PROJECT | 50,000. |
| DUKE EYE CENTER ATTN: SCOTT W COUSINS, MD 2351 ERWIN RD DURHAM, NC 27710 | NONE | CHARITABLE | MACULAR DEGENERATION OF THE EYE RESEARCH STUDY | 17,099. |
| HENRY FORD DEPARTMENT OF OPHTHALMOLOGY ATTN: DR. QIAO ONE FORD PLACE, 5D DETROIT, MI 48202 | NONE | CHARITABLE | MACULAR DEGENERATION OF THE EYE RESEARCH STUDY | 17,500, |
| IUPUC 4601 CENTRAL AVENUE COLUMBUS, IN 47203 | NONE | CHARITABLE | IUPUC DIVISION OF EDUCATION | <u>50,000.</u> |
| UNIVERSITY OF WISCONSIN - DEPT OF OTHALMOLOGY & VISUAL SCIENCES 1300 UNIVERSITY AVE | NONE | CHARITABLE | MACULAR DEGENERATION OF THE EYE RESEARCH STUDY | |
| MADISON, WI 53706 | | | _ | 50,000. |
| HOSPICE OF SOUTH CENTRAL INDIANA 2626 E 17TH ST COLUMBUS, IN 47201 | none | CHARITABLE | HOSPICE CARE | 100, |
| | | | | |
| Total from continuation sheets | | | | |

CARL MARSHALL REEVES AND MILDRED ALMEN

REEVES FOUNDATION, INC. 35-2026200

| 3 Grants and Contributions Approved for Futu | 1 - | | | |
|--|--|----------------------|----------------------------------|------------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| COUNDATION FOR YOUTH | NONE | CHARITABLE | REAL ESTATE ACQUISITON | |
| 405 HOPE AVENUE | | | COSTS | |
| COLUMBUS, IN 47201 | | | | 30,00 |
| HENRY FORD DEPARTMENT OF | NONE | CHARITABLE | MACULAR DEGENERATION | |
| OPHTHALMOLOGY ATTN: DR. QIAO | | | OF THE EYE RESEARCH | |
| ONE FORD PLACE, 5D | | | STUDY | |
| DETROIT, MI 48202 | | | | 15,000 |
| IUPUC | NONE | CHARITABLE | TUPUC DIVISION OF | |
| 4601 CENTRAL AVENUE | | | EDUCATION | |
| COLUMBUS, IN 47201 | | | | 50,000 |
| KIDSCOMMONS | NONE | CHARITABLE | EXHIBIT | |
| 309 WASHINGTON STREET | | | MATERIALS/PROGRAMS AND | |
| COLUMBUS, IN 47201 | | | CURRICULA EDUCATIONAL | |
| | | | MATERIALS IN CHILDRENS | 15 000 |
| | | | MUSEUM | 15,000 |
| JNIVERSITY OF WISCONSIN - DEPT OF | NONE | CHARITABLE | MACULAR DEGENERATION | |
| OTHALMOLOGY & VISUAL SCIENCES | 10112 | | OF THE EYE RESEARCH | |
| 1500 HIGHLAND AVE | | | STUDY | |
| MADISON, WI 53719 | | | | 24,900 |
| | | | | |
| VANDERBILT EYE INSTITUTE ATTN: JOHN | NONE | CHARITABLE | MACULAR DEGENERATION | |
| PENN, PHD | | | OF THE EYE RESEARCH | |
| 2311 PIERCE AVENUE NASHVILLE. TN 37203 | | | STUDY | 45,000 |
| NASHVILLE, IN 37203 | | | | 43,000 |
| VOLUNTEERS IN MEDICINE | NONE | CHARITABLE | DIABETES TESTING - | |
| 836 JACKSON ST | | | MEDICAL SUPPLIES AND | |
| COLUMBUS, IN 47201 | | - | EQUIPMENT | 4,548 |
| | | | | |
| WASHINGTON UNIVERSITY ATTN: RAJENDRA | NONE | CHARITABLE | MACULAR DEGENERATION | |
| S APTE, MD, PHD 660 SOUTH EUCLID AVENUE | | | OF THE EYE RESEARCH | |
| ST LOUIS, MO 63110 | | | [] | 45,000 |
| | | | | ,30 |
| BASCOM PALMER EYE INSTITUTE OF | NONE | CHARITABLE | MACULAR DEGENERATION | |
| UNIVERSITY OF MIAMI | | | OF THE EYE RESEARCH | |
| 1638 N W 10TH AVE | | | STUDY | |
| MIAMI, FL 33145 | | | | 20,000 |
| | | | | |
| COLUMBUS REGIONAL SHELTER FOR VICTIMS | NONE | CHARITABLE | SPECIAL ACTIVITIES AND | |
| OF DOMESTIC VIOLENCE | | | OUTINGS FOR VICTIMIZED | |
| P O BOX 103 | | | CHILDREN | 3 40 |
| COLUMBUS, IN 47202 Total from continuation sheets | | | | 3,48° 585,13° |

REEVES FOUNDATION, INC.

35-2026200

| 3 Grants and Contributions Approved for Fu | ture Payment (Continuation) | <u> </u> | | |
|--|---|----------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribution | |
| | | | | |
| INDIANA UNIVERISTY ATTN: TIMOTHY | NONE | CHARITABLE | MACULAR DEGENERATION | |
| CORSON, PHD | | | OF THE EYE RESEARCH | |
| 1160 W MICHIGAN ST | | | STUDY | 9 50 |
| INDIANAPOLIS, IN 46202 | | | | 8,500 |
| INDIANA UNIVERISTY ATTN: YAN SUN MD | NONE | CHARITABLE | MACULAR DEGENERATION | |
| 1160 W MICHIGAN ST | NONE | CHARTIABLE | OF THE EYE RESEARCH | |
| INDIANAPOLIS IN 46202 | | | STUDY | 5,00 |
| INDIANAPOLIS, IN 40202 | | | 51051 | |
| IUPUC | NONE | CHARITABLE | SCULPTURE IN | |
| 4601 CENTRAL AVENUE | | | UNIVERSITY PARK | |
| COLUMBUS, IN 47203 | | | | 50,00 |
| , | | | | |
| INTERNATIONAL SCHOOL | NONE | CHARITABLE | EDUCATIONAL MEDIA, | |
| 3136 N NATIONAL RD STE E | | | TEXTBOOKS, EQUIPMENT | |
| COLUMBUS, IN 47201 | | | FOR SPORTS PROGRAMS | 40 |
| | | | | |
| JUST FRIENDS, INC | NONE | CHARITABLE | BUILDING PROJECT - | |
| Ω | | | PATIO | |
| COLUMBUS, IN 47201 | | | | 15,000 |
| STORM EYE INSTITUTE, UNIVERSITY OF | NONE | CHARITABLE | MACULAR DEGENERATION | |
| SOUTH CAROLINA | | | OF THE EYE RESEARCH | |
| 167 ASHLEY AVE | | | STUDY | |
| CHARLESTON, SC 29425 | | | | 45,00 |
| | | | | |
| UNIVERSITY OF KENTUCKY | NONE | CHARITABLE | MACULAR DEGENERATION | |
| 369 PETERSON SERVICE BUILDING | | | OF THE EYE RESEARCH | |
| LEXINGTON, KY 40506 | | _ | STUDY | 25,00 |
| | | | | |
| UNIVERSITY OF TEXAS | NONE | CHARITABLE | MACULAR DEGENERATION | |
| 301 UNIVERSITY BLVD | | | OF THE EYE RESEARCH STUDY | 10,00 |
| GALVESTON, TX 77555 | | 1 | 51051 | 20,00 |
| UNVERISITY OF UTAH MORAN EYE CENTER | NONE | | MACULAR DEGENERATION | |
| ATTN: HARTNETT AND DEANGELIS | | | OF THE EYE RESEARCH | |
| 65 MARIO CAPECCHI DRIVE | | | STUDY | |
| SALT LAKE UT 84132 | | | | 20,00 |
| UNIVERSITY OF UTAH MORAN EYE CENTER | NONE | | MACULAR DEGENERATION | |
| ATTN: PAUL BERNSTEIN, MD | | | OF THE EYE RESEARCH | |
| 65 MARIO CAPECCHI DRIVE | | | STUDY | |
| SALT LAKE, UT 84132 | | | | 20,00 |
| Total from continuation sheets | | | | |

REEVES FOUNDATION, INC.

35-2026200

| 3 Grants and Contributions Approved for Fut | ure Payment (Continuation) |) | | |
|---|---|---------------------|----------------------|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| | | | | |
| JNIVERSITY OF UTAH MORAN EYE CENTER | NONE | | MACULAR DEGENERATION | |
| ATTN: BALA AMBATI, MD | | | OF THE EYE RESEARCH | |
| 65 MARIO CAPECCHI DRIVE | | | STUDY | |
| SALT LAKE, UT 84132 | | | | 20,00 |
| UNIVERSITY OF UTAH MORAN EYE CENTER | NONE | | MACULAR DEGENERATION | |
| | NONE | | | |
| ATTN: YINGBIN FU, PHD | | | OF THE EYE RESEARCH | |
| 65 MARIO CAPECCHI DRIVE | | | STUDY | |
| SALT LAKE, UT 84132 | | | - | 20,00 |
| | | | j | |
| UTOPIA WILDLIFE REHABILITATORS, INC | NONE | CHARITABLE | BUILDING PROJECT | |
| 18300 E 200 N HOPE, IN 47246 | | | | 7,00 |
| | | | | |
| WASHINGTON UNIVERSITY ATTN: THOMAS | NONE | CHARITABLE | MACULAR DEGENERATION | |
| FERGUSON, PHD | | | OF THE EYE RESEARCH | |
| 660 SOUTH EUCLID AVENUE | | | STUDY | |
| ST LOUIS, MO 63110 | | | | 41,30 |
| | | | | |
| WASHINGTON UNIVERSITY ATTN: VLADIMIR | NONE | CHARITABLE | MACULAR DEGENERATION | |
| KEFALOV | | | OF THE EYE RESEARCH | |
| 660 SOUTH EUCLID AVENUE | | | STUDY | |
| ST LOUIS, MO 63110 | | | | 45,00 |
| | 4 | | | |
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| | | | | |
| Total from continuation sheets | | | | |

| FORM 990-PF INTEREST ON SAVI | NGS AND | TEME | PORARY CA | ASH IN | IVESTMENTS | STATEMENT | 1 |
|--|----------------------------|------|-----------------------------|----------------|------------------------------|-----------|-----|
| SOURCE | | | | | | AMOUNT | |
| VARIOUS | | | | | | 5,1 | 08. |
| TOTAL TO FORM 990-PF, PART I, | LINE 3, | COI | LUMN A | | | 5,1 | 08. |
| FORM 990-PF DIVIDEND | S AND IN | TERI | EST FROM | SECUE | RITIES | STATEMENT | 2 |
| SOURCE | GRO | oss | AMOUNT | | TAL GAINS | COLUMN (A | .) |
| VARIOUS | | : | 371,011. | | 0. | 371,0 | 11. |
| TOTAL TO FM 990-PF, PART I, I | N 4 | | 371,011. | | 0. | 371,0 | 11. |
| FORM 990-PF | ACCOU | NTII | NG FEES | | | STATEMENT | 3 |
| DESCRIPTION | (A) EXPENSE: PER BOO | | (B) NET INVE MENT INC | | (C) ADJUSTED NET INCOM | | |
| TAX PREPARATION FEES | 1,9 | 00. | | 0. | | 1,9 | 00. |
| TO FORM 990-PF, PG 1, LN 16B | 1,9 | 00. | | 0. | | 1,9 | 00. |
| FORM 990-PF C | OTHER PRO | FES | SIONAL FI | EES | | STATEMENT | 4 |
| DESCRIPTION | (A) EXPENSE PER BOO | | (B) NET INVE MENT INC | | (C) ADJUSTEI NET INCOM | | |
| ASSET MANAGEMENT FEES INVESTMENT MANAGEMENT FEES | 11,9 8,7 | | | ,913. ,703. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 20,6 | 16. | 20 | ,616. | | | 0. |

| TAX | ES | STATEMENT 5 | | |
|---------------------------------------|--|--|---|--|
| | | | (D) CHARITABLE PURPOSES | |
| 5,529. | 5,529. | | 0. | |
| 5,529. | 5,529. | | 0. | |
| OTHER E | XPENSES | S | ratement 6 | |
| · · · · · · · · · · · · · · · · · · · | | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| 2,164. | 0. | | 2,164. | |
| 703. | 0. | | 703. | |
| 2,867. | 0. | | 2,867. | |
| | (A) EXPENSES PER BOOKS 5,529. 5,529. OTHER E (A) EXPENSES PER BOOKS 2,164. 703. | EXPENSES NET INVEST- PER BOOKS MENT INCOME 5,529. 5,529. OTHER EXPENSES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 2,164. 0. 703. 0. | (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME 5,529. 5,529. OTHER EXPENSES ST (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME 2,164. 0. 703. 0. | |

ELECTION REGARDING
EXCESS QUALIFYING DISTRIBUTION TO PRIOR YEARS
CARL MARSHALL REEVES AND MILDRED ALMEN REEVES
FOUNDATION, INC. HEREBY
ELECTS \$392,742 OF 2012'S QUALIFYING DISTRIBUTIONS
TO BE APPLIED TO 2011'S UNDISTRIBUTED INCOME
UNDER IRC SEC. 4942.

| FORM 990-PF OTHER INCREASES | IN NET ASSETS OR FU | ND BALANCES | STATEMENT 8 |
|--------------------------------|----------------------|-------------|----------------------|
| DESCRIPTION | | | AMOUNT |
| DIFFERENCE BETWEEN BOOK / TAX | BASIS ON SCH D ITEMS | S | 108,883. |
| TOTAL TO FORM 990-PF, PART III | , LINE 3 | | 108,883. |
| | | | |
| FORM 990-PF | CORPORATE STOCK | | STATEMENT 9 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| VARIOUS CORPORATE STOCK | - - | 8,869,179. | 10,706,600. |
| TOTAL TO FORM 990-PF, PART II, | LINE 10B | 8,869,179. | 10,706,600. |
| - | | | |
| FORM 990-PF | CORPORATE BONDS | | STATEMENT 10 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| VARIOUS BONDS | · | 50,086. | 87,044. |
| TOTAL TO FORM 990-PF, PART II, | LINE 10C | 50,086. | 87,044. |
| FORM 990-PF | OTHER INVESTMENTS | | STATEMENT 11 |
| | OTHER INVESTMENTS | | |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| VARIOUS MUTUAL FUNDS | FMV | 1,279,332. | 1,535,446. |
| | | | |

| FORM 990-PF PART VIII - LIST TRUSTEES AND | STATEMENT | | | |
|---|--------------------------|------------------------|---------------------------------|---------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | EXPENSE |
| LARRY E. NUNN 3435 DUFFER DRIVE COLUMBUS, IN 47203 | PRESIDENT 4.00 | 400. | 0. | 0. |
| MARY ANN NUNN 3435 DUFFER DRIVE COLUMBUS, IN 47203 | SECRETARY/TREAS | SURER 400. | 0. | 0. |
| MARY LU ORR 9232 W. TULIP DRIVE COLUMBUS, IN 47201 | DIRECTOR 1.00 | 400. | 0. | 0. |
| W. GEORGE BRUEGGEMANN 411 PLAZA DRIVE COLUMBUS, IN 47201 | DIRECTOR 1.00 | 400. | 0. | 0. |
| EMILY A. MABE 5151 MONTPELIER CT COLUMBUS, IN 47203 | DIRECTOR 1.00 | 400. | 0. | 0. |
| TOM BIGLEY 3445 RIVERSIDE DR COLUMBUS, IN 47201 | DIRECTOR 1.00 | 0. | 0. | 0. |
| LARRY E. NUNN 3435 DUFFER DR COLUMBUS, IN 47203 | ASSET MANAGEME | NT FEES 11,913. | 0. | 0. |
| FIRST FINANCIAL BANK, N.A. P O BOX 929 COLUMBUS, IN 47202 | INVESTMENT MAN. 5.00 | AGEMENT FEE: 8,703. | | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, | PART VIII | 22,616. | 0. | 0. |

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARY ANN NUNN 3435 DUFFER DRIVE COLUMBUS, IN 47203

TELEPHONE NUMBER

812-343-1787

EMAIL ADDRESS

MANUNN@CARLANDMILDREDREEVESFOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM STATING PURPOSE OF ORGANIZATION AND NATURE OF REQUEST. SEE ATTACHED GRANT APPLICATIONS. THERE ARE TWO SEPARATE APPLICATIONS - ONE TO BE USED FOR LOCAL COMMUNITY ORGANIZATIONS AND A SECOND ONE USED REGARDING MACULAR DEGENERATION RESEARCH.

ANY SUBMISSION DEADLINES

PRIOR TO SEMI-ANNUAL MEETING

RESTRICTIONS AND LIMITATIONS ON AWARDS

50% OF GRANTS TO BE USED FOR MACULAR DEGENERATION OF THE EYE RESEARCH. 50% OF GRANTS TO BE USED FOR LOCAL COMMUNITY ORGANIZED CHARITIES. THESE ARE THE GUIDELINES OF THE ORGANIZATION'S PURPOSE OR MISSION.

Local Community Organization Request Due May 15

CARL MARSHALL REEVES & MILDRED ALMEN REEVES FOUNDATION, INC. Attn: Mary Ann Nunn 3435 Duffer Drive Columbus, IN 47203

E mail: manunn@carlandmildredreevesfoundation.org

CONFIDENTIAL APPLICATION

| Name of Applicant | | | |
|--|------------------------|------------|------------------------------------|
| Street | | | |
| City | _State | | Zip Code |
| Telephone Number | | Fax Number | |
| Name of contact person | | <u>.</u> | |
| List your board members | | | |
| | | | |
| List the main services your organ | iization provides | | |
| | | | |
| | | | |
| | , | | |
| ъ | , | , | |
| Describe any new programs and | or any special or unme | t needs | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Write a brief summary of the s Include how you will account for | | | rant, the amount, and its purpose. |
| | | | |

The Reeves Foundation does not allow charging of overhead expenses to funds granted for research use. The policy of the Foundation is to fund the project itself and/or any capital expenditures. The monies contributed should not be used for overhead or any indirect administrative costs.

| Can you confirm to this policy? | Yes | or | No | |
|---------------------------------|-----|----|-------|--|
| Signature | | | Date | |
| Print Name | | | Title | |

Please enclose the following:

- a copy of the applicant organization's IRS 501(c)(3) tax exemption letter.
- a copy of your annual report.
- a copy of the applicants most recent financial statement. Also, include a budget of revenue and expense for the current year.

Additional sheets may be attached to provide any clarification or further explanation.

Note: Application must be fully completed. Partially completed applications cannot be accepted, unless omissions are explained.

The Foundation's purpose is to provide grants for research for macula degeneration of the eye and support other local, community charities in the Columbus, IN area (whether medical, educational, or other charitable purposes) chosen by the board and/or founder.

PLEASE SUBMIT SIX (6) SETS OF YOUR APPLICATION FOR REVIEW BY THE FOUNDATION'S BOARD.

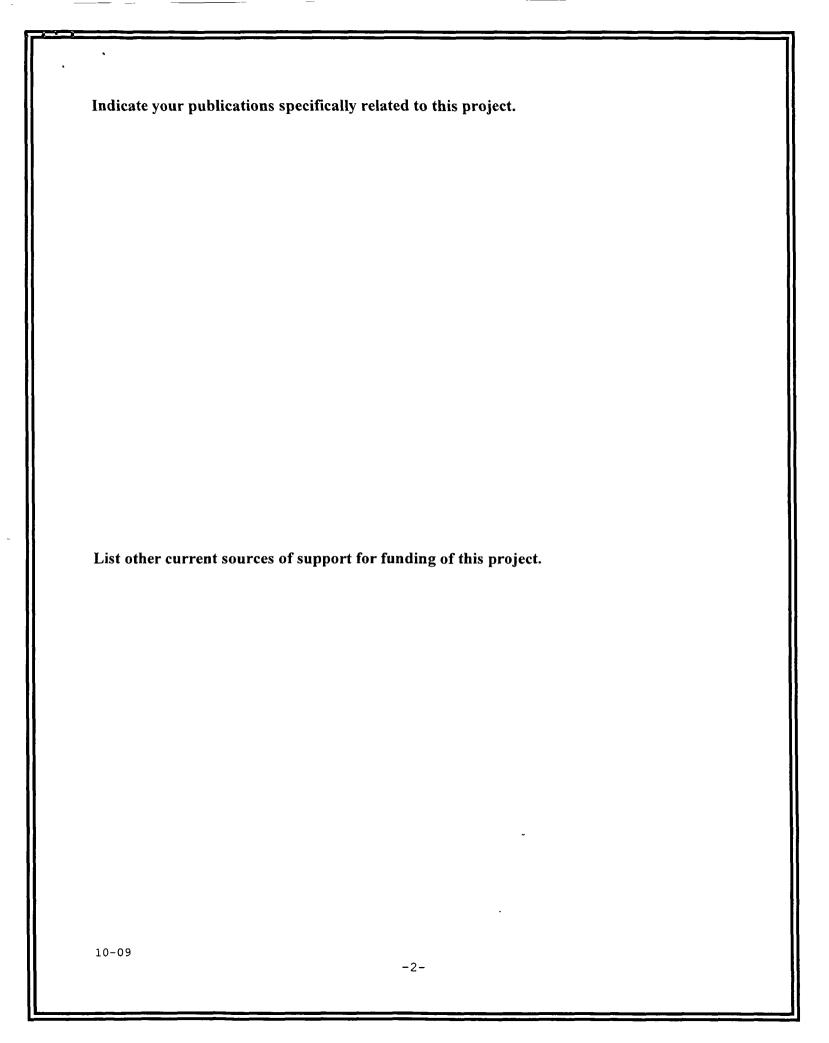
Macular Degeneration Research Request Due September 1

CARL MARSHALL REEVES & MILDRED ALMEN REEVES FOUNDATION, INC.
Attn: Mary Ann Nunn
3435 Duffer Drive
Columbus, IN 47203

E mail: manunn@carlandmildredreevesfoundation.org

CONFIDENTIAL APPLICATION

| Name of Applicant | | | |
|------------------------|------------------------|---------------------|--|
| Street | | | |
| City | State | Zip Code | |
| Telephone Number_ | | Fax Number | |
| Name of contact person | on | | |
| List your board mem | bers | - | |
| | | | |
| | s your organization pr | ovides | |
| Describe any new pro | ograms and/or any spe | cial or unmet needs | |



| Write a brie | f summary of the specific r | easons you are applying | for this grant, the amount, an | ıd |
|--------------|-----------------------------|-------------------------|--------------------------------|----|
| its purpose. | Include how you will acco | ount for the monies and | report on their use. | |

The Reeves Foundation does not allow charging of overhead expenses to funds granted for research use. The policy of the Foundation is to fund the project itself and/or any capital expenditures. The monies contributed should not be used for overhead or any indirect administrative costs.

| Can you confirm to this policy? | Yes | or | No | | |
|---------------------------------|-----|----|-------|------|--|
| Signature | | | Date | | |
| Print Name | | | Γitle | | |

Please enclose the following:

- a copy of the applicant organization's IRS 501(c)(3) tax exemption letter.
- a copy of your annual report.
- a copy of the applicants most recent financial statement. Also, include a budget of revenue and expense for the current year.

Additional sheets may be attached to provide any clarification or further explanation.

Note: Application must be fully completed. Partially completed applications cannot be accepted, unless omissions are explained.

The Foundation's purpose is to provide grants for research for macula degeneration of the eye and support other local, community charities in the Columbus, IN area (whether medical, educational, or other charitable purposes) chosen by the board and/or founder.

PLEASE SUBMIT SIX (6) SETS OF YOUR APPLICATION FOR REVIEW BY THE FOUNDATION'S BOARD.

10-09