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Form **990-PF** Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2013 or tax year beginning and ending Name of foundation A Employer identification number JASPER WOOD PRODUCTS FOUNDATION, D/B/A GRAMELSPACHER FOUNDATION 35-6024934 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P.O. BOX 2386 317-423-9800 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here INDIANAPOLIS 46206-2386 IN Initial return G Check all that apply Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization X Section 501(c)(3) exempt private foundation 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 Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 361,682. (Part I, column (d) must be on cash basis.) ▶\$ Analysis of Revenue and Expenses Part I (d) Disbursements for chantable purposes (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome (cash basis only) 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 4 STATEMENT 8,700. 8,700. STATEMENT Dividends and interest from securities 5a Gross rents D Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain OCT 2 7 2014 Income modifications TELLARY #92 b Less Cost of goods sold IRS OGDEN, UTAH c Gross profit or (loss) 11 Other income 8,704 8,704 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 1,290 645. 645. **b** Accounting fees c Other professional fees Administrative 17 Interest STMT 4 255 0. 255. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 96 48 48. 23 Other expenses Operating 24 Total operating and administrative 693 1,641 948. expenses. Add lines 13 through 23 10,640 10,640. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 12,281 693. 11,588. Add lines 24 and 25 27 Subtract line 26 from line 12 <3,577. a Excess of revenue over expenses and disbursements 8,011. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

323501 10-10-13 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2013)

OMB No 1545-0052

1 Cash - non-interest-bearing 2 Savings and temporary cash investments 38,109 . 33,675 . 33,675 3 Accounts receivable Less allowance for doubtful accounts Less accountable Less allowance for doubtful accounts Less accountable Less accountable Less accountable Less accountable doprecation Less accountable Less acco	Part II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	End of year		
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25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here	0) D4 Harratustad	277,468.	273,891.			
26 Permanently restricted Foundations that do not follow SFAS 117, check here	25 Temporarily restricted					
Foundations that do not follow SFAS 117, check here	25 Permanently restricted	_				
	Foundations that do not follow SFAS 117, check here					
and complete lines 27 through 31.	and complete lines 27 through 31					
27 Capital stock, trust principal, or current funds	27 Capital stock trust principal or current funds					
28 Paid-in or capital surplus, or land, bldg , and equipment fund	28 Paid-in or capital surplus, or land blide, and equipment fund					
29 Retained earnings, accumulated income, endowment, or other funds	29 Retained earnings, accumulated income, endowment, or other funds					
30 Total net assets or fund balances 277, 468. 273, 891.	2 30 Total net assets or fund halances	277,468.	273,891.			
Z 30 Total light Basels of falls Salarious	Z Journal asserts of family additions					
31 Total liabilities and net assets/fund balances 277, 468. 273, 891.	31 Total liabilities and net assets/fund halances	277,468.	273,891.			
			<u> </u>			
Part III Analysis of Changes in Net Assets or Fund Balances	Part III Analysis of Changes III Net Assets of Fund L					
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		30		277 460		
(mast agree with one or year agree reperior or pro-			 	277,468.		
2 Cittor amount not in the city and a city a				<3,577.		
3 Other increases not included in line 2 (itemize) ▶	3 Other increases not included in line 2 (itemize)			0.		
4 Add lines 1, 2, and 3 4 273, 8	4 Add lines 1, 2, and 3		<u></u>	273,891.		
5 Decreases not included in line 2 (itemize)	5 Decreases not included in line 2 (itemize)			0.		
n Total tiel assets of fullo datalices at end of year time 4 minds into 6). Take it constructed in the second of t	6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	273,891. Form 990-PF (2013)		

•			WOOD PRODUCT		•	INC.		•			
Form 990-PF			RAMELSPACHER sses for Tax on In					3	<u>5-602</u>	4934	Page 3
Part IV	(a) List and descri	ibe the ki	nd(s) of property sold (e g or common stock, 200 shs	, real estate,	income	(b) How P - Pu D - Do	acquired rchase onation	(c) Date (mo , d		(d) Date (mo , da	
1a											
<u>b</u>	NON	NE	 			 		_			
<u>C</u>						-		_			
_d						-					
e (e) G	ross sales price	(f) I	Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss) s (f) minus (
a											
b											
<u>C</u>											
<u>d</u>											
Complete	e only for accets chowing	0.0310.10	column (h) and owned by t	he foundation	on 12/31/60			I) Causa (C	ol (b) sais		
Complete	e only for assets showing		(j) Adjusted basis		cess of col (I)			ľ (k), but r	iol (h) gain not less thar	n - 0-) ar	
	V as of 12/31/69		as of 12/31/69		col (j), if any			Losses	(from col (h))	
b b						_			· · · · · · · · · · · · · · · · · · ·		
C											
d											
е											
2 Capital ga	in net income or (net cap	oital loss)	If gain, also enter If (loss), enter -0-	in Part I, line : in Part I, line	7 7	} 2		.,,,,			
3 Net short-	term capital gain or (loss	s) as defi	ned in sections 1222(5) an	d (6)			1				
	so enter in Part I, line 8, c	column (d	c)			_					
Davi V	enter -0- in Part I, line 8	nder S	section 4940(e) for	Reduced	Tax on Net	Invest	ment Inc	come			
			ons subject to the section 4					301110			
	40(d)(2) applies, leave th			1040(a) tax on	not invostment in	,			s.		
Was the foun	idation liable for the secti	ınn 4942	tax on the distributable am	ount of any ve	ar in the base nei	nod?				Yes	X No
			section 4940(e) Do not co			100					
			mn for each year, see the in			ntries					
Calendar y	(a) Base period years /ear (or tax year beginnin	ng In)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) ncharitab	le-use assets	:	Distrib (cot (b) div	(d) outlon ratio ided by col	(c))
	2012			9,612.			94,597				32628
	2011			466.			87,439				2486
	2010			3,902.			60,992				24237
	2009			8,902.		<u>_</u>	06,280 86,874				33760 27937
	2008	1		2,427.			00,014	•		.02	21931
7 Total of b	ne 1, column (d)							2		. 1 :	71048
		s-vear ha	se period - divide the total o	on line 2 by 5	or by the number	of vears		-			1010
•	ation has been in existen	-		on into E by O,	or by the manibor	01 ,02.0		3		.03	34210
4 Enter the	net value of noncharitable	le-use as	sets for 2013 from Part X,	line 5				4		342	145.
5 Multiply li	ine 4 by line 3							5		11,	,705.
& Enter 10/	of net investment incom	na /1% nd	Part I line 27h\					6			80.
• ∟ii(8i 1%	or ner maeztingur mooni	.⊍ (1/0 UI	. a.c., 11110 21 0 j					-			
7 Add lines	5 and 6							7		11,	<u>,785.</u>

8 Enter qualifying distributions from Part XII, line 4 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** (2013)

11,588.

323531

Form **990-PF** (2013)

Form **990-PF** (2013)

X

3b

4a

4h

N/A

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 2013.)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

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

JASPER WOOD PRODUCTS FOO	•	•			
OITH 990-PF (2013) D/B/A GRAMELSPACHER FOUN			<u>35-60249</u>	34	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)	and and Alexanders	
5a During the year did the foundation pay or incur any amount to			(==)		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire		(TE)		
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		[1]		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		□		
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	NT / 70		
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
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 for					
expenditure responsibility for the grant?		I/A Ye	es L No		
If "Yes," attach the statement required by Regulations section 53.4948 6a Did the foundation, during the year, receive any funds, directly or indirectly, to			1		
	pay premiums on		es X No		
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arcanal hanafit contract?			6b	Х
If "Yes" to 6b, file Form 8870.	erzonar nenent contract.		 	00	<u>A</u>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?		es X No		
b if "Yes," did the foundation receive any proceeds or have any net income attribu		10	, ·	7b	
Part VIII Information About Officers, Directors, Trust		nagers Highly		, n	
Paid Employees, and Contractors	ees, i oundation ma	illagers, Highi	•		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, allowar	
1.B. GRAMELSPACHER	PRESIDENT & T				
P.O. BOX 2386		}			
INDIANAPOLIS, IN 46206	0.00	0.	0.		0.
					_
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	T (4) a		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expeaced account,	ense other
	devoted to position	(e) componential	compensation	allowar	nces
NONE					
			<u> </u>		
		_			
			<u> </u>	L	
T-4-I aumher of other employees and over \$E0 000			<u> </u>		(1

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferenc	duced, etc	Expenses
1 TO PROVIDE GENERAL SUPPORT FOR CHARITABLE OF NEED	RGANIZATIONS IN	10,640.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on $1 N/A$	lines 1 and 2	Amount
2		
All other program-related investments See instructions 3		
	>	0.
Total. Add lines 1 through 3		Earm QQA_DE (2013)

Page 8

1	Fair market value of assets not used (or held for use) directly in carrying out charital	ble, etc	, purposes			
а	Average monthly fair market value of securities				1a	306,087. 41,268.
b	Average of monthly cash balances				1b	41,268.
C	Fair market value of all other assets				1c	
đ	Total (add lines 1a, b, and c)				1d	347,355.
6	Reduction claimed for blockage or other factors reported on lines 1a and	_				-
	1c (attach detailed explanation)	18		0.		
2	Acquisition indebtedness applicable to line 1 assets				2	0.
3	Subtract line 2 from line 1d				3	347,355.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amoun	nt, see i	nstructions)		4	5,210.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and of	on Part	V, line 4		5	342,145.
6	Minimum investment return. Enter 5% of line 5				6	17,107.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3)	and (j)(5) private opera	ating foundations ar	id certain	
	foreign organizations check here 🕨 🔃 and do not complete this par	t)				
1	Minimum investment return from Part X, line 6				1	17,107.
2a	Tax on investment income for 2013 from Part VI, line 5	2a		160.		
b	Income tax for 2013 (This does not include the tax from Part VI)	2b	<u> </u>			
C	Add lines 2a and 2b				2c	160.
3	Distributable amount before adjustments Subtract line 2c from line 1				3	16,947.
4	Recoveries of amounts treated as qualifying distributions				4	0.
5	Add lines 3 and 4				5	16,947.
6	Deduction from distributable amount (see instructions)				6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Par	t XIII, I	ine 1		7	16,947.
P	art XII Qualifying Distributions (see instructions)					
_	Qualifying Distribution (acc mandations)			<u> </u>	······································	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes				
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	11,588.
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 charita	able, et	c , purposes		2	<u>_</u>
3	Amounts set aside for specific charitable projects that satisfy the					
а	Suitability test (prior IRS approval required)				3a	
b	Cash distribution test (attach the required schedule)				3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8,	and Pa	rt XIII, line 4		4	11,588.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	estme!	ot			
	income Enter 1% of Part I, line 27b				5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4				6	11,588.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years	when d	alculating whel	her the foundation	qualifies for the	e section
	4940(e) reduction of tax in those years					

Form **990-PF** (2013)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2012	2012	2013
1 Distributable amount for 2013 from Part XI,				16 047
line 7				16,947.
2 Undistributed income, if any, as of the end of 2013			0.660	
a Enter amount for 2012 only	hilling to the treatment to the treatment of the treatmen		8,669.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2013				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4 ▶\$ 11,588.				
a Applied to 2012, but not more than line 2a			8,669.	
b Applied to undistributed income of prior		1-11-	-1	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			thiren nillhann da mur	
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				2,919.
e Remaining amount distributed out of corpus	0.			111111111111111111111111111111111111111
5 Excess distributions carryover applied to 2013	0.	HH.		0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
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 2012 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must				14,028.
be distributed in 2014				14,020
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 2008	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.	0.			
Subtract lines 7 and 8 from line 6a	U •			
10 Analysis of line 9				
a Excess from 2009		i i		
b Excess from 2010				
c Excess from 2011				
d Excess from 2012 e Excess from 2013				Form QQQ-DE

Form **990-PF** (2013)

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

3 Grants and Contributions Paid During th		Payment		
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		
a Paid during the year				
GOOD NEWS MINISTRIES	NONE		DONATION FOR	
16 N. RURAL STREET			CHARITABLE MISSION	
INDIANAPOLIS, IN 46201				1,50
INDIANA UNIVERSITY FOUNDATION	NONE		DONATION FOR	
950 N. MERIDIAN STREET, #250			CHARITABLE MISSION	
INDIANAPOLIS, IN 46204				1,00
THE INDIANACIA SERVICE	NONE		DONATION FOR	
REEP INDIANAPOLIS BEAUTIFUL 1029 FLETCHER AVE., #100	NONE		DONATION FOR CHARITABLE MISSION	
INDIANAPOLIS, IN 46203				64
LISC INDIANAPOLIS	NONE	1	DONATION FOR	
202 E. MARKET STREET			CHARITABLE MISSION	
INDIANAPOLIS, IN 46204				1,00
UNIVERSITY OF NOTRE DAME	NONE		DONATION FOR	
400 MAIN BUILDING			CHARITABLE MISSION	
NOTRE DAME, IN 46556	ONDINIADION CHEE	m/C)		1,50
	CONTINUATION SHEE	1(9)	<u>▶ 3a</u>	10,64
b Approved for future payment				
NONE				
		!		
		10	 	
		li		
Tatal		- 	▶ 3b	
Total				rm 990-PF (20

Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Exclu	ded by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C					
d					
e	-				
f	-				
g Fees and contracts from government agencies					
2 Membership dues and assessments					_ -
Interest on savings and temporary cash			14	4	
Investments	 		$\frac{14}{14}$	8,700.	
I Dividends and interest from securities i Net rental income or (loss) from real estate			13	0,700.	
				<u></u>	
a Debt-financed property b Not debt-financed property			_		
6 Net rental income or (loss) from personal			- 		
property					
7 Other investment income	 		1		
B Gain or (loss) from sales of assets other			_		
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					-
a	_				
b	_				
c					_
d	-				
e	_		<u>, </u>		
2 Subtotal Add columns (b), (d), and (e)	<u> </u>).	8,704.	
3 Total. Add line 12, columns (b), (d), and (e)				13	6,704
See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities	to the Accom	plishment of	Exemp	t Purposes	
Line No. Explain below how each activity for which inc				uted importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other tha	in by providing funds	for such purposes)			
		 .			
					
		<u> </u>			
1					
					

rait.	Exempt Organiz		siers 10 a	and Transactions	and Relation	snips with Nonc	naritable	•	
1 Did	the organization directly or indire		of the followin	on with any other prognizati	on described in sec	ction 501(c) of]	Yes	No
	Code (other than section 501(c)(2007 00 1(0) 01		.00	110
	nsfers from the reporting foundati								ĺ
	Cash	ion to a monomantae	no oxompt or	gamzation or			1a(1)		х
	Other assets						1a(2)		X
• •	er transactions						10127		
	Sales of assets to a noncharitable	le exempt organizati	on				16(1)		х
	Purchases of assets from a nonc						1b(2)		X
	Rental of facilities, equipment, or	•	gameation				1b(3)		X
	Reimbursement arrangements	00101 00000					1b(4)		X
	Loans or loan guarantees						1b(5)		X
	Performance of services or mem	obership or fundrais	ing solicitatio	ins			1b(6)		X
	aring of facilities, equipment, maili						10		X
	ne answer to any of the above is "Y	-			wavs show the fair	market value of the good		ets.	
	services given by the reporting fou		-		-	-		,	
	umn (d) the value of the goods, ot				•	•			
(a) Line no	o (b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	on of transfers, transactions,	and shanng an	angeme	nts
			N/A						
_									
									
							<u> </u>		
2a Isti	he foundation directly or indirectly	, affiliated with, or re	elated to, one	or more tax-exempt organ	izations described			r==	_
	section 501(c) of the Code (other t		(3)) or in sect	tion 527?			Yes	LX.	No
<u>_b lf"\</u>	Yes," complete the following sched			(A) 7 d	T	(-) (-) (-)			
	(a) Name of orga	nization		(b) Type of organization		(c) Description of relati	onsnip		
	N/A				 		 -		
					 				
					 -		·		
	Under penalties of penjury, I declare th	at I have examined this	return, includin	ng accompanying schedules and	I statements, and to th	e best of my knowledge			
Sign	and belief, it is true, correct, and comp	olete Declaration of pre	parer (other tha	n taxpayer) is based on all infor	nation of which prepar	er has any knowledge	May the IRS of return with the	e prepare	er 📗
Here	1 m			10.15.14	TREAS		shown below Yes	(see inst	ltr)? No
	Signature of officer or trustee	·		Date	Title	- CRER	163		J 140
	Print/Type preparer's nan	ne T	Preparer's s		Date	Check If PT	'IN		
	BRANDON L.	i i				self- employed			
Paid	CPA	,	7	L CPA	9/22/14		01327	218	
Prepa		ENWALT CP	AS, IN	C.		Firm's EIN ► 35-			
Use C		,	•						
	Firm's address ▶ 534	2 W. VER	MONT S	TREET					
_	INI	IANAPOLI:	S, IN	46224		Phone no 317-	-241-2	999	
							Form QQf) DE	(2012)

JASPER WOOD PRODUCTS FOUNDATION, INC. D/B/A GRAMELSPACHER FOUNDATION

. 35-6024934

Grants and Contributions Paid During the	e rear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
. RICHARD'S EPISCOPAL E 33RD ST	NONE		DONATION FOR CHARITABLE MISSION	
DIANAPOLIS, IN 46205				5,0
				- <u>-</u>
		<u>-</u> -		
				
				1

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE		(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
FIDELITY INTEREST I	NCOME		4.	4.	
TOTAL TO PART I, LI	INE 3		4.	4.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SE	CURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	(A) REVENU S PER BOO		
FIDELITY	8,700		0. 8,7	00. 8,70	00.
TO PART I, LINE 4	8,700	•	0. 8,7	8,70	00.
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
ACCOUNTING FEES	_	1,290.	64	5.	645.
TO FORM 990-PF, PG	1, LN 16B	1,290.	64	5.	645.
FORM 990-PF		TAX	ES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
TAXES AND PENALTIES	- S	255.		0.	255.
TO FORM 990-PF, PG	1, LN 18	255.		0.	255.

FORM 990-PF	OTHER E	XPENSES			STATEMEN	T 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED IET INCOM		TABLE
POSTAGE AND DELIVERY	96.		48.			48.
TO FORM 990-PF, PG 1, LN 23	96.		48.			48.
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLIGA	TIONS	STATEMEN	т 6
DESCRIPTION	U.S GOV′		воок	VALUE	FAIR MAR	KET
FIDELITY CAPITAL & INCOME		x		81,708.	99	,129.
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS					
TOTAL STATE AND MUNICIPAL GOV	ERNMENT OBL	IGATIONS		81,708.	99	,129.
TOTAL TO FORM 990-PF, PART II	I, LINE 10A	,		81,708.	99	,129.
FORM 990-PF	CORPORAT	E STOCK			STATEMEN	r 7
DESCRIPTION			воок	VALUE	FAIR MAR VALUE	KET
FIDELITY LEVERAGED COMPANY ST	госк			79,418. 79,090.		,942. ,936.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		1	58,508.	228	,878.
FORM 990-PF INT	TEREST AND P	ENALTIES			STATEMEN	т 8
TAX DUE FROM FORM 990-PF, PA LATE PAYMENT INTEREST LATE PAYMENT PENALTY	ART VI					160. 2. 4.
TOTAL AMOUNT DUE						166.

FORM 990-PF

2.

STATEMENT

	PART	VII-A, LI	NE 10						
NAME OF CONTRIBUTOR		ADDRESS							
CMW INC.		P.O. BOX 2266 INDIANAPOLIS, IN 46206							
FORM 990-PF	LA	TE PAYMENT	' PENALT	Y		STAT	EMENT	10	
DESCRIPTION	DAT	E AMC	UNT	BALANC	CE M	ONTHS	PENAL	ΊΤΥ	
TAX DUE DATE FILED	05/15 09/25	•	160.		160. 160.	5		4.	
TOTAL LATE PAYMENT P	PENALTY							4.	
FORM 990-PF	LA	TE PAYMENT	INTERE	ST		STAT	EMENT	11	
DESCRIPTION	DATE	AMOUNT	BAL	ANCE	RATE	DAYS	INTER	REST	
TAX DUE DATE FILED	05/15/14 09/25/14	160		160. 162.	.0300	133		2.	

LIST OF SUBSTANTIAL CONTRIBUTORS

TOTAL LATE PAYMENT INTEREST

FORM 990-PF

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

STATEMENT

12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARK B. GRAMELSPACHER, PRESIDENT

JASPER WOOD PRODUCTS FOUNDATION, INC.

P.O. BOX 2386

INDIANAPOLIS, IN 46206

Gramels paches Foundation

TELEPHONE NUMBER

317-423-9800

FORM AND CONTENT OF APPLICATIONS

THE APPLICATION MUST BE SUBMITTED IN THE FORM OF A LETTER AND SHOULD DESCRIBE THE APPLICANTS PURPOSE AND ACTIVITIES IN GENERAL. IF THE REQUESTED AMOUNT IS USED FOR A SPECIFIC PURPOSE, PROJECT, OR PROGRAM, THEN IT SHOULD BE CLEARLY EXPLAINED. APPLICANTS OR REQUESTS LONGER THAN FIVE PAGES WILL NOT BE ACCEPTED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

Form 88	68 (Rev. 1-2014)	_				Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, e	complete only Part II and check this	s box		► X	
	nly complete Part II if you have already been granted an a				8868.		
	are filing for an Automatic 3-Month Extension, comple						
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies need	ded).	
			Enter filer's	identifyir	ia number, s	ee instructions	
Type or							
print	JASPER WOOD PRODUCTS FOUNDAY		INC.			(,	
File by the	D/B/A CDAMET CDACKED HOURDANION					24934	
due date fo	lue date for Number, street, and room or suite no. If a P.O. box, see instructions				curity number		
filing your return See	Ing your In A BAY 2296					(22.4)	
instruction	City, town or post office, state, and ZIP code. For a fo	oreign add	fress, see instructions.				
	INDIANAPOLIS, IN 46206-2386	5					
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Applica	tion	Return	Application			Return	
is For		Code_	Is For			Code	
Form 99	0 or Form 990-EZ	01					
Form 99	0·BL	02	Form 1041-A			08	
Form 47	20 (Individual)	03_	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990·T (trust other than above) 06 Form 8870				12			
STOP!	o not complete Part II if you were not already granted			iously file	d Form 886	3	
	MARK B. GRAMELS			_			
	ooks are in the care of P.O. BOX 2386 -	- IND	IANAPOLIS, IN 4620	<u>6</u>			
	hone No. ► 317-423-9800		Fax No. ▶				
	organization does not have an office or place of business					▶ □	
If this	is for a Group Return, enter the organization's four digit						
box 🚩	. If it is for part of the group, check this box			all memb	ers the exter	sion is for.	
4 I request an additional 3-month extension of time until NOVEMBER 15, 2014.							
6 If	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return						
L	Change in accounting period						
7 St	ate in detail why you need the extension		DEPLOY A COMPLETE	7775 7			
	DDITIONAL INFORMATION NEEDED			AND A	CCURAT	E RETURN	
W	ILL NOT BE AVAILABLE UNTIL AI	TER	AUGUST 15, 2014.				
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any			^	
	nrefundable credits. See instructions.		_ 	8a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	•	•				
	x payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid			^	
	reviously with Form 8868.			8b	\$	0.	
C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using						0	
EF	TPS (Electronic Federal Tax Payment System). See instru		Abo completed for De All	8c	\$	0.	
			st be completed for Part II o		4	4 5 . 6 . 5	
Under pe it is true,	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I amputhorized to prepare this fo	ing accomp orm	panying schedules and statements, and to	o the best o	t my knowledg	e and belief,	
Signature	CPA Title > C	CPA		Date	•		
<u> </u>						868 (Pey 1-2014)	

-							
Form 8868 (Rev. 1-2014)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ex					► [X]		
Note. Only complete Part II if you have already been granted an		•	led Form	8868.			
If you are filing for an Automatic 3-Month Extension, comple Dand			-1 /		0		
Part II Additional (Not Automatic) 3-Month E	xtensio						
	- .	Enter filer's			r, see instructions		
TACRER MOOR PROPILERS FOLKERS THE					Employer identification number (EIN) or		
JASPER WOOD PRODUCTS FOUNDATION, INC.					35-6024934		
D/B/A GRAMELSPACHER FOUNDATION ate for Number street and room or suite no. If a B.O. box, socilestructures.							
Purificial State Inc. in a F.O. box, see instructions.			Social se	curity nun	nber (SSN)		
Instructions City, town or post office, state, and ZIP code. For a fo	orolan ada	troco coo instructions					
INDIANAPOLIS, IN 46206-2386		iress, see instructions.					
110111111111111111111111111111111111111				<u> </u>			
Enter the Return code for the return that this application is for (file	a conara	te application for each return)			0 4		
Litter the fiction 9999 for the folder that this application is for the	o a separa	to application for each return,		•			
Application	Return	Application			Return		
Is For	Code	Is For	Code				
Form 990 or Form 990-EZ	01			······			
Form 990-BL	02	Form 1041-A	08				
Form 4720 (individual)	03	Form 4720 (other than individual)			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)		Form 6069	11				
Form 990-T (trust other than above)	Form 8870			12			
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a previ	ously file	d Form 8	368.		
MARK B. GRAMELS	SPACH	ER					
 The books are in the care of ► P.O. BOX 2386 - 	- IND	<u>IANAPOLIS, IN 46206</u>	5				
Telephone No. ► 317-423-9800		Fax No. ▶			<u></u>		
 If the organization does not have an office or place of business 	s in the Ur	ited States, check this box					
 If this is for a Group Return, enter the organization's four digit 	Group Exe	emption Number (GEN) If	this is fo	r the whole	a group, check this		
box ▶ If it is for part of the group, check this box ▶		ch a list with the names and EINs of	all memb	ers the ex	tension is for.		
_	OVEM	BER 15, 2014.					
5 For calendar year 2013 , or other tax year beginning		, and ending	9		·		
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: L Initial return L_	Final r	eturn			
Change in accounting period							
7 State in detail why you need the extension	WO D	DEDADE A COMPLEME	AATD A	COLIDA	me prompy		
ADDITIONAL INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE WILL NOT BE AVAILABLE UNTIL AFTER AUGUST 15, 2014.							
WILL NOT BE AVAILABLE UNTIL A	TER	AUGUST 15, 2014.	· -		 _		
0.00 EL 000 EL 000 E 000 T 4700	- 0000		-T	 -	 -		
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				s	0.		
nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069	L antor on	u refundable gradite and estimated	8a	Φ			
• •							
tax payments made. Include any prior year overpayment all previously with Form 8868.	owed as a	credit and any amount paid	8b	\$	0.		
C Balance due. Subtract line 8b from line 8a. Include your pa	vment wit	h this form if required by using	- 00	. V			
EFTPS (Electronic Federal Tax Payment System). See Instru	=	in this form, in required, by doing	8c	\$	0.		
		st be completed for Part II o					
Under penalties of periury. I declare that I have examined this form, including	ing accomp		_	f my knowl	edge and belief.		
it is true, correct and complete, and that I am authorized to prepare this fo	rm.						
Signature > 10 M 60 VIL OFA Title > C			Date	<u>►8/</u>	13/2014		
The state of the s					n 8868 (Rev. 1-2014)		