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SCANNED JUN 2 5 2014

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-1150

2013

Open to Public

		the Treasury ue Service	► Information about Form 990-EZ and its instructions is at www.irs.gov/form	n990.	<u>Inspection</u>
			ndar year, or tax year beginning , 2013, and endi	na	, 20
	Check if ap		C Name of organization	1	D Employer identification number
Γ	Addres	ss change	BALL BROTHERS FDN CHAR TRUST FOR WABASH COLLE		
	7	change	GE 001556		35-6303400
	Initial r	=	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
	Termin		200 EAST JACKSON STREET		(765) 747-1321
	1	ded return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption
	7	ation pending	MUNCIE, IN 47305		Number >
G	Account	ting Method:	X Cash Accrual Other (specify) ▶ H	Check	► X If the organization is not
	Website	_			d to attach Schedule B
J	Tax-exemp	pt status (check o	nly one) - X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	Form 9	990, 990-EZ, or 990-PF)
K	orm of	organization	Corporation X Trust Association Other		
L	Add line	es 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al asset	ts
			y) are \$500,000 or more, file Form 990 instead of Form 990-EZ		
	rt I	Revenue,	Expenses, and Changes in Net Assets or Fund Balances (see t	he ins	structions for Part I)
		Check if th	e organization used Schedule O to respond to any question in this Part	Ι	X
	1	Contribution	s, gifts, grants, and similar amounts received		1
	2		vice revenue including government fees and contracts		2
	3		dues and assessments		3
	4		ncome		4 11,804
	5 a		nt from sale of assets other than inventory		
	b		other basis and sales expenses	79.	
	C) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	ic 12,764
	6	Gaming and	fundraising events		
	а	Gross incom	ne from gaming (attach Schedule G if greater than	1	
Ĭ		\$15,000)			
Revenue	b		e from fundraising events (not including \$ of contributions		
æ		from fundra	sing events reported on line 1) (attach Schedule G if the		
		sum of such	gross income and contributions exceeds \$15,000) 6b		
	C		expenses from gaming and fundraising events 6c		
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ict	
				<u> 6</u>	6d
	7 a		of inventory, less returns and allowances		
	b		goods sold		_
	C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a).	· 1 · 🛌	7c
	8	Other reveni	ue (describe in Schedule 0)	; i· -	8
	9	I Otal I CACI	ide. Add lines 1, 2, 3, 4, 50, 6d, 70, and 6	95 -	9 24,568
	10	Grants and s	at to or for members	₹ I ├─	8,931
	11				5 600
ses	12		er compensation, and employee benefits	╌┧┟╌	5,688
Expenses	13		fees and other payments to independent contractors OGDEN, U.L.	_1 }	NON
Exp	14		rent, utilities, and maintenance	• •	14
_	15		olications, postage, and shipping	•••	15
	16	Utner expen	ses (describe in Schedule O)	· · -	14 (10
	17		nses. Add lines 10 through 16		14,619
ets	18		eficit) for the year (Subtract line 17 from line 9)		9,949
Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wi		205 127
et A	20		igure reported on prior year's return)		385,127
·	1 20	Other Chang	es in net assets of fund balances texplain in Schedule O1	1 Z	2 U I

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For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20 .

Pa	rt II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to re-	spond to any			<u> </u>	
			(A) Beginning of y	ear	(B) E	nd of year
22	Cash, savings, and investments		38	5,127	1 - 1	<u>395,076.</u>
23	Land and buildings				23	NONE
24	Other assets (describe in Schedule O)			5 105	24	NONE
25	Total assets		38	5,127		395,076.
26	Total liabilities (describe in Schedule 0)		20	C 107	26	NONE
27	Net assets or fund balances (line 27 of column (B) must agree w rt III Statement of Program Service Accomplishme			5,127	. 27	395,076.
ra	Check if the organization used Schedule O to resp				L	penses
\//b	at is the organization's primary exempt purpose? SEE SCHEDI		Ston in this rait in	• • •	Required fo 501(c)(3) an	
	scribe the organization's primary exempt purpose: <u>OBB SCRIBB</u>		roo largest program (s and section
	measured by expenses. In a clear and concise manner, des					rusts; optional
	sons benefited, and other relevant information for each prog		, ,		for others.)	
28	NET INCOME IS DISTRIBUTED ANNUALLY TO V	WABASH				•
	COLLEGE TO SUPPORT THAT INSTITUTION IN	THE				
	FULFILLMENT OF ITS CHARITABLE PURPOSE.					
	(Grants \$ 8,931.) If this amount include	s foreign grants,	check here	•	28a	
29				 -		
	(Grants \$) If this amount include:	s foreign grants,	check here · · · · ·		29a	•
30						
	(Grants \$) If this amount include:	s foreign grants	heck here		30a	
21	Other program services (describe in Schedule O)				302	
٠.	(Grants \$) If this amount include:				31a	
32	Total program service expenses (add lines 28a through 31a)				32	
	rt IV List of Officers, Directors, Trustees, and Key Emplo				see the instru	ctions for Part IV)
	Check if the organization used Schedule O to respon	d to any questi	on in this Part IV		· · · · · · · · · · · · · · · · · · ·	X
	(a) Norman and sala	(b) Averag			(d) Health benefits,	(e) Estimated amount of
	(a) Name and title	hours per w devoted to po	eek (Forms W-2/1099	-MISC)	benefit plans, and	other compensation
PID	ST MERCHANTS TRUST	<u> </u>	(ii not paio, ente	11-0-1 ae	eferred compensation	
	STEE	-	5.4	88.	NONE	NONE
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	7/		110112	10112
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	MI6765 A541 05/21/2014 15:06:57	001	556			9 -

Part \				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in t	his P		ليل
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	l		
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the	34		X
	change on Schedule O (see instructions)		 	- ^`
•••	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<u> </u>	** · `	(E)
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	Vi For	\$\$ <u>.</u>	Y 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	۸ .	Х
	If "Yes," complete Schedule L, Part II and enter the total amount involved	22	E.	
39	Section 501(c)(7) organizations. Enter:	***	104	
a	Initiation fees and capital contributions included on line 9	-		14.0
b	Gross receipts, included on line 9, for public use of club facilities	l		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	100		
ь	section 4911 ►; section 4912 ►; section 4955 ►; section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
D	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	<u> </u>	<u> </u>	2 G 600 1
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	100	2	1 1
•	organization managers or disqualified persons during the year under sections 4912,	1 4	857	40.40
	4955, and 4958	48		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	1	<i>i</i> ,	
	reimbursed by the organization	,â		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		-4	
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	Х
41	List the states with which a copy of this return is filed ▶ Indiana		_	
42 a	The organization's books are in care of ► FIRST MERCHANTS TRUST COMPANY Telephone no. ► (765)747-1323	١	-	
_	Located at ≥ 200 E JACKSON ST MUNCIE IN; MUNCIE, IN ZIP + 4 ≥ 47308-0792		r.,	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			43
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶	<u> </u>	l	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	. []
	and enter the amount of tax-exempt interest received or accrued during the tax year			ш
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	<u> </u>	 	
	explanation in Schedule O	44d	<u> </u>	<u> </u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		<u> </u>	
	Form 990-EZ (see instructions)	45b orm 99	0.57	(2012)
JSA	hi a sa a sa a sa a sa a sa a sa a sa a	urm yy		(∠013)

Form 99	-EZ (2013)		Page 4
46		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	,	X
Part \		for line	es
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax	Yes	
	year? If "Yes," complete Schedule C, Part II	_	Х
	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	a b	X
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trus employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter		ıd key
	(b) Average (c) Reportable (d) Health benefits, contributions to employee (e) Estil	nated am compens	
NONE _			
f 51	Total number of other employees paid over \$100,000 ▶ 0 Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."	d more	than
	(a) Name and business address of each independent contractor (b) Type of service (c) Compensi	tion	
NONE			
52	Total number of other independent contractors each receiving over \$100,000 ▶		 No
	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge ar act, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	d belief,	ıt ıs
Sign Here	Signature of officer DAVID L. FORBES TRUST OFFICER TRUST OFFICER		
Paid	Print/Type preparer's name Preparer's signature Date AV 2 1 2014 self-employed Description:		
Prepai Use O	PIDUCIADY TAY CEDURATE LIC	005449	<u></u>
	Firm's address ► 400 S WALNUT STREET SUITE 200, Phone no 765-288-3651		
May th	MUNCIE, IN 47305 RIS discuss this return with the preparer shown above? See instructions	'es _	No
	Form 9	90-EZ	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990 Name of the organization Employer identification number

Inspection

BALL	BROTHERS FDN C	CHAR TRUST FO	OR WABASH COLLE						35-6	303400	
Part I	Reason for Publ	ic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions		
The org	ganızation is not a priv	ate foundation bec	ause it is: (For lines 1 thro	ough 1	1, che	ck only	one bo	x.)			
1	A church, convention	on of churches, or	association of churches d	lescrib	ed in s	ection	170(Ь)(1)(A)(i).			
2	⊣		(1)(A)(ii). (Attach Schedul								
3	⊣ '	•	ervice organization describ								
4	A medical research	h organization op	erated in conjunction wi	ith a h	ospita	l descri	ibed in	section	n 170(l	o)(1)(A)(iii). E	nter the
_	_ hospital's name, cit										
5 [-		nefit of a college or univ	ersity	owned	or ope	erated t	oy a go	vernme	ntal unit desc	cribed in
	section 170(b)(1)(A										
<u> 6</u> _	-	-	or governmental unit desc						_	_	
7	-		es a substantial part of it	s supp	ort fro	m a go	vernme	ental ur	nt or fro	om the gener	al public
	described in section		•								
8 -	⊣ '		on 170(b)(1)(A)(vi). (Com	•		6					
9 [es: (1) more than 331/3%							•	•
	•		exempt functions - subj			•					
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10											
11											
L_3	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section										
			es the type of supporting								
a Type I b Type II c Type III-Functionally integrated d X Type III-Non-functionally integrated											
e 🖸	e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons										
	other than foundat	ion managers and	other than one or more p	publich	y supp	orted o	rganıza	tions d	lescribe	d in section 5	09(a)(1)
	or section 509(a)(2										
f			n determination from the					ype II,	or Typ	e III supportii	_
											. X
9	-	006, has the orga	nization accepted any gift	or con	itributi	on from	any of	the			
	following persons?	d	Al								× 1 1
			tly controls, either alone	_							Yes No
			the supported organization								X
	(iii) A 35% controll	led entity of a pers	cribed in (i) above? on described in (i) or (ii) a	 hovo?	• • •		• • • •			11g(ii)	X
h			on described in (i) or (ii) a out the supported organiza							· · · [719()]	
	Name of supported	(ii) EIN	(iii) Type of organization		ls the	(v) Did v	ou notify	(vi) I	s the	(vii) Amount of	monetary
.,,	organization	(, 2	(described on lines 1-9	organia	tation in listed in	the orga	nızatıon	organiz	zation in	suppor	
			above or IRC section (see instructions))	your go	verning ment?	in col (i	of your		rganized US?		
				Yes	No	Yes	No	Yes	No		
/A)	· 1··2				<u> </u>			<u> </u>			
(A)	SEE PART IV										
/D\											
(B)											
(C)											
(D)											
				-		ļ					
(E)											
				-	-				-		
Total					1						
Total		<u> </u>	L	L		<u> </u>	L	<u> </u>	Ц	L	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support	7 - 7 -					N/A	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3			3	7.	1/20/		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4				<u> </u>	· 基	· · · · · · · · · · · · · · · · · · ·	
	ion B. Total Support	4 3 2 2 2		/ \				
_	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7 8	Amounts from line 4							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	<u> </u>						
12	Gross receipts from related activities, etc. (s					12		
13	First five years. If the Form 990 is 1 organization, check this box and stop here	· · · · · · · · ·						
Sect	ion C. Computation of Public Sup		-					
14	Public support percentage for 2013 (I						%	
15	Public support percentage from 2012					15	%_	
16a	6a 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check							
	this box and stop here. The organizati			_				
b	331/3% support test - 2012. If the							
17.	check this box and stop here. The org			_				
17a	10%-facts-and-circumstances test - 10% or more, and if the organization							
	Part IV how the organization meets							
	organization						photeg	
h	10%-facts-and-circumstances test -						and line	
J	15 is 10% or more, and if the org Explain in Part IV how the organizati	anization meets	s the "facts-and	-circumstances"	test, check t	his box and sto	op here.	
	supported organization				_	•	publicly ▶	
18	Private foundation. If the organization	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see		
	instructions	<u> </u>		· · · · · · · · · · · ·		Schedule A /Form 99		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support	_					N/A
Caler	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	L					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf			•			
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					-	
	received from disqualified persons						
b	Amounts included on lines 2 and 3						-
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				j		
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)]	
Sect	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar					ŀ	
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on · · · · · · · · · · · · · · · ·						
12	Other income Do not include gain or					<u> </u>	
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)				<u> </u>		
14	First five years. If the Form 990 is for						
	organization, check this box and stop here				· · · · · · · ·	· · · · · · · · ·	▶
	tion C. Computation of Public Sup					T	
15	Public support percentage for 2013 (line 8,					15	%_
16	Public support percentage from 2012 Sche			<u> </u>		16	%_
	tion D. Computation of Investmen					1.21	
17	Investment income percentage for 2013 (li					17	
18	Investment income percentage from 2012						<u> </u>
ıya	331/3% support tests - 2013. If the or						
	17 is not more than 331/3%, check th						
Đ	331/3% support tests - 2012. If the org line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
JSA		2.3 0.1008		,, 131		Schedule A (Form 9:	
35122	1 1 000						

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;

TOTAL SUPPORT:

8,931.

=========

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

OMB No 1545-0047

Open to Public Inspection Employer identification number

BALL BROTHERS FDN CHAR TRUST FOR WABASH COLLE	35-6303400
PART IV(A) OFFICERS, KEY EMPLOYERS	
TRUSTEE \$4937.81	
	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c	
N/A	
DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATION	
FORM 990, PAGE 6, PART VI, LINE 15a	
N/A	
DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATION	
FORM 990, PAGE 6, PART VI, LINE 15b	
N/A	
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 18	
TRUST ORGANIZATION ITEMS ARE UPON REQUEST	
	
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Name of the organization

BALL BROTHERS FDN CHAR TRUST FOR WABASH COLLE

Employer identification number

35-6303400

FORM 990EZ, PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

RECIPIENT NAME:

WABASH COLLEGE

C/O CONTROLLER

ADDRESS:

PO BOX 352

CRAWFORDSVILLE, IN 47933

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SCHOLARSHIP

AMOUNT OF GRANT PAID

8,931.

FORM 990EZ, PAGE 2, PART II, LINE 22 - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH SAVINGS INVESTMENTS - PUBLICLY TRADED SECURITIES	7,509. 377,618.	NONE 14,883. 380,193.
TOTALS	385,127.	395,076.

Name of the organization

BALL BROTHERS FDN CHAR TRUST FOR WABASH COLLE

35-6303400

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

AS DIRECTED BY THE TRUST AGREEMENT, NET INCOME IS DISTRIBUTED ANNUALLY TO WABASH COLLEGE TO IN SUPPORT OF THEIR CHARITABLE PURPOSE

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PORTFOLIO INVESTMENT REVIEW

DEC 31, 2013

PAGE 21 00 1556 2 01 BALL BROTHERS FON CHAR IRUST FOR WABASH COLLEGE ALPHA KEY: BBFDNWABA

ACCT TYPE -IRREV TRST DATE OPENED-10/02/	OPENED-10/0	1975	FEE DUE	X-WAX	FEE SCHED-AS	- 1	RIN PWR-NONE	Ä	INV POWERS-FULL INV		OBJ-BALANCED
E E E E E E	CRITICAL DT-00/00/ PROXY OWNER-01522 INV INCOME -LIM PRIN INVAS -YES AUTO OVDRFT-NO STMT DUE -Q-JUN	0000		1	TAXLO TAX Y SITUS TAX S TAX S MDB E CASH 1098	C C C C C C C C C C C C C C C C C C C	OWN TIME DEP -N COM TRUST FND-N NON INC PROP -N REAL ESTATE -Y OWN STOCK -Y BUSINESS INT -Y (NONEMP COMP)		OWN TIMB DEP -Y COM TRUST FND-Y NON INC PROP -Y REAL ESTATE -Y OWN STOCK -N BUSINESS INT -N		
SECURITY NAME	SHARES OR PAR	S&P/ MDY AR RTNG	INVT	INVESTMENT I COST BASIS	Inventory Basis	EST ANNUAL INCOME	CURR CURR YLD YLD MAT MKT	A MKT	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARICET VALUE
CASH											
INCOME CASH PRINCIPAL CASH				00.00				0.0			0.00
IOTAL CASH				0.00					0		00.00
***CASH EQUIVALENTS	* *			MISC CASH	EQUIV-TXBL	ń					
OTHER MISC CASH EQUIV-TXBL FED GOV'T OBLIG INCOME FUND 05	ЭБ. 338.22		CFID	338.22	338	0	0.0	0.1	338	1.000*	338.22
FEDERALED GOV'I OBLIG PRIN FUND 05	14,544.33		CPID	14,544.33	14,544	н	0.0	2.8	14,544	1.000*	14,544.33
TOTAL OTHER MISC CASH EQUIV-TXBL	-TXBL			14,882.55	14,882	н	0.0	2.9	14,882		14,882.55
TOTAL MISC CASH EQUIV-TXBL	BL			14,882.55	14,882	1	0.0	2.9	14,882		14,882.55
***TOTAL CASH EQUIVALENTS		* * *		14,882.55	14,882	н	0.0	2.9	14,882		14,882.55
***FIXED INCOME SECURITIES	* *			COMMON BO	BOND FUNDS						
MATURITY (0 - 5 YRS) INTERMEDIATE TERM INCOME FD FOR PERS TR ACCTS	23,799		CFID	192,713.27	192,713	7,063	м	38.4	202,809	8.427	200,553.15
				TAXABLE B	BOND FUNDS						
MATURITY (0 - 5 YRS) FED INTERMEDIATE GOVERNMENT CORPORATE FUND	508.476	v	CFID	5,450.86	5,451	105	2.0	1.0	5,278	10.460	5,318.66
VANGGARD SHORT TERM INVEST ADMIRAL CLASS	562.852	8	CFID	00.000,9	6,000	115	1.9	1.2	6,000	10.700	6,022.52

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BALL BROTHERS FDN CHAR TRUST

ALPHA KEY: BBFDNWABA

DEC 31, 2013

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PAGE

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FOR WABASH COLLEGE

154,330.89 13,482.68 58,608.00 72,090.68 72,090.68 28,482.93 13,351.20 41,834.13 42,638.79 34,561.61 42,419.62 154,330.89 VALUE 11,341.18 211,894.33 34,710.87 11,341.18 CURRENT MARKET UNIT MARKET PRICE 62.380 116.230 244.200 109.130 111.260 96.140 65.240 140.720 ADJUSTED MKT VAL LAST YR 11,747 39,324 50,424 62,171 11,213 34,784 34,784 30,920 31,372 36,864 138,480 62,171 23,571 11,278 11,278 214,087 138,480 CURR & XLD WKT WALUE 8.0 8.0 29.6 13.8 13.8 5.5 2.6 40.6 9.9 8.1 29.6 5.6 11.2 6.7 8.2 1.0 1.2 1.9 ۲. 2.5 7.7 1.8 1.7 7.5 7:7 1.1 1.1 CURR YLD MAT LARGE/MULTI- CAP EQUITY FUNDS EST ANNUAL INCOME 780 2,625 625 285 158 443 220 1,080 718 824 **B24** 443 220 199 2,625 7,283 47 SMALL CAP EQUITY FUNDS EQUITY FUNDS INVESTMENT INVENTORY COST BASIS BASIS 14,924 5,417 32,165 32,165 5,009 14,924 204,164 28,000 104,000 26,748 9,915 24,000 28,000 24,000 104,000 11,451 11,451 MID CAP 104,000.00 5,417.20 5,008.80 14,923.93 14,923.93 11,450.86 204,164.13 24,000.00 28,000.00 24,000.00 28,000.00 104,000.00 26,747.62 32,164.82 32,164.82 11,450.86 9,915.13 INVT CFID CFID CFID CFID CFID CFID CFID CFID S&P/ MDY SHARES OR PAR RING Ĕ Ĕ Ř Ĕ * + * 361.045 683.533 529.761 301.447 TOTAL LARGE/MULTI- CAP EQUITY FUNDS 116 240 261 120 ***TOTAL FIXED INCOME SECURITIES TOTAL SMALL CAP EQUITY FUNDS TOTAL MID CAP EQUITY FUNDS NOT CLASSIFIED FIDELITY CONTRAFUND VANGUARD EQUITY INCOME FUND TOTAL TAXABLE BOND FUNDS TOTAL MATURITY (0 - 5 YRS) SEP SMALL CAP 600 VALUE VANGUARD 500 INDEX FUND NOT CLASSIFIED SEP SMALL CAP 600 CORE ETF ISHARES S&P MID-CAP 400 VALUE TOTAL NOT CLASSIFIED TOTAL NOT CLASSIFIED TOTAL NOT CLASSIFIED VANGUARD WINDSOR II SECURITY NAME NOT CLASSIFIED ETF ISHARES S&P 400 MID-CAP ADMIRAL CLASS ADMIRAL CLASS SIGNAL CLASS ETF ISHARES ***EQUITIES ETF SPDR

DEC 31, 2013 АLРНА КЕҮ: ВВГОМАВА	о ч В В В В В В В В В В В В В В В В В В В	FOLIO BALL BROTHI	I O OTHER!	FOLIO INVESTMENT REVIEW BALL BROTHERS FON CHAR TRUST FOR WABASH COLLEGE	T M E N T TRUST FOR W	REVI ABASH COI	E W DLEGE		79	21 00 1556 2	2 01	070 PAGE 3
SECURITY NAME	SHARES OR PAR	S&P/ MDY RTNG	INVT	INVESTWENT INVENTORY COST BASIS BASIS	INVENTORY	EST ANNUAL INCOME	CURR C YLD MAT	CURR YLD MKT VA	MKT	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
				INTERNAT	INTERNATIONAL EQUITY FUNDS	TY FUNDS						
NOT CLASSIFIED VANGUARD FTSE ALL WRLD EX-US ETF	343	NR C	CFID	14,940.15	14,940	463	N	2.7	3.3	15,167	50.730	17,400.39
				SPECIALT	SPECIALTY ALTERNATIVE	IVE FUNDS	ហ					
NOT CLASSIFIED VANGUARD REIT INDEX SIGNAL CLASS	375.375	υ	CFID	10,000.00	10,000	397	41	£.3	1.8	9,764	24,450	9,177.92
***TOTAL EQUITIES	*	1	-	176,028.90	176,029	4,752	Ħ	1.6 5	56.5	260,366		294,834.01
SUB-TOTALS ACCRUED INTEREST EX-DIVIDENDS			.,	395,075.58	395,075	12,036	6	2.3 10	100.0	489,335		521,610.89 0.13 637.28
GRAND TOTALS			•••	395,075.58	395,075	12,036	23	2.3 10	100.0	489,335		522,248.30
INVESTMENT CONTROL	395,075.58	SHARES	/PAR (SHARES/PAR CONTROL	43,084.039	.039						
TAX YTD LONG TERM G/L TAX YTD MID TERM G/L TAX YTD SHORT TERM G/L	11,976.96 0.00 -0.14	FEES PAID Y/T/D LAST FEE PMT DA'	AID Y, EE PM1	PAID Y/T/D FEE PMT DATE	5,687.81 12/09/2013		PRIOR Y/E MARKET VALUE CONTRIBUTIONS TO DATE	E MARK LIONS	ET VALUE TO DATE	ro re	465,996.76 0.00	6.76 0.00

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868. OMB No 1545-1709

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Enter filer's identifying number, see instructions to file income tax returns. Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or BALL BROTHERS FDN CHAR TRUST FOR print WABASH COLLE GE 001556 35-6303400 File by the Number, street, and room or suite no If a P O. box, see instructions Social security number (SSN) due date for 200 EAST JACKSON STREET filing your return See City, town or post office, state, and ZIP code For a foreign address, see instructions instructions MUNCIE, IN 47305 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 80 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) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 • The books are in the care of ► FIRST MERCHANTS TRUST COMPANY Telephone No. ► (765) 747-1500 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2013 or tax year beginning _____, 20 ____, and ending _____, 20 ____, 20 ____. If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b|\$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 1-2014)