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## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Fo	r calen	dar year 2013 or tax year beginni	ng 6/2	6/2013	, and	ending	12/31/201	3
Na	me of fou	indation				A Employer	Identification number	
		Credit Union Foundation						
Nu	mber and	street (or P.O box number if mail is not delive	ered to street address)	Room	n/suite		46-3086648	
		A Parkway				<b>B</b> Telephone	number (see instruction	ns)
Cit	y or town		State	ZIP code				
Fis	hers		IN	46037			317-558-600	<u> </u>
Fo	reign cou	ntry name Foreign pro	ovince/state/county	Foreign post	al code	C If exempt	ion application is pendin	g, check here 🕨 🗌
G	Check	all that apply: X Initial return	Initial return of	of a former public of	harity	D 1. Foreig	n organizations, check h	iere 🕨 🗌
		☐ Final return	Amended ret	urn		2. Foreig	n organizations meeting	the 85% test,
		Address chang	e   Name change	e		-	here and attach comput	_
Н	Check	type of organization. X Section	501(c)(3) exempt priv	vate foundation			foundation status was te	rminated under
	Sectio	n 4947(a)(1) nonexempt charitable	trust 🔲 Other taxa	able private founda	tion	section 50	07(b)(1)(A), check here	▶∟
$\overline{}$	Fair m	arket value of all assets at	Accounting method:	Cash X A	ccrual	<b>.</b>		
		year (from Part II, col. (c),	Other (specify)				ndation is in a 60-month tion 507(b)(1)(B), check	
		- · · · · · · · · · · · · · · · · · · ·	art I, column (d) must be	on cash basis.)				
P	art I	Analysis of Revenue and Expens	ses (The total of	(a) Payanya and		·		(d) Disbursements
		amounts in columns (b), (c), and (d) n	•	(a) Revenue and expenses per		t investment	(c) Adjusted net	for chantable
		equal the amounts in column (a) (see		books	"	come	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		350,000				
	2	Check ► ☐ if the foundation is <b>not</b> req	•					
	3	Interest on savings and temporary						
	4	Dividends and interest from securit						
	5a	Gross rents						
<b>®</b>	Ь	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of asse	ets not on line 10					
2	b	Gross sales price for all assets on line 6a						
3	7	Capital gain net income (from Part	IV, line 2)			·		
Revenue os	8	Net short-term capital gain		-				
	9	Income modifications	.,					
30	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
<b>6</b> 9	С	Gross profit or (loss) (attach sched	•					
	11	Other income (attach schedule) .			_			
<u>/</u> 02	12	Total. Add lines 1 through 11		350,000		0	0	
Š	13	Compensation of officers, directors	•					
ses	14	Other employee salaries and wage	es					
en	15	Pension plans, employee benefits						
Expe	16a	_ ,		_				
e	b	Accounting fees (attach schedule)		-			<u> </u>	
Operating and Administrative	47 C	Other professional fees (attach sch						
tra	17	Interest	MED : I					<del></del>
Jis	18   19	Depreciation (attach schedule) and	I depletion (6)			·		1
Ξ	20						-	
Þ	21	Occupancy . Z . NOV 2 . Travel, conferences, and meetings	D. CA I.A .   Q.		<del>-</del> -			
þ	22	Printing and publications		<del>_</del>				
ā	23	Printing and publications Other expenses (attach schedule).	M. UT III					
Ð	24	Total operating and administrative	/e expenses					
Ĭ	l - '	Add lines 13 through 23		0		0	0	О
erŝ	25						<u>_</u>	<u>_</u>
C	26	Total expenses and disbursemen		0		0	0	0
<u> </u>	27	Subtract line 26 from line 12:				U		
	_ a	Excess of revenue over expenses and	disbursements	350,000				
	b	Net investment income (if negative		000,000	_	0		<del> </del>
	c	Adjusted net income (if negative,					0	
		- 1 (II 110901170)						

Ps	irî II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	En	d of year
		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing		350,00	350,000
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Plantage and the late 1			
		Less: allowance for doubtful accounts		<del></del>	-
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7		}		<del>                                     </del>
	7	Other notes and loans receivable (attach schedule)			_
ro.		Less: allowance for doubtful accounts			<del></del>
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖	10a	Investments—U S and state government obligations (attach schedule)			<del></del>
	Ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less. accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less <sup>-</sup> accumulated depreciation (attach schedule)			
	15	Other assets (describe  )			
	16	Total assets (to be completed by all filers—see the			
		ınstructions. Also, see page 1, item I)	0	350,00	350,000
	17	Accounts payable and accrued expenses			
	18	Grants payable			7
Liabilities	19	Deferred revenue			7
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			7
æ	21	Mortgages and other notes payable (attach schedule)			-
ב	22	Other liabilities (describe )			<del>-</del>
	23	Total liabilities (add lines 17 through 22)	0		<u></u>
		Foundations that follow SFAS 117, check here			∸
es		and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			
<u>=</u>	25	Temporarily restricted			<b>-</b>
	26	Permanently restricted			-
Б	20			<u> </u>	$\dashv$
J		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
or Fund B	27				1
	27	Capital stock, trust principal, or current funds			<b>-</b>
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		050.00	<del></del>
Ş	29	Retained earnings, accumulated income, endowment, or other funds		350,00	<del></del> 1
7	30	Total net assets or fund balances (see instructions)	0	350,00	100
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	0	350,00	)0[
	irt III	Analysis of Changes in Net Assets or Fund Balances	1		
1		net assets or fund balances at beginning of year—Part II, column (a)	•	t t	.
_		of-year figure reported on prior year's return)		_	
2		amount from Part I, line 27a	-	<u> </u>	2 350,000
3				· —	3
4					
5		eases not included in line 2 (itemize)			
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Par	t II, column (b), line 3	80	350,000

Form 990-PF (2013)

Part_	V Capital Gains and	d Losses for Tax on Investr	nent Income				
		ne kınd(s) of property sold (e.g., real estate suse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acq (mo , day, )		(d) Date sold (mo , day, yr )
1a							
b							
<u> </u>							
<u>d</u>	<u> </u>						
e				<u> </u>			<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	(		in or (loss) (f) minus (g)
<u>a</u>							
b							
c	. <u> </u>						
d							
<u>         e                           </u>							
	Complete only for assets sh	nowing gain in ∞lumn (h) and owne	d by the foundation	on 12/31/69	(I) Ga	ains (Co	ol (h) gain minus
	(I) FM ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (ı) (ı), ıf any			ot less than -0-) <b>or</b> from col (h))
<u>a</u>							
b							
С							
<u>d</u>							
<u>          e                          </u>							
2	Capital gain net income or	'Inet canital inee! 1	also enter in Pai ), enter -0- in Pai	,	2		(
3	Net short-term capital gain	or (loss) as defined in sections	1222(5) and (6):				
	If gain, also enter in Part I,	, line 8, column (c) (see instructio	ns). If (loss), ent	er <b>-0</b> - ın 1	1 1		
	Part I, line 8				3		(
Was t		e this part blank. section 4942 tax on the distributa qualify under section 4940(e). Do			e period?		Yes No
1	Enter the appropriate amo	ount in each column for each year	r; see the instruct	tions before makir	ng any entrie		
Cal	(a)  Base penod years endar year (or tax year beginning in)	(b)		(c) of nonchantable-use a	esate	Dis	(d) stribution ratio divided by col (c))
	2012					(00: (0)	0.00000
_	2011						0.00000
	2010						0.00000
	2009						0.00000
	2008						0.00000
2	Total of line 1, column (d)				2		0.00000
3	Average distribution ratio f	for the 5-year base period—divide	e the total on line	2 by 5, or by the	1 1		
	number of years the found	lation has been in existence if les	ss than 5 years		3		0.00000
4	Enter the net value of none	charitable-use assets for 2013 fro	om Part X, line 5		. 4		
5	Multiply line 4 by line 3 .				5		<del></del>
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6		(
7	Add lines 5 and 6				. 7		
8	Enter qualifying distribution	ns from Part XII, line 4			<b>8</b>		(
	If line 8 is equal to or grea Part VI instructions.	ter than line 7, check the box in F	Part VI, line 1b, a	nd complete that	part using a	1% tax	x rate See the

Part, v	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions	)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
b	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check			
-	here ▶ ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).			-
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)2		0	
3	Add lines 1 and 2		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments:			
a	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a			
b	Exempt foreign organizations—tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
_d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		0	-
8 9	Enter any penalty for underpayment of estimated tax. Check here		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax   Refunded   11		<del></del> 0	
	VII-A Statements Regarding Activities		<u>~</u>	<u> </u>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b	ļ <u>.</u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1	
	published or distributed by the foundation in connection with the activities.		<b>-</b>	
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1	
	(1) On the foundation. ▶\$ (2) On foundation managers ▶\$	-		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-		
2	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<del>                                     </del>	X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
v	of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	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			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			
	conflict with the state law remain in the governing instrument?	_6_	X	
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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
B-	IN	-	1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	- Ot-		
0	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
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 year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If		-	-
	"Yes," complete Part XIV	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	ا ا	$\vdash$	<del>  ^-</del>
	names and addresses	. 10	×	

Parţ	t VII-A Statements Regarding Activities (contin	nued)			
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	·		1	
	person had advisory privileges? If "Yes," attach statement	(see instructions)	12		<u>_x</u>
13	Did the foundation comply with the public inspection requiremen	ts for its annual returns and exemption application? .	13	X	<u> </u>
14		Telephone no. ► 317-558	3-6216		
		ZIP+4 ▶ 46037			<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form and enter the amount of tax-exempt interest received or an			•	<b>▶</b> □
16	At any time during calendar year 2013, did the foundation	•		Yes	No
	over a bank, securities, or other financial account in a fore	-	16	<u> </u>	X
	See the instructions for exceptions and filing requirements	for Form TD F 90-22.1. If "Yes," enter the name of			
	the foreign country				<u></u> j
Part	rt VII-B Statements Regarding Activities for W	<del>_</del>			T
	File Form 4720 if any item is checked in the "Yes" colu	• ••	<u> </u>	Yes	No
1a	• • • • • • • • • • • • • • • • • • • •				
	(1) Engage in the sale or exchange, or leasing of property				
	(2) Borrow money from, lend money to, or otherwise exter				
	disqualified person?				
	(3) Furnish goods, services, or facilities to (or accept them				1
	<ul><li>(4) Pay compensation to, or pay or reimburse the expense</li><li>(5) Transfer any income or assets to a disqualified person</li></ul>	• • • • • • • • • • • • • • • • • • • •			
	(6) Agree to pay money or property to a government offici	<del>-</del> -		ł	
	foundation agreed to make a grant to or to employ the	•		ļ	
	termination of government service, if terminating within				
ь				ļ	
_	Regulations section 53.4941(d)-3 or in a current notice reg	· ·	1b	1	X
	Organizations relying on a current notice regarding disaste				
С	Did the foundation engage in a prior year in any of the act	s described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year begin		1c		X
2	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))			
а					
	6e, Part XIII) for tax year(s) beginning before 2013?				
	If "Yes," list the years  20, 20, 20,				
b					
	(relating to incorrect valuation of assets) to the year's undi			<del> </del>	i
	all years listed, answer "No" and attach statement—see in	•	2b	N/A	ļ
С	p. 1	any of the years listed in 2a, list the years here.		ļ	'
20	▶ 20, 20, 20, 20 Did the foundation hold more than a 2% direct or indirect i	ntorest in any hyginana enterness			'
3a		nterest in any business enterprise			'
b		<del>-</del> -			!
D	disqualified persons after May 26, 1969; (2) the lapse of the				
	Commissioner under section 4943(c)(7)) to dispose of hole	- · · · · · · · · · · · · · · · · · · ·			
	of the 10-, 15-, or 20-year first phase holding period? (Use				
	foundation had excess business holdings in 2013.) .		3b	N/A	1 -
4a			4a	1.,,,	×
b				1	
-	charitable purpose that had not been removed from reopardy be	the contract of the contract o	4b		Γ̈́χ

Part	VILE Statements Regard	ing Activities for	<u> Which Form </u>	4720 N	<u>lay Be Re</u>	quire	l (contin	ued)		_	
5a	During the year did the foundation (1) Carry on propaganda, or other			section	4945(e))?		☐ Yes	X No			
	(2) Influence the outcome of any s directly or indirectly, any voter						☐ Yes	⊠ No			
	(3) Provide a grant to an individua	I for travel, study, or o	ther similar pur	oses?			☐ Yes	X No			
	(4) Provide a grant to an organizate section 509(a)(1), (2), or (3), or						Yes	⊠ No			
	(5) Provide for any purpose other purposes, or for the prevention						☐ Yes	⊠ No			
b	If any answer is "Yes" to 5a(1)-(5)	, did any of the transa	actions fail to qu	alify un	der the exc	eptions	describe	d in			
	Regulations section 53.4945 or in	a current notice regain	rding disaster as	ssistanc	æ (see instr	uctions	)?		5b	N/A	
	Organizations relying on a current	notice regarding disa	ster assistance	check l	nere						
С	If the answer is "Yes" to question 5 because it maintained expenditure	responsibility for the	grant? .		rom the tax		☐ Yes	□ No			
	If "Yes," attach the statement requ										
6a	Did the foundation, during the year on a personal benefit contract? .						☐ Yes	X No			
þ	Did the foundation, during the year	r, pay premiums, dire	ctly or indirectly,	on a p	ersonal ben	efit con	tract? .		6b		Х
	If "Yes" to 6b, file Form 8870.							_	:		
	At any time during the tax year, was the						Yes		7b	N/A	
	If "Yes," did the foundation received  VIII Information About Of									للبنا	
	and Contractors	moore, Biroctore,	11401000, 10	unuut	on manaş	<b>J</b> 0.0, 1		a.a	рю	00,	
1	List all officers, directors, truste	es, foundation man	agers and their	compe	ensation (s	ee insti	ructions)		•		
	(a) Name and address	(b)	Title, and average hours per week	(c) Co	mpensation not paid,	(d)	Contribution yee benefit	s to	(e) Expe		
		de	evoted to position		iter -0-)		erred compe		other a	allowan	ces
See A	Attached Statement				_						
	<del></del>		.00.		0						
			00		0						
								ĺ			
			00	_	0						
			.00.	<del></del>	0	<u> </u>	<u> </u>	1			
2	Compensation of five highest-particles."	aid employees (othe	r than those in	cluded	on line 1—	-see ins		<u> </u>	ne, ent	er ———	
	(a) Name and address of each employee pa	id more than \$50,000	(b) Title, and a hours per w devoted to po	/eek	(c) Comper	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expe	ense ace allowan	
NON	E		_								
			-								
			-								
			-								
			-								
Total	number of other employees paid ov	ver \$50,000					·	.▶			
	· · · · · · · · · · · · · · · · · · ·										

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, en	iter "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	<u> •  </u>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
None - Initial start up short period.	
2	
3	
4	
	l
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N/A</u>	
2	
<b>4</b>	
All other program-related investments. See instructions	
3	
<b>"</b>	
Total. Add lines 1 through 3	▶ (

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundati	ons,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	350,000
С	Fair market value of all other assets (see instructions)	1c	0
ď	<b>Total</b> (add lines 1a, b, and c)	1d	350,000
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	350,000
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	5,250
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	344,750
6	Minimum investment return. Enter 5% of line 5	6	8,926
Part			
	foundations and certain foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	8,926
2a	Tax on investment income for 2013 from Part VI, line 5	]	
b	Income tax for 2013. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,926
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	8,926
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	8,926
Dort	XII Qualifying Distributions (see instructions)		
Гап	All Qualitying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	11	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	_0
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when	ther the fou	ındatıon
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 99	90-PF (2013) FORUM Credit Union Foundation			46-3	8086648 Page <b>9</b>
Part	XIII Undistributed Income (see instructions	3)	<del>-</del>	<del></del>	
	<u> </u>	(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI,	Corpus	Years pnor to 2012	2012	2013
	line 7				8,926
2	Undistributed income, if any, as of the end of 2013:			-	
а	Enter amount for 2012 only			0	
b	Total for prior years: 20, 20, 20				···-
3	Excess distributions carryover, if any, to 2013:				
а	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: ► \$ Applied to 2012, but not more than line 2a			-	
	• •				
b	Applied to undistributed income of prior years (Election required—see instructions)				
•	Treated as distributions out of corpus (Election				
С	required—see instructions)				
d	Applied to 2013 distributable amount				-
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2013.				
•	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
С	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				
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions				
е	Undistributed income for 2012. Subtract line				
	4a from line 2a. Taxable amount—see			_	
	Instructions			0	
f	Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be				
					9 000
7	distributed in 2014  Amounts treated as distributions out of corpus				8,926
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not				
	applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2014.		- ' *		
-	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9			-	
а	Excess from 2009				
b	Excess from 2010				
С	Excess from 2011		;		
d	Excess from 2012				
e	Excess from 2013				

Part.	XIV Private Operating Foundat	ions (see instru	ctions and Part V	/II-A, question 9)		N/A
1a	If the foundation has received a ruling o	r determination let	ter that it is a privat	te operating		
	foundation, and the ruling is effective for		•	▶		
b	Check box to indicate whether the found			on described in sec	tion 4942(J)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years	10 10 12 1/	(0) 01 [] +0+2(j)(0)
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	investment return from Part X for	(u) 2010	(6) 2012	(6) 2011	(d) 2010	<u> </u>
<b>.</b>	each year listed					0
U						0
С	Qualifying distributions from Part XII,					_
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3	-				<u>~</u>
	of minimum investment return shown in Part X, line 6 for each year listed					0
	•					
С	"Support" alternative test—enter:  (1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public		<u> </u>	<del> </del>		0
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					0
	(3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income		<u> </u>			0
Part				e foundation ha	d \$5,000 or mo	re in assets at
	any time during the year—	see instruction	s.)			
1	Information Regarding Foundation M					·
а	List any managers of the foundation wh	o have contributed	more than 2% of t	the total contributio	ns received by the	foundation
	before the close of any tax year (but only	y if they have cont	ributed more than	\$5,000). (See secti	on 507(d)(2) )	
None						
b	List any managers of the foundation wh	o own 10% or mor	e of the stock of a	corporation (or an	equally large portion	on of the
	ownership of a partnership or other enti-					
None	•			J		
2	Information Regarding Contribution,	Grant, Gift, Loan.	Scholarship, etc.	. Programs:		
	Check here ▶ ☐ If the foundation on		• •	. •	ations and does n	nt accent
	unsolicited requests for funds. If the fou	ndation makes gift	s, grants, etc. (see	instructions) to ind	ividuals or organiz	ations
	under other conditions, complete items		, 0	, , , , , , , , , , , , , , , , , , , ,		
a	The name, address, and telephone num	hor or o-mail addr	oss of the nerson t	to whom application	as should be addre	
•	The name, address, and telephone nam	ibei oi e-iliali addi	ess of the person i	to whom application	is siloulu be addre	:55eu.
Found	dation Executive Director-E2 11313 USA	Parkway Fishers	N 46037 317_558_	6252 foundation@	forumeu com	
	The form in which applications should b	•				<del></del>
	The form in willon applications should b	o submitted and in	iornation and mat	enais mey snould i	nduce.	
Applic	cations can be completed online at www.f	orumcu.com				
	Any submission deadlines:	5.554.00.11				·
	www.forumcu.com for deadlines					
	Any restrictions or limitations on awards	s, such as by geogr	raphical areas, cha	ritable fields, kinds	of institutions or o	other
-	factors:		,			<del></del>
Go to	www.forumcu.com.for.restrictions.or.limit	tations				

n Gir		ided)		<del></del>	
<u>3</u>	<b>Grants and Contributions Paid During t</b>	he Year or Approve	ed for Fut	ure Payment	<del></del>
_	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	Schalbadon	
a		or substantial contributor	recipient		
		<u> </u>		<u></u>	
	Total	<u> </u>		<u> </u>	<b>a</b> 0
b	Approved for future payment				
	Total			2	.

nter g	ross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	on 512, 513, or 514	(e)
4 5		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 P	rogram service revenue:				<del></del>	
a b			<del></del>			
c						
d						
e						
f						<del></del>
g g	Fees and contracts from government agencies		<del></del>			<del></del>
_	lembership dues and assessments					
	terest on savings and temporary cash investments .	-				
	ividends and interest from securities		<u> </u>	<del>                                     </del>		
	et rental income or (loss) from real estate:					
а	Debt-financed property					
b						_
	et rental income or (loss) from personal property					
	other investment income					
	ain or (loss) from sales of assets other than inventory					
	et income or (loss) from special events		-			
	ross profit or (loss) from sales of inventory					<del></del>
	ther revenue: a			ii		
b	<del></del>					
С						
d						
е						
12 S	ubtotal. Add columns (b), (d), and (e)		0		0	0
				1	U	ı v
	otal. Add line 12, columns (b), (d), and (e)					
13 T					13	
13 T See w Part	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A					
I3 T See w Part	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A		ent of Exempt	Purposes  (VI-A contributed	13	0
I3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
I3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
I3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	(
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	(
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
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3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	C
3 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	0
13 T See w Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  KVI-B Relationship of Activities to the A  Lo. Explain below how each activity for which income		ent of Exempt	Purposes  (VI-A contributed	13	0

Part	XVII	Information Exempt Org	Regarding Trans	sfers To and Tr	ransaction	s and R	elationship	s With None	charitable		<u>-</u>	
1	Did t	he organization di	irectly or indirectly er	ngage in any of th	e following w	ith any of	her organizat	ion described		Yes	No	
			e Code (other than se									
	orgai	nizations?							İ			
а	Trans	sfers from the rep	orting foundation to	a noncharitable e	xempt organ	zation of:						
	(1) C	ash							. 1a(1)	_	X	
	(2) C	Other assets .							1a(2)		X	
b	Othe	r transactions:										
	(1) S	ales of assets to	a noncharitable exer	mpt organization					1b(1)		X	
			ts from a noncharital						1b(2)		X	
			equipment, or other						. 1b(3)		Х	
	(4) F	Reimbursement ar	rangements						1b(4)		Х	
	(5) L	oans or loan guar	rantees						. 1b(5)		X	
	(6) P	erformance of se	rvices or membershi	p or fundraising s	olicitations				. 1b(6)		X	
C	Shar	ing of facilities, ed	quipment, mailing list	ts, other assets, o	r paid emplo	yees			. 1c	Х		
d	If the	answer to any of the	he above is "Yes," con	nplete the following	schedule. Co	lumn (b) s	should always	show the fair m	narket			
	value value	of the goods, othe in any transaction	er assets, or services of or sharing arrangeme	given by the reportion ent, show in column	ng foundation (d) the value	If the four	ndation receive ods, other asse	ed less than fai ets, or services	r market received.			
(a) Line	no	(b) Amount involved	(c) Name of nonc	chantable exempt orga	nızatıon	( <b>d</b> ) De:	scription of transf	ers, transactions,	and sharing arra	ngemer	nts	
1c			FORUM Credit Unio	on		FORUM	Credit Union	provided free	of to the Fou	ındati	on	
1c			FORUM Credit Unio	on		employe	e, office and	supplies sharii	ng			
		·										
	[						-					
									_			
							. <u>-</u>					
								_				
							<u> </u>					
2a b	desc	ribed in section 5	ctly or indirectly affiliand of the Code (of following schedule.	ited with, or relate ther than section	ed to, one or of to the state of the state o	more tax- ın sectior	exempt orgar 527?	nizations	. X Yes	□ v	lo	
		(a) Name of organ		(h) Type	of omanization		<u> </u>	(c) Description of	of relationship			
FORU	M Cr	edit Union		(b) Type of organization 501(c)(14)			(c) Description of relationship  Controlling organization					
7 0110	<u>O</u> I	ouk Omor		001(0)(14)		Controlling organization						
					-							
								<del></del>				
	Unde	r penalties of perjury, I dec	lare that I have examined this re	etum, including accompany	ing schedules and s	tatements, and	to the best of my ki	nowledge and belief.	rt is true.			
Sign			on of preparer (other than taxpa						lay the IRS discuss	thic reti		
Here		(Leff	mule-	1 11/13	III DT	_	uner	w	ith the preparer sh	own belo	w	
Here		nature of office or trus	itee	Date	Title	TAS	Olei	(s	ee instructions)?	XYes	No	
		Print/Type preparer's		Preparer's signatu		/ ~	Date	<del></del>	PTIN			
Paid		Julia Clark, CPA		( ) Il.	COm. 4	CPI	11/13/20	Check L	<b></b>	BOOE		
Prep		Eumia nama	FORUM Credit Unio	on The same	- week	<del>/                                    </del>	11/13/20			,0333		
Use	Only	Firm's name	PO Box 50738, 113		Indiananolis	IN 4625			35-0779057 317-558-621	16		
		Trums audiess	. 0 000 00100, 110	10 OOM I alkway,	mulanapolis	, 114 4023		Phone no	317-558-621	0 05		

## Schedule B (Form 990, 990-EZ. or 990-PF)

Name of the organization

Schedule of Contributors

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

**Employer identification number** 

OMB No 1545-0047

Department of the Treasury Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service

**FORUM Credit Union Foundation** 46-3086648 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . 

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	rganization redit Union Foundation		Employer identification number 46-3086648
Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FORUM Credit Union  11313 USA Parkway  Fishers IN 46037  Foreign State or Province:  Foreign Country:	\$ 350,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province  Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country.	-   \$ -   \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	- - - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	_	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country		Person Payroll Noncash (Complete Part II for

State

Zip Code

Form in which applications should be submitted and information and materials they should include

**Foreign Country** 

City

Telephone

Any submission deadlines

Any restrictions or limitations on awards

## FORUM Credit Union Foundation

## Part VII-A, Line 10 (990-PF) - Substantial Contributors

						•	
	Check "X"						_
Name	if Business	Street	City	State	Zip Code	Foreign Country	
FORUM Credit Union	×	11313 USA Parkway	Fishers	N	46037	•	

# Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

										0	0	0	
		Check X							Avg Hrs			Expense	
	Name	if Business	Street	ŧ	State	Zp Code	Foreign Country	Title	Per Week	Compensation	Benefits	Account	_
	Douglas True		11313 USA Parkway	Fishers	<u>≥</u>	46037		Member	200	0	0	, 0	
7	Charles A. Mattingly		11313 USA Parkway	Fishers	2	46037		Chairman	2 00	0	0	0	
_ ო	Jeffry Welch		11313 USA Parkway	Fishers	Z	46037		Treasurer	200	0	0	0	
	John Dierdorf		11313 USA Parkway	Fishers	<u>z</u>	46037		Member	5.00	0	0	0	
ro.	Jennifer Budreau		11313 USA Parkway	Fishers	<u>z</u>	46037		Secretary	2 00	0	0	0	
٠	Cameron Piercefield		11313 USA Parkway	Fishers	Z	46037		Member	5.00	0	0	0	
	Michael Peterson		11313 USA Parkway	Fishers	<u>z</u>	46037		Member	200	0	0	0	_

## Form 8868

(Rev. January 2014)

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.

OMB No. 1545-1709

III CHIMA I NEVELIO	e Service Information about Form	5555 and I	s instructions is at www.irs.gov/torm	8808.						
<ul><li>If you are</li></ul>	filing for an Automatic 3-Month Extension filing for an Additional (Not Automatic) 3- plete Part II unless you have already been	Month Ex	tension, complete only Part il (on p	page 2 of this form).	. <b>▶</b> X					
a corporation 8868 to requ Return for Tr	iling (e-file). You can electronically file Form required to file Form 990-T), or an addition lest an extension of time to file any of the foransfers Associated With Certain Personal E. For more details on the electronic filing of	nal (not aut rms listed Benefit Cor	tomatic) 3-month extension of time. You have in Part I or Part II with the exception of tracts, which must be sent to the IRS	ou can electronically file F of Form 8870, Information S in paper format (see	Form					
Part I	Automatic 3-Month Extension of T	ime. Onl	v submit original (no copies need	ded).						
A corporation Part I only .  All other corp	n required to file Form 990-T and requesting	an autom	atic 6-month extension—check this to the control of	oox and complete						
Type or	Name of exempt organization or other filer, see	e instruction	s.	Employer identification number	(EIN) or					
print	FORUM Credit Union Foundation, Inc.			46-3086648						
File by the Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SS										
due date for 11313 USA Parkway										
filing your	g your Chi. August 45 and 710									
return See Instructions.  Instructions.  Fishers, IN 46037										
	11 1311513, 114 40007									
Enter the Re	eturn code for the return that this application	is for (file	a separate application for each return	n)	04					
Application		Return	Application		Between					
Application			Application		Return					
Is For		Code	is For		Code					
	r Form 990-EZ	01	Form 990-T (corporation)		07					
Form 990-BL 02 Form 1041-A										
Form 4720	(individual)	03	Form 4720 (other than individual)		09					
Form 990-PF 04 Form 5227 1										
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11					
Form 990-T	(trust other than above)	06	Form 8870		12					
Telephon If the org If this is for the whole list with the r I requuntil is for t  X  If the	the organization's return for: calendar year 2013 or tax year beginning tax year entered in line 1 is for less than 12	four digit of If it is for pon is for orporation exempt org	Group Exemption Number (GEN) art of the group, check this box required to file Form 990-T) extension panization return for the organization , and ending	. If the control of time named above. The extens	d attach a					
CI	hange in accounting period			·						
3a If this	application is for Forms 990-BL, 990-PF, 99	Э0-Т, 4720,	or 6069, enter the tentative tax, less	any						
	fundable credits. See instructions.			3a \$	0					
b If this	application is for Forms 990-PF, 990-T, 472	0, or 6069	enter any refundable credits and							
	ated tax payments made. Include any prior		· ·	3ь \$	0					
	ce due. Subtract line 3b from line 3a. Includ				<u>_</u>					
	S (Electronic Federal Tax Payment System)			3c \$	0					
	ou are going to make an electronic funds withdra									
payment instr		•								

## Signature and Verification must be completed for Part II only.

Under	penalties	of perjury,	I declare that	t i have	examined th	is form	, including	accompanying	schedules	and:	statements,	and 1	to the	best	of my
knowl	edge and b	elief, ıtıstı	ue, correct, a	d_comp	lete and that	l am au	thorized to	prepare this for	m.						
	_	١	_	<u> </u>	//										

Signature Mico Carifo

Title > C

Date > / | / / /