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## --- 990-PF

Return of Private Foundation

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OMB No 1545-0052 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. Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year 2013 or tax year beginning , 2013, and ending THE ROBERT, CARRIE AND BOBBIE STECK FAMILY Name of foundation A Employer identification number FOUNDATION 61-6381923 Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite C/O OLD NATIONAL TRUST COMPANY (260) 310-6661 P.O. BOX 207 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here EVANSVILLE, IN 47702 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the X Address change X Name change 85% test, check here and attach H Check type of organization: X Section 501(c)(3) exempt private foundation 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 . J Accounting method: X Cash Accrual Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . > 1,017,607. *16)* ▶ \$ (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment total of amounts in columns (b), (c), and (d) (c) Adjusted net for charitable expenses per may not necessarily equal the amounts in income ıncome purposes hooks column (a) (see instructions).) (cash basis only) : 5.4 Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to . حريد المعرف المريد المعرف これである アンス かんご 4 1 2 7 7 7 8 8 8 1 2 7 1 2 8 9 1 1 2 7 1 8 8 1 attach Sch B . . . . . . . . . . Interest on savings and temporary cash investments ATCHT1 A 19,764 19,764 Dividends and interest from securities . . . . S. 32 30 0 b Net rental income or (loss) \_ 35 CO T. 4. 6,751 3 4.4 Net gain or (loss) from sale of assets not on line 10 Gross sales pnce for all assets on line 6a 1 70,121 6,751. Capital gain net income (from Part IV, line 2). TRIVE STA Net short-term capital gain . . Income modifications . Gross sales less returns and allowances · · · · b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) . . . . . . 26,515.26,515. Total. Add lines 1 through 11 . . . . . . 8,467. 4,234. 4,233 Compensation of officers, directors, trustees, etc 13 **Senses** 14 Other employee salaries and wages . . . . . Pension plans, employee benefits . . 15 4,572. 2,287. 2,285 Legal fees (attach schedule) ATCH 2 16 a RECEIVED b Accounting fees (attach schedule) c Other professional fees (attach schedule). . . ω 17 NOV 2 2014 300. 18 Taxes (attach schedule) (see instructions)ATCH 3 19 Depreciation (attach schedule) and depletion. OGDEN UT 21 Travel, conferences, and meetings . . . . . . Printing and publications . . . . . . . . . . . .

13,339

48,500.

61,839.

35,324.

-<sub>5</sub> .7

6,521

6,521

19,994

1 6

c Adjusted net income (if negative, enter -0-). . JSA For Paperwork Reduction Act Notice, see Instructions.

Subtract line 26 from line 12

Other expenses (attach schedule) . . . . . . Total operating and administrative expenses.

Add lines 13 through 23 . . . . . . . . . . .

Contributions, gifts, grants paid . . . . . .

Total expenses and disbursements. Add lines 24 and 25

Excess of revenue over expenses and disbursements

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

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6,518.

48,500.

55,018.

| _<br>[0]    | art II | Ralanca Sheete                                                  | Attached schedules and amounts in the<br>description column should be for end-of-year | Beginning of year                               | End o                                       | of year                               |
|-------------|--------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|---------------------------------------|
| <u> </u>    | artii  | Dalance Sileets                                                 | amounts only (See instructions )                                                      | (a) Book Value                                  | (b) Book Value                              | (c) Fair Market Value                 |
| ٠           | 1      | Cash - non-interest-bear                                        | ing                                                                                   | 28,755.                                         | 61.                                         | 61                                    |
|             | 2      |                                                                 | cash investments                                                                      |                                                 |                                             |                                       |
|             | 3      |                                                                 |                                                                                       |                                                 |                                             | ( - )                                 |
|             |        | Less allowance for dou                                          | btful accounts >                                                                      |                                                 | <b>.</b>                                    | ,                                     |
|             | 4      |                                                                 |                                                                                       |                                                 | F = 1 2 2 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 1 1 1 1                               |
|             | •      | Less allowance for dou                                          | btful accounts ►                                                                      |                                                 |                                             |                                       |
|             | 5      |                                                                 |                                                                                       |                                                 | <del></del>                                 | · · · · · · · · · · · · · · · · · · · |
|             | 6      |                                                                 | officers, directors, trustees, and other                                              |                                                 |                                             |                                       |
|             | "      |                                                                 | tach schedule) (see instructions)                                                     |                                                 |                                             |                                       |
|             | 7      |                                                                 | receivable (attach schedule)                                                          | 1-2 - 3 - 2 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | the state of the second second              | STATES TO SERVICE SERVICE             |
|             | ′      |                                                                 |                                                                                       |                                                 |                                             | , s 22-x 3 s                          |
| S           |        |                                                                 | btful accounts ▶                                                                      |                                                 |                                             |                                       |
| Assets      | 8      |                                                                 | e                                                                                     |                                                 |                                             |                                       |
| 155         |        |                                                                 | eferred charges                                                                       |                                                 | · · · · · · · · · · · · · · · · · · ·       |                                       |
| 1           | 10 a   | Investments - U.S and state                                     | e government obligations (attach schedule).                                           | 420 550                                         | 727 600                                     | 1 000 131                             |
|             | b      | Investments - corporate                                         | stock (attach schedule) ATCH 4                                                        | 432,558.                                        | 737,690.                                    | 1,000,131                             |
|             | 11 C   | Investments - corporate<br>Investments - land, buildings        | bonds (attach schedule)ATCH 5                                                         | 329,320.                                        | 17,415.                                     | 17,415                                |
|             | ••     | and equipment basis Less accumulated deprecia (attach schedule) |                                                                                       |                                                 | To the second of the second                 |                                       |
|             | 12     | •                                                               |                                                                                       |                                                 |                                             |                                       |
|             | 13     | Investments - other (atta                                       | loans                                                                                 |                                                 |                                             | · · · · · · · · · · · · · · · · · · · |
|             | 14     | Land, buildings, and<br>equipment: basis                        | <b>-</b>                                                                              |                                                 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1       |                                       |
|             |        | Less accumulated deprecia<br>(attach schedule)                  | tion                                                                                  |                                                 |                                             |                                       |
|             | 15     | Other assets (describe                                          | <b>&gt;</b> )i                                                                        |                                                 |                                             |                                       |
|             |        |                                                                 | completed by all filers - see the                                                     |                                                 |                                             |                                       |
|             |        | instructions Also, see pa                                       | age 1, item I)                                                                        | 790,633.                                        | 755,166.                                    | 1,017,607.                            |
|             |        |                                                                 | ccrued expenses                                                                       |                                                 |                                             | A Secretary of the second             |
|             |        |                                                                 |                                                                                       |                                                 |                                             |                                       |
| S           |        |                                                                 |                                                                                       |                                                 | ***                                         |                                       |
| Liabilities |        |                                                                 | rs, trustees, and other disqualified persons                                          |                                                 | <del></del>                                 | [2] 1 · [3] [3] 2 · [4]               |
| 喜           |        |                                                                 | tes payable (attach schedule)                                                         |                                                 |                                             |                                       |
| اٿ          |        |                                                                 | • <b>&gt;</b> )                                                                       |                                                 |                                             |                                       |
|             | ~~     | Other habilities (describe                                      | /                                                                                     |                                                 |                                             |                                       |
|             | 23     | Total liabilities (add line                                     | s 17 through 22)                                                                      | 0                                               | 0                                           | Part And Control                      |
| ┪           | -      |                                                                 | . 1                                                                                   |                                                 |                                             |                                       |
|             |        |                                                                 | ow SFAS 117, check here . ▶ ☐☐☐☐<br>24 through 26 and lines 30 and 31.                |                                                 |                                             |                                       |
| S           |        | •                                                               | -                                                                                     |                                                 |                                             |                                       |
| a           |        |                                                                 |                                                                                       |                                                 |                                             |                                       |
| <u>a</u>    |        |                                                                 |                                                                                       |                                                 | <del></del>                                 |                                       |
| 힏           |        |                                                                 |                                                                                       |                                                 |                                             |                                       |
| Ē           |        | Foundations that do                                             | not follow SFAS 117, ▶ 🔀                                                              |                                                 |                                             |                                       |
| 5           |        | •                                                               | plete lines 27 through 31.                                                            | 700 633                                         | 755 166                                     |                                       |
| ß           |        |                                                                 | ipal, or current funds                                                                | 790,633.                                        | 755,166.                                    |                                       |
| 77.1        |        |                                                                 | land, bldg , and equipment fund                                                       |                                                 |                                             |                                       |
| ĕ           |        | -                                                               | lated income, endowment, or other funds                                               | 700 600                                         |                                             |                                       |
| ĕ           |        |                                                                 | balances (see instructions)                                                           | 790,633.                                        | 755,166.                                    |                                       |
| _           | 31     | Total liabilities and                                           | net assets/fund balances (see                                                         |                                                 |                                             |                                       |
|             | i      | nstructions)                                                    | <u> </u>                                                                              | 790,633.                                        | 755,166.                                    |                                       |
|             |        |                                                                 | nges in Net Assets or Fund I                                                          |                                                 | · · · · · · · · · · · · · · · · · · ·       |                                       |
| 1           |        |                                                                 | alances at beginning of year - Part I                                                 |                                                 |                                             |                                       |
|             |        |                                                                 | d on prior year's return)                                                             |                                                 | 1                                           | <u>790,633</u> .                      |
| 2           |        | r amount from Part I,                                           |                                                                                       |                                                 | i r                                         | -35,324.                              |
| 3           | Othe   | r increases not includ                                          | ed in line 2 (ɪtemɪze) ▶                                                              |                                                 | 3                                           |                                       |
| 4           | Add    | ines 1, 2, and 3                                                |                                                                                       |                                                 | 4                                           | 755,309.                              |
|             |        | eases not included in                                           | line 2 (ntemize) ► ATCH 6                                                             |                                                 | 5_                                          | 143.                                  |
|             |        |                                                                 | alances at end of year (line 4 minus                                                  | line 5) - Part II, column (t                    | ), line 30 6                                | 755,166.                              |
| _           |        |                                                                 |                                                                                       | , , , , , , , , , , , , , , , , , , , ,         | <u> </u>                                    | Form 990-PF (2013)                    |

|    | Part IV Capital Gains                                                              | and Losses for Tax on Inv               | estment Income                                                         |                |                                        |                                         |
|----|------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------|----------------|----------------------------------------|-----------------------------------------|
| 1  | (a) List an                                                                        | (b) How acquired                        | (c) Date acquired                                                      | (d) Date sold  |                                        |                                         |
| _  | 2-story b                                                                          | P - Purchase<br>D - Donation            | (mo., day, yr)                                                         | (mo., day, yr) |                                        |                                         |
| _  | a SEE PART IV SCHE                                                                 |                                         |                                                                        |                |                                        |                                         |
| _  | b                                                                                  |                                         |                                                                        |                |                                        |                                         |
| _  | <u>C</u>                                                                           |                                         |                                                                        |                |                                        |                                         |
| _  | <u>d</u>                                                                           |                                         |                                                                        | -              |                                        |                                         |
| -  | e                                                                                  | (6 Depresiation allowed                 | (g) Cost or other basis                                                | <del></del>    |                                        |                                         |
|    | (e) Gross sales price                                                              | (f) Depreciation allowed (or allowable) | plus expense of sale                                                   |                | (h) Gain or (lo<br>(e) plus (f) minu   |                                         |
| _  | a                                                                                  |                                         |                                                                        |                | .,,                                    |                                         |
|    | b                                                                                  |                                         |                                                                        |                |                                        |                                         |
|    | С                                                                                  |                                         |                                                                        |                |                                        |                                         |
|    | d                                                                                  |                                         |                                                                        |                |                                        |                                         |
|    | е                                                                                  |                                         |                                                                        |                |                                        |                                         |
| _  | Complete only for assets                                                           | showing gain in column (h) and owner    | ed by the foundation on 12/31/69                                       |                | Gains (Col (h) ga                      |                                         |
|    | (i) F M V as of 12/31/69                                                           | (j) Adjusted basis<br>as of 12/31/69    | (k) Excess of col (i)                                                  | col            | (k), but not less t<br>Losses (from co |                                         |
| _  |                                                                                    | as of 12/31/09                          | over col (j), if any                                                   |                | Losses (Holli co                       | ·· (11))                                |
| _  | a                                                                                  |                                         |                                                                        |                |                                        |                                         |
| _  | b<br>c                                                                             |                                         |                                                                        |                |                                        | · · · · · · · · · · · · · · · · · · ·   |
| _  | d                                                                                  |                                         |                                                                        |                |                                        |                                         |
| _  | 8                                                                                  |                                         |                                                                        |                |                                        | • • • • • • • • • • • • • • • • • • • • |
| _  | One: to                                                                            | ( If                                    | gain, also enter in Part I, line 7                                     |                |                                        |                                         |
| Z  | Capital gain net income or                                                         | (net capital loss)                      | gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 | 2              |                                        | 6,751.                                  |
| 3  |                                                                                    | or (loss) as defined in sections 12     |                                                                        |                |                                        |                                         |
|    |                                                                                    | t I, line 8, column (c) (see inst       |                                                                        |                |                                        |                                         |
|    | Part I, line 8                                                                     | Index Cooking 4040(a) for De            | , , , , , , , , , , , , , , , , , , ,                                  | 3              |                                        | 0                                       |
|    |                                                                                    |                                         | duced Tax on Net Investment In<br>e section 4940(a) tax on net investr |                |                                        | <del></del>                             |
| ١, | or optional use by domestic                                                        | private roundations subject to the      | e section 4540(a) tax on het investi                                   | nent incor     | ne.)                                   |                                         |
| lf | section 4940(d)(2) applies,                                                        | leave this part blank.                  |                                                                        |                |                                        |                                         |
|    | ( ) ( ) ( )                                                                        |                                         |                                                                        |                |                                        |                                         |
|    |                                                                                    |                                         | outable amount of any year in the ba                                   | ase period     | ?                                      | Yes X No                                |
| _  |                                                                                    | not qualify under section 4940(e).      |                                                                        |                |                                        |                                         |
|    | Enter the appropriate amo                                                          | ount in each column for each year       | see the instructions before making                                     | any entri      |                                        |                                         |
|    | Base period years                                                                  | (b) Adjusted qualifying distributions   | (c) Net value of noncharitable-use assets                              | ·              | (d)<br>Distribution ra                 | tio                                     |
| _  | Calendar year (or tax year beginning in)                                           | 45,622.                                 | 913,218.                                                               |                | col (b) divided by                     | 0.049957                                |
|    | 2012                                                                               | 43,456.                                 | 906,085.                                                               |                |                                        | 0.047960                                |
|    | 2010                                                                               | 40,177.                                 | 859,544.                                                               |                |                                        | 0.046742                                |
|    | 2009                                                                               | 4,170.                                  | 837,789.                                                               |                |                                        | 0.004977                                |
|    | 2008                                                                               |                                         |                                                                        |                | <del></del>                            |                                         |
|    |                                                                                    |                                         |                                                                        |                |                                        |                                         |
| 2  | Total of line 1, column (d)                                                        | · · · · · · · · · · · · · · · · · · ·   |                                                                        | 2              |                                        | 0.149636                                |
| 3  |                                                                                    | or the 5-year base period - divide      |                                                                        |                |                                        |                                         |
|    | number of years the found                                                          | lation has been in existence if less    | than 5 years                                                           | 3              |                                        | 0.037409                                |
|    | Fatandha mata al a a Casa                                                          |                                         | ,                                                                      |                |                                        |                                         |
| 4  | Enter the net value of none                                                        | 4                                       |                                                                        | 973,288.       |                                        |                                         |
| =  | Multiply line 4 by line 3                                                          | _                                       |                                                                        | 26 410         |                                        |                                         |
| •  | Multiply line 4 by line 3.                                                         |                                         |                                                                        | 5              | ··· <del>-</del>                       | 36,410.                                 |
| 3  | Enter 1% of net investmen                                                          | 6                                       |                                                                        | 200.           |                                        |                                         |
| •  | Eor 170 of fiet investinen                                                         | is modified (170 of Fatt), mic 270).    | • • • • • • • • • • • • • • • • • • • •                                | 6              | _ <del>_</del>                         | 200.                                    |
| 7  | Add lines 5 and 6                                                                  |                                         |                                                                        | 7              |                                        | 26 610                                  |
|    |                                                                                    |                                         |                                                                        | 36,610.        |                                        |                                         |
|    |                                                                                    |                                         |                                                                        | <del></del>    | <del></del>                            | 36,610.                                 |
| 3  | Enter qualifying distribution                                                      |                                         |                                                                        |                |                                        |                                         |
| 3  | Enter qualifying distribution If line 8 is equal to or great Part VI instructions. |                                         | n Part VI, line 1b, and complete th                                    |                | sing a 1% tax                          |                                         |

| Рa  | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see                                     | instru                                   | uction      | s)         |
|-----|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------|------------|
| 1a  | Exempt operating foundations described in section 4940(d)(2), check here                                                         | _1                                       |             |            |
| •   | Date of ruling or determination letter: (attach copy of letter if necessary - see Instructions)                                  |                                          |             |            |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check                                                 |                                          | 2           | 200.       |
|     | here ► X and enter 1% of Part I, line 27b                                                                                        | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 1 20 18     | ~3         |
| С   | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)          | 74.2.55                                  |             |            |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)2                        |                                          |             |            |
| 3   | Add lines 1 and 2                                                                                                                |                                          | 2           | 200.       |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                      |                                          |             | 0          |
| 5   | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                          |                                          | 2           | 200.       |
| 6   | Credits/Payments.                                                                                                                |                                          |             |            |
| а   | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 386.                                                        |                                          |             |            |
| b   | Exempt foreign organizations - tax withheld at source 6b                                                                         |                                          | -,,,,,,,    |            |
| c   |                                                                                                                                  | the light                                | s general   | -4         |
| d   |                                                                                                                                  | 1 . ·                                    | د در در کرد |            |
| 7   | Total credits and payments Add lines 6a through 6d                                                                               |                                          | 3           | 386.       |
| 8   | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8                                       |                                          |             |            |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                    |                                          | •           |            |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                        |                                          | 1           | 186.       |
| 11  | Enter the amount of line 10 to be. Credited to 2014 estimated tax ▶ 186. Refunded ▶ 11                                           |                                          |             |            |
| Pa  | t VII-A Statements Regarding Activities                                                                                          |                                          |             |            |
| 1a  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate     | * ************************************   | Yes         | No         |
|     | or intervene in any political campaign?                                                                                          | 1a                                       |             | X          |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the    |                                          |             |            |
|     | definition)?                                                                                                                     | 1b                                       |             | X          |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or     | 15-                                      | 3 3         | 1          |
|     | distributed by the foundation in connection with the activities                                                                  | '.'                                      |             | - 1        |
| c   | Did the foundation file Form 1120-POL for this year?                                                                             | 1c                                       |             | Х          |
|     | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.                               | ,                                        | -, -,       |            |
|     | (1) On the foundation \$ (2) On foundation managers \$                                                                           |                                          | 1.5%        | , ,        |
| е   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on                 |                                          |             | ,.·        |
|     | foundation managers > \$                                                                                                         |                                          |             |            |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?                                  | 2                                        |             | X          |
|     | If "Yes," attach a detailed description of the activities.                                                                       |                                          | 12 3        | 5,02       |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, | 34. 3                                    | . A. 199    |            |
|     | or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                        | 3                                        |             | <u> X</u>  |
| 4 a | 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                                       |             |            |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                   | 5                                        | ا دا څ سرتا | <u> </u>   |
|     | If "Yes," attach the statement required by General Instruction T.                                                                | *, Th. *                                 |             |            |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.                                | 1.2                                      |             | <i>1</i> . |
|     | By language in the governing instrument, or                                                                                      |                                          | 7 3         |            |
|     | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict            | '                                        | 14          | ,          |
|     | 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                                        | Х           |            |
| 8a  | Enter the states to which the foundation reports or with which it is registered (see instructions)                               |                                          |             |            |
| _   | IN,                                                                                                                              | .                                        |             | ٠,,        |
| b   | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)      | 7.1                                      | · v ·       |            |
| _   | of each state as required by General Instruction G? If "No," attach explanation.                                                 | 8b                                       | X           | 7-         |
| 9   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or                  |                                          | · `-        | ٠,         |
|     | 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete      |                                          |             | v          |
|     | Part XIV                                                                                                                         | 9                                        |             | <u> </u>   |
| 0   | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and         |                                          |             | х          |
|     | addresses                                                                                                                        | 10                                       | 0.55        |            |
|     |                                                                                                                                  | .nm uc                                   | n.PF /      | ソロイスト      |

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise 

b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . . b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? Form 990-PF (2013)

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| _                |                                                                       |                                       |                             |                                                     |                                       |
|------------------|-----------------------------------------------------------------------|---------------------------------------|-----------------------------|-----------------------------------------------------|---------------------------------------|
|                  | 990-PF (2013) t VII-B Statements Regarding Activities for             | on Which Forms                        | 4700 Mars Br Br             | · · · · · · · · · · · · · · · · · · ·               | Page (                                |
|                  |                                                                       | ·                                     | 4720 May Be Requ            | iirea (continuea)                                   |                                       |
| , sa             | During the year did the foundation pay or incur any amou              |                                       | 40.454.330                  |                                                     |                                       |
| •                | (1) Carry on propaganda, or otherwise attempt to influe               |                                       |                             |                                                     |                                       |
|                  | (2) Influence the outcome of any specific public ele                  |                                       |                             |                                                     |                                       |
|                  | directly or indirectly, any voter registration drive?                 |                                       |                             |                                                     |                                       |
|                  | (3) Provide a grant to an individual for travel, study, or ot         |                                       |                             |                                                     | o   [],                               |
|                  | (4) Provide a grant to an organization other than a                   |                                       | -                           |                                                     |                                       |
|                  | section 509(a)(1), (2), or (3), or section 4940(d)(2)? (              | see instructions)                     |                             | . Yes X N                                           | o   [47]                              |
|                  | (5) Provide for any purpose other than religious, ch                  | naritable, scientific,                | literary, or education      | al                                                  |                                       |
|                  | purposes, or for the prevention of cruelty to children of             | or animals?                           |                             | . Yes X N                                           | o 133 3 8                             |
| b                | If any answer is "Yes" to 5a(1)-(5), did any of the                   | transactions fail to                  | qualify under the e         | xceptions described                                 |                                       |
|                  | Regulations section 53 4945 or in a current notice regard             | lıng disaster assistan                | ice (see instructions)?     |                                                     | . 5b                                  |
|                  | Organizations relying on a current notice regarding disas             | ter assistance check                  | here                        |                                                     |                                       |
| c                | If the answer is "Yes" to question 5a(4), does the                    | foundation claim e                    | xemption from the ta        | ıx                                                  |                                       |
|                  | because it maintained expenditure responsibility for the g            | rant?                                 |                             | Yes N                                               |                                       |
|                  | If "Yes," attach the statement required by Regulations sec            |                                       |                             |                                                     |                                       |
| 6a               | Did the foundation, during the year, receive any fund                 | ds, directly or indire                | ectly, to pay premium       | ıs                                                  | 产着, 法事。                               |
|                  | on a personal benefit contract?                                       |                                       |                             | Yes X N                                             |                                       |
| b                | Did the foundation, during the year, pay premiums, direct             |                                       |                             |                                                     | 6b X                                  |
|                  | If "Yes" to 6b, file Form 8870                                        | ,                                     |                             |                                                     | •                                     |
| 7 a              | At any time during the tax year, was the foundation a pa              | rty to a prohibited tax               | shelter transaction?        | . Yes X N                                           |                                       |
|                  | If "Yes," did the foundation receive any proceeds or have             | •                                     |                             |                                                     | . 7b                                  |
|                  | VIII Information About Officers, Directors                            | , Trustees, Four                      | ndation Managers,           | Highly Paid Empl                                    |                                       |
| 1                | and Contractors  List all officers, directors, trustees, foundation n | uananana and Abai                     | <u> </u>                    |                                                     |                                       |
| <u> </u>         |                                                                       | (b) Title, and average                | (c) Compensation (see       | (d) Contributions to                                | (-) 5                                 |
|                  | (a) Name and address                                                  | hours per week devoted to position    | (If not paid,<br>enter -0-) | employee benefit plans<br>and deferred compensation | (e) Expense account, other allowances |
|                  |                                                                       | •                                     |                             |                                                     |                                       |
| ATC              | <del>1</del> 7                                                        |                                       | 8,467.                      | i c                                                 | d                                     |
|                  |                                                                       |                                       |                             |                                                     |                                       |
|                  |                                                                       |                                       |                             |                                                     |                                       |
|                  |                                                                       |                                       |                             |                                                     |                                       |
|                  |                                                                       |                                       |                             | •                                                   |                                       |
|                  |                                                                       |                                       |                             |                                                     |                                       |
|                  |                                                                       |                                       |                             |                                                     |                                       |
| 2                | Compensation of five highest-paid employees "NONE."                   | (other than thos                      | se included on line         | e 1 - see instruct                                  | ions). If none, enter                 |
| (a)              | Name and address of each employee paid more than \$50,000             | (b) Title, and average hours per week | (c) Compensation            | (d) Contributions to<br>employee benefit            | (e) Expense account,                  |
| \ <del>-</del> / |                                                                       | devoted to position                   | (c) compensation            | plans and deferred compensation                     | other allowances                      |
|                  |                                                                       |                                       |                             |                                                     |                                       |
|                  | NONE                                                                  |                                       |                             |                                                     |                                       |
|                  |                                                                       |                                       |                             |                                                     |                                       |
|                  |                                                                       |                                       |                             |                                                     |                                       |
| <b></b>          |                                                                       |                                       |                             |                                                     |                                       |
|                  |                                                                       |                                       |                             |                                                     |                                       |
|                  | _ · · · · _ · _ · _ · _ · _ · _ · _                                   |                                       |                             |                                                     |                                       |

Total number of other employees paid over \$50,000

| Part VIII                      | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | yees,            |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 3 Five                         | nighest-paid independent contractors for professional services (see instructions). If none, enter "NONI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ."               |
|                                | (a) Name and address of each person paid more than \$50,000 (b) Type of service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (c) Compensation |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| NONE                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| <b></b> -                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Total numb                     | er of others receiving over \$50,000 for professional services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |
| Part IX-A                      | Summary of Direct Charitable Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>      |
| List the four<br>organizations | dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficianes served, conferences convened, research papers produced, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Expenses         |
| 1 N/A                          | The state of the s |                  |
| 1 _ 1/ 1                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| 2                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| <b>4</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
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| 3                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| <b></b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| 4                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| 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 NONE                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| 2                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                | ram-related investments See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
| 3 NONE                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| i <b>otal.</b> Add li          | nes 1 through 3 _ ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |

Form 990-PF (2013)

| Par  | Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)                                                                           | ign foundations,   |                                       |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------|
| 1    | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,                                                                              | T : T              |                                       |
| -    | purposes:                                                                                                                                                                      |                    |                                       |
| ` a  | Average monthly fair market value of securities                                                                                                                                | 1a                 | 948,045.                              |
| b    | Average of monthly cash balances                                                                                                                                               | 1b                 | 40,065.                               |
| C    | Fair market value of all other assets (see instructions)                                                                                                                       |                    |                                       |
| ď    | Total (add lines 1a, b, and c)                                                                                                                                                 | 1d                 | 988,110.                              |
| е    | Reduction claimed for blockage or other factors reported on lines 1a and                                                                                                       | 575.00             |                                       |
| _    | 1c (attach detailed explanation)                                                                                                                                               | 22                 |                                       |
| 2    | Acquisition indebtedness applicable to line 1 assets                                                                                                                           | 2                  |                                       |
| 3    | Subtract line 2 from line 1d                                                                                                                                                   | 3                  | 988,110.                              |
| 4    | Subtract line 2 from line 1d  Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see                                                      |                    |                                       |
|      |                                                                                                                                                                                | 4                  | 14,822.                               |
| 5    | Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                                                            | 5                  | 973,288.                              |
| 6    | Minimum investment return. Enter 5% of line 5                                                                                                                                  | 6                  | 48,664.                               |
| Part | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ □ and do not complete this part.) | ndations           | ·                                     |
| 1    | Minimum investment return from Part X, line 6                                                                                                                                  | 1                  | 48,664.                               |
| 2 а  | Tax on investment income for 2013 from Part VI, line 5 2a 200                                                                                                                  |                    | 10,0011                               |
| b    | Income tax for 2013. (This does not include the tax from Part VI.)                                                                                                             | 무막님                |                                       |
| c    | Add lines 2a and 2h                                                                                                                                                            | 2c                 | 200.                                  |
| 3    | Add lines 2a and 2b  Distributable amount before adjustments. Subtract line 2c from line 1.                                                                                    | 3                  | 48,464.                               |
| 4    | Recoveries of amounts treated as qualifying distributions                                                                                                                      | 4                  |                                       |
| 5    | Add lines 3 and 4                                                                                                                                                              |                    | 48,464.                               |
| 6    | Add lines 3 and 4  Deduction from distributable amount (see instructions)  Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,         | 6                  | · · · · · · · · · · · · · · · · · · · |
| 7    | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,                                                                                    |                    | <del></del>                           |
|      | line 1                                                                                                                                                                         | 7                  | 48,464.                               |
|      | <del></del>                                                                                                                                                                    | <del></del>        |                                       |
| Part | XII Qualifying Distributions (see instructions)                                                                                                                                |                    |                                       |
| 1    | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                                     |                    |                                       |
| а    | Expenses, contributions, gifts, etc total from Part I, column (d), line 26                                                                                                     | 1a                 | 55,018.                               |
| b    | Program-related investments - total from Part IX-B                                                                                                                             | 1b                 |                                       |
| 2    | Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,                           |                    |                                       |
|      |                                                                                                                                                                                | 2                  |                                       |
| 3    | purposes                                                                                                                                                                       | 5 4 5              |                                       |
| 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                  | 55,018.                               |
| 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                  | 200.                                  |
| 6    | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                                                 | 6                  | 54,818.                               |
|      | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when conqualifies for the section 4940(e) reduction of tax in those years.                  | alculating whether | the foundation                        |

Form **990-PF** (2013)

| P٤ | art XIII, Undistributed Income (see instr                                                  | uctions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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|----|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| 1  | Distributable amount for 2013 from Part XI,                                                | (a)<br>Corpus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (b)<br>Years prior to 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (c)<br>2012                              | ( <b>d)</b><br>2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | line 7                                                                                     | 7. 7. 7. 7. 7. 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1.5 ( 1. 1. 1.4 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 3  | Excess distributions carryover, if any, to 2013:                                           | The state of the s | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| _  | amount - see instructions                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| е  | 4a from line 2a Taxable amount - see                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| f  | Undistributed income for 2013 Subtract lines                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|    | 4d and 5 from line 1 This amount must be                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 7  | Amounts treated as distributions out of corpus to satisfy requirements imposed by section  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 8  | Excess distributions carryover from 2008 not                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 0  | applied on line 5 or line 7 (see instructions)                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 9  | Excess distributions carryover to 2014.                                                    | <del></del> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| -  | Subtract lines 7 and 8 from line 6a                                                        | o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 0  | Analysis of line 9                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|    | Excess from 2009                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| b  | Excess from 2010                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| c  | Excess from 2011                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - p line is the first                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The state of the state of                | giran day a da sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| d  | Excess from 2012                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| е  | Excess from 2013                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include.
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

| Part XV Supplementary Informatio                                                  | <b>n</b> (continued)                                    |                      |                                  |        |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|----------------------|----------------------------------|--------|
| 3 Grants and Contributions Paid Don Recipient Name and address (home or business) | uring the Year or App                                   | roved for F          | uture Payment                    |        |
| Recipient                                                                         | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)                                               | or substantial contributor                              | recipient            | contribution                     |        |
| a Paid during the year                                                            |                                                         |                      |                                  |        |
|                                                                                   |                                                         |                      |                                  |        |
| ATCH 8                                                                            |                                                         |                      |                                  |        |
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| Total                                                                             |                                                         |                      | ▶ 3a                             | 48,500 |
| b Approved for future payment                                                     |                                                         |                      |                                  |        |
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|                                                                                   |                                                         |                      |                                  |        |
| Total                                                                             |                                                         | <u> </u>             |                                  |        |
| iotal                                                                             |                                                         |                      | <b>▶</b> 3b1                     |        |

| Part XVI-A Analysis of Income-Producter gross amounts unless otherwise indicated                                                                                                                                                      |                       | ated business income | Excluded by           | y section 512, 513, or 514             | (e)                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|-----------------------|----------------------------------------|------------------------------------------------------------|
| Program service revenue                                                                                                                                                                                                               | (a)<br>Business code  | (b)<br>Amount        | (c)<br>Exclusion code | (d)<br>Amount                          | Related or exempt<br>function income<br>(See instructions) |
| a                                                                                                                                                                                                                                     |                       |                      |                       |                                        |                                                            |
| b                                                                                                                                                                                                                                     |                       | -                    |                       |                                        |                                                            |
| c                                                                                                                                                                                                                                     |                       |                      |                       |                                        |                                                            |
| d                                                                                                                                                                                                                                     |                       |                      | <u> </u>              |                                        |                                                            |
| e                                                                                                                                                                                                                                     |                       | -                    | +                     |                                        |                                                            |
| g Fees and contracts from government agencies                                                                                                                                                                                         |                       |                      |                       |                                        |                                                            |
| Membership dues and assessments                                                                                                                                                                                                       | ļ                     |                      | <del> </del>          |                                        |                                                            |
| Interest on savings and temporary cash investments                                                                                                                                                                                    |                       |                      | 14                    | 19,764.                                | <del></del>                                                |
| Dividends and interest from securities  Net rental income or (loss) from real estate                                                                                                                                                  | 1 3                   | 12 12 12 13          |                       |                                        |                                                            |
|                                                                                                                                                                                                                                       |                       |                      | 1 35 3                | The state of the state of the state of | <u>i tali kata na tali na seriji</u>                       |
| <ul><li>a Debt-financed property</li><li>b Not debt-financed property</li></ul>                                                                                                                                                       |                       |                      | <u> </u>              |                                        |                                                            |
| Net rental income or (loss) from personal property                                                                                                                                                                                    |                       |                      |                       |                                        |                                                            |
| Other investment income                                                                                                                                                                                                               |                       |                      |                       |                                        |                                                            |
| Gain or (loss) from sales of assets other than inventory                                                                                                                                                                              |                       |                      | 18                    | 6,751.                                 | ······                                                     |
| Net income or (loss) from special events                                                                                                                                                                                              |                       |                      |                       |                                        |                                                            |
| Gross profit or (loss) from sales of inventory.                                                                                                                                                                                       |                       |                      |                       |                                        |                                                            |
| Other revenue a                                                                                                                                                                                                                       |                       |                      |                       | <u> </u>                               |                                                            |
| b                                                                                                                                                                                                                                     |                       |                      |                       |                                        |                                                            |
| С                                                                                                                                                                                                                                     |                       |                      | -                     |                                        |                                                            |
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| de                                                                                                                                                                                                                                    |                       |                      |                       |                                        |                                                            |
| de                                                                                                                                                                                                                                    |                       |                      | The second            | 26,515.                                |                                                            |
| d                                                                                                                                                                                                                                     | ulations.)            |                      |                       | 13                                     | 26,515                                                     |
| e Subtotal Add columns (b), (d), and (e)                                                                                                                                                                                              | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
| e  2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  4 ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities  Line No. Explain below how each activities | ulations.)  to the Ac | complishment of Ex   | empt Purp             | ooses e) of Part XVI-A contribu        | 26,515                                                     |
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| Part     | XVII                                                                                                 | Information R Exempt Orga               |                                                  | ansfers To and Transa                                                                | ctions a      | and Relationships With Nor                                            | ıchar          | itable       | €       |
|----------|------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------|----------------|--------------|---------|
| i        | n secti                                                                                              | organization direction 501(c) of the Co | tly or indirectly                                |                                                                                      | -             | any other organization described a section 527, relating to political |                | Yes          | No      |
|          | organizations?  a Transfers from the reporting foundation to a noncharitable exempt organization of: |                                         |                                                  |                                                                                      |               |                                                                       |                |              |         |
| (1) Cash |                                                                                                      |                                         |                                                  |                                                                                      |               |                                                                       |                | j. i -       | Ϋ́      |
| ì        | 2) Oth                                                                                               | er assets                               | , <b></b> .                                      |                                                                                      |               |                                                                       | 1a(1)<br>1a(2) | <del> </del> | Х       |
| b (      | Other to                                                                                             | ransactions:                            | , , , , , , , , , ,                              |                                                                                      |               |                                                                       |                | 7.           | 1.      |
| (        | 1) Sal                                                                                               | es of assets to a no                    | ncharitable exe                                  | mpt organization                                                                     |               |                                                                       | 1b(1)          |              | X       |
| (        | 2) Pur                                                                                               | chases of assets fr                     | om a noncharita                                  | able exempt organization                                                             |               |                                                                       | 1b(2)          |              | X       |
| (        | 3) Rer                                                                                               | ital of facilities, equ                 | ipment, or other                                 | assets                                                                               |               |                                                                       | 1b(3)          |              | X       |
| (        | 4) Kell                                                                                              | mbursement arrang                       | ements                                           |                                                                                      | • • • • •     |                                                                       | 1b(4)          |              | X       |
| (        | 6) Per                                                                                               | formance of service                     | s or membersi                                    | on or fundraising solicitation                                                       | <br>s         |                                                                       | 1b(5)<br>1b(6) |              | X       |
| cS       | Sharing                                                                                              | of facilities, equipr                   | nent, mailing lis                                | sts, other assets, or paid em                                                        | olovees       |                                                                       | 1c             |              | X       |
| d l      | f the a                                                                                              | inswer to any of th                     | ne above is "Ye                                  | s," complete the following                                                           | schedule      | e. Column (b) should always sho                                       |                | fair m       | arke    |
| <b>\</b> | alue o                                                                                               | f the goods, other                      | assets, or servi                                 | ices given by the reporting                                                          | foundation    | on. If the foundation received less                                   | s than         | fair m       | narke   |
|          |                                                                                                      |                                         | 1                                                |                                                                                      |               | ue of the goods, other assets, or                                     |                |              |         |
| (a) Line | e no                                                                                                 | (b) Amount involved<br>N/A              | (c) Name of r                                    | noncharitable exempt organization                                                    | <del></del>   | Description of transfers, transactions, and sha                       | anng ama       | ingeme       | nts     |
|          | _                                                                                                    |                                         | <del>                                     </del> | ··· ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·                                              | N/Z           | <u> </u>                                                              |                |              |         |
|          |                                                                                                      |                                         | <del>                                     </del> |                                                                                      |               |                                                                       |                |              |         |
|          |                                                                                                      | _                                       | <u> </u>                                         |                                                                                      | +             |                                                                       |                |              |         |
|          |                                                                                                      | · <u>-</u> ·                            |                                                  | <del></del>                                                                          |               |                                                                       |                |              |         |
|          |                                                                                                      |                                         |                                                  |                                                                                      |               |                                                                       |                |              |         |
|          |                                                                                                      |                                         |                                                  |                                                                                      |               |                                                                       |                |              |         |
|          |                                                                                                      |                                         |                                                  |                                                                                      |               |                                                                       |                |              |         |
|          |                                                                                                      |                                         |                                                  |                                                                                      |               |                                                                       |                |              |         |
|          |                                                                                                      |                                         |                                                  | <del></del> ·                                                                        |               |                                                                       |                |              |         |
|          |                                                                                                      | <del>-</del>                            | <del>                                     </del> |                                                                                      | <del></del>   |                                                                       |                |              |         |
|          |                                                                                                      |                                         |                                                  |                                                                                      | <del></del>   |                                                                       |                |              |         |
|          |                                                                                                      |                                         |                                                  | · · · · · · · · · · · · · · · · · · ·                                                |               |                                                                       |                |              |         |
|          |                                                                                                      |                                         |                                                  |                                                                                      |               |                                                                       |                |              |         |
|          |                                                                                                      |                                         |                                                  |                                                                                      |               |                                                                       |                |              |         |
| d        | escribe                                                                                              |                                         | of the Code (of                                  | filiated with, or related to,<br>ther than section 501(c)(3))                        |               | ore tax-exempt organizations ion 527?                                 |                | es X         | ] No    |
|          |                                                                                                      | (a) Name of organization                | T T                                              | (b) Type of organization                                                             |               | (c) Description of relation                                           | ship           |              |         |
|          |                                                                                                      |                                         |                                                  | <del>-</del>                                                                         |               |                                                                       |                |              |         |
|          |                                                                                                      |                                         |                                                  |                                                                                      |               |                                                                       |                | _            |         |
|          |                                                                                                      | <u></u>                                 |                                                  |                                                                                      |               |                                                                       |                |              |         |
|          |                                                                                                      |                                         |                                                  |                                                                                      | _             |                                                                       |                |              |         |
|          | Under                                                                                                | penalties of perjury, I declar          | re that I have examin                            | ned this return, including accompanyin<br>expayer) is based on all information of wh | g schedules a | nd statements, and to the best of my knowled                          | ige and b      | elief, it    | is true |
| Sign     | Coneci,                                                                                              | and complete Declaration of             | prepara (other than to                           |                                                                                      | _             | · // ·                                                                | S discus       | s this       | cotum   |
| Here     |                                                                                                      | Alam                                    | feten                                            | 10-30-14                                                                             | <i></i>       |                                                                       | reparer :      | shown_       |         |
| 11010    | Signa                                                                                                | lture of officer or trustee             |                                                  | Date                                                                                 | Title         | (see instruction                                                      | ns)? X         | Yes          | No      |
|          | <del>'                                    </del>                                                     | Print/Type preparer's nar               | ne                                               | Preparer's signature                                                                 |               | Date , Check if                                                       | PTIN           |              |         |
| Paid     |                                                                                                      | SANDRA E HOFM                           | ANN                                              | She LE Stor                                                                          |               |                                                                       | P004           | 0828         | 7       |
| Prepa    | L                                                                                                    |                                         | OWE HORWAT                                       |                                                                                      |               | Firm's EIN ▶ 35-0                                                     |                |              |         |
| Use C    | nly [                                                                                                | Firm's address > 99                     | 10 DUPONT                                        | CIR DR E STE 230                                                                     |               |                                                                       |                |              |         |

260-489-1949

46825-1612 Phone no

FORT WAYNE,

IN

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| i '                            | Property              | INS AND LOSSES FOR TAX ON INVESTI |                       |                       |                    |   | Date             | Date sold |
|--------------------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|--------------------|---|------------------|-----------|
| Gross sale                     | Depreciation          | Cost or                           | FMV                   | Adj basis             | Excess of          | P | acquired<br>Gain |           |
| price less<br>expenses of sale | allowed/<br>allowable | other<br>basis                    | as of<br>12/31/69     | as of<br>12/31/69     | FMV over adj basis |   | or<br>(loss)     |           |
|                                | ENAT EXT              | TOTAL SHORT                       |                       |                       |                    |   | 102.             |           |
|                                |                       |                                   |                       |                       |                    |   | 102.             |           |
|                                |                       | TOTAL LONG-                       | TERM CAPITA           | AL GAIN DIV           | IDENDS             |   | 3,244.           |           |
|                                |                       | VARIOUS SHOP                      |                       |                       |                    | P | VAR              | VAR       |
| 17,339.                        |                       | PROPERTY TY                       | PE: SECURIT           | TIES                  |                    |   | -819.            |           |
|                                |                       | VARIOUS LONG                      |                       |                       |                    | P | VAR              | VAR       |
| 49,436.                        |                       | 45,212.                           | PE: SECURIT           | ILES                  |                    |   | 4,224.           |           |
| TOTAL GAIN(I                   | 088)                  |                                   |                       |                       |                    |   | 6 751            |           |
| TOTAL GAIN(L                   |                       |                                   | • • • • • • • • • • • | • • • • • • • • • • • | •••••              | : | 6,751.           |           |
|                                |                       |                                   |                       |                       |                    |   |                  |           |
|                                |                       |                                   |                       |                       |                    |   |                  |           |
|                                |                       |                                   |                       |                       |                    |   |                  |           |
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|                                |                       |                                   |                       |                       |                    |   |                  |           |
|                                |                       |                                   |                       | _                     |                    |   |                  |           |

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

| ADJUSTED<br>NET<br>INCOME               |                       |         |
|-----------------------------------------|-----------------------|---------|
| NET<br>INVESTMENT<br>INCOME             | 13.<br>19,751.        | 19,764. |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 13.                   | 19,764. |
|                                         |                       | TOTAL   |
|                                         |                       |         |
| DESCRIPTION                             | INTEREST<br>DIVIDENDS |         |

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| CHARITABLE<br>PURPOSES                  | 1,364.                                                         | 2,285. |
|-----------------------------------------|----------------------------------------------------------------|--------|
| ADJUSTED<br>NET<br>INCOME               |                                                                |        |
| NET<br>INVESTMENT<br>INCOME             | 1,365.<br>922.                                                 | 2,287. |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 2,729.<br>1,843.                                               | 4,572. |
| DESCRIPTION                             | ROTHBERG LOGAN & WARSCO, LLP<br>SHAMBAUGH, KAST, BECK & WILLIA | TOTALS |

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| DESCRIPTION            | REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | NET<br>INVESTMENT<br>INCOME | ADJUSTED<br>NET<br>INCOME | CHARITABLE |
|------------------------|-----------------------------------------|-----------------------------|---------------------------|------------|
| ESTIMATED TAX PAYMENTS | 300.                                    |                             |                           |            |
| TOTALS                 | 300.                                    |                             |                           |            |

| NO CEO                                  | ·   |
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| DESCRIPTION |  |
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CORPORATE STOCK

ENDING BOOK VALUE

ENDING FMV

ATTACHMENT 4

737,690.

1,000,131.

737,690.

TOTALS

1,000,131.

| RONDS     |  |
|-----------|--|
| CORPORATE |  |
| - II      |  |
| PART      |  |
| 990PE,    |  |
| FORM      |  |

| DESCRIPTION |  |
|-------------|--|

CORPORATE BONDS

ENDING BOOK VALUE

ATTACHMENT 5

ENDING

17,415.

17,415.

17,415.

TOTALS

17,415.

| ATTACHMENT | 6 |
|------------|---|
|            |   |

143.

## FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

TOTAL

DESCRIPTION AMOUNT

COST BASIS ADJUSTMENT 143.

| ·                                                       | 0                                                         | 0                                                                  |
|---------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------|
| EXPENSE ACCT<br>AND OTHER<br>ALLOWANCES                 |                                                           |                                                                    |
| CONTRIBUTIONS<br>TO EMPLOYEE<br>BENEFIT PLANS           | 0                                                         | 0                                                                  |
| COMPENSATION                                            | 6,532.                                                    | 1,935.                                                             |
| TITLE AND AVERAGE HOURS PER<br>WEEK DEVOTED TO POSITION | TRUSTEE (BEGINNING OF YEAR)<br>2.00                       | TRUSTEE (END OF YEAR)<br>2.00                                      |
| NAME AND ADDRESS                                        | PNC BANK NA<br>P.O. BOX 94651<br>CLEVELAND, OH 44101-4651 | OLD NATIONAL TRUST COMPANY<br>P.O. BOX 207<br>EVANSVILLE, IN 47702 |

| 177 0 |  |
|-------|--|
|       |  |
|       |  |

GRAND TOTALS

| PURPOSE OF GRANT OR CONTRIBUTION AMOUNT                                    | UPPORT 6,000.          | . 5,000.               | 0PPORT 2,500.                                                | 5,000.                                            | UPPORT 10,000.                               | 7,500.                                  |
|----------------------------------------------------------------------------|------------------------|------------------------|--------------------------------------------------------------|---------------------------------------------------|----------------------------------------------|-----------------------------------------|
| PURPOSE OF G                                                               | OPERATING SUPPORT      | OPERATING SUPPORT      | OPERATING SUPPORT                                            | OPERATING SUPPORT                                 | OPERATING SUPPORT                            | OPERATING SUPPORT                       |
| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | NONE<br>PC             | NONE<br>PC             | HONE<br>PC                                                   | NONE<br>PC                                        | NONE<br>PC                                   | NONE                                    |
| RECIPIENT NAME AND ADDRESS                                                 | SCAN<br>FORT WAYNE, IN | YWCA<br>FORT WAYNE, IN | FORT WAYNE RESCUE MISSION MINISTRIES, INC.<br>FORT WAYNE, IN | VISITING NURSE AND HOSPICE HOME<br>FORT WAYNE, IN | TURNSTONE CENTER FOR DISABLED FORT WAYNE, IN | FORT WAYNE PHILHARMONIC ORCHESTRA, INC. |

|                                                          | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |                                  |        |
|----------------------------------------------------------|-----------------------------------------|----------------------------------|--------|
| RECIPIENT NAME AND ADDRESS                               | AND FOUNDATION STATUS OF RECIPIENT      | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| COMMUNITY TRANSPORTATION NETWORK, INC.<br>FORT WAYNE, IN | NONE<br>PC                              | OPERATING SUPPORT                | 5,000. |
| MATTHEW 25 HEALTH & DENTAL CLINIC<br>FORT WAYNE, IN      | NONE<br>PC                              | OPERATING SUPPORT                | 5,000. |
| WELLSPRING<br>FORT WAXNE, IN                             | NONE PC                                 | OPERATING SUPPORT                | 2,500. |

| 48, 500.      |  |
|---------------|--|
| PAID          |  |
| CONTRIBUTIONS |  |
| TOTAL         |  |

| Form 8868 (Re                                                                          | ev 1-2014)                                                                                                     |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Page 2     |  |  |  |  |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|--|--|--|
| If you are                                                                             | e filing for an Additional (Not Automatic) 3-M                                                                 | onth Exter                              | nsion, complete only Part I   | I and check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ▶ X        |  |  |  |  |
|                                                                                        | complete Part II if you have already been gra                                                                  |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
|                                                                                        | filing for an Automatic 3-Month Extension,                                                                     |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| Part II                                                                                | Additional (Not Automatic) 3-Month E                                                                           | xtension o                              | of Time. Only file the orig   | inal (no copies needed).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |  |  |  |  |
|                                                                                        | Enter filer's identifying nu                                                                                   |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
|                                                                                        | Name of exempt organization or other filer, see in                                                             | Employer identification number (EIN) or |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| Type or                                                                                | THE ROBERT, CARRIE AND BOBBI                                                                                   | FAMILY                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| print                                                                                  | FOUNDATION                                                                                                     |                                         | 61-6381923                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| File by the                                                                            | Number, street, and room or suite no. If a P O. bo                                                             | ox, see instructions.                   |                               | Social security number (SSN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |  |  |  |  |
| due date for                                                                           | C/O OLD NATIONAL TRUST COMPA                                                                                   | NY                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| filing your<br>return. See                                                             |                                                                                                                |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| instructions EVANSVILLE, IN 47702                                                      |                                                                                                                |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| Enter the Re                                                                           | eturn code for the return that this application                                                                | is for (file a                          | a separate application for ea | ach return)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . 04       |  |  |  |  |
| Application                                                                            |                                                                                                                | Return                                  | Application                   | Return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |  |  |  |
| Is For                                                                                 |                                                                                                                | Code                                    | Is For                        | Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |  |  |  |  |
| Form 990 d                                                                             | or Form 990-EZ                                                                                                 | 01                                      |                               | A STATE OF THE STA |            |  |  |  |  |
| Form 990-E                                                                             | 3L                                                                                                             | 02                                      | Form 1041-A                   | 08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |  |  |
| Form 4720                                                                              | (individual)                                                                                                   | 03                                      | Form 4720 (other than in      | ndividual) 09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
| Form 990-F                                                                             | PF                                                                                                             | 04                                      | Form 5227                     | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |  |  |
| Form 990-                                                                              | T (sec. 401(a) or 408(a) trust)                                                                                | 05                                      | Form 6069                     | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |  |  |
|                                                                                        | T (trust other than above)                                                                                     | 06                                      | Form 8870                     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |  |  |  |  |
| STOP! Do n                                                                             | ot complete Part II if you were not already                                                                    | granted ar                              | automatic 3-month exter       | sion on a previously filed Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n 8868.    |  |  |  |  |
|                                                                                        | s are in the care of ▶OLD NATIONAL TRI                                                                         |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| Telephon                                                                               | e No. ▶ 260 310-6661                                                                                           |                                         | Fax No. ▶                     | VANDVIIIII, IN 41102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |  |  |  |  |
| -                                                                                      | anization does not have an office or place of                                                                  | —.<br>business ın                       | the United States, check the  | nis box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ▶ 🗀        |  |  |  |  |
|                                                                                        | or a Group Return, enter the organization's fo                                                                 |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
|                                                                                        | e group, check this box ▶ 🔲 . Ii                                                                               |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
|                                                                                        | names and EINs of all members the extension                                                                    |                                         | • • •                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| 4 I reque                                                                              | est an additional 3-month extension of time ur                                                                 | ntil                                    | 1                             | 1/15 , 20 14 .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |  |  |  |  |
| 5 For cal                                                                              | lendar year 2013, or other tax year beginni                                                                    | ng                                      |                               | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20 .       |  |  |  |  |
| 6 If the ta                                                                            | ax year entered in line 5 is for less than 12 m                                                                | onths, chec                             | k reason: Initial re          | turn Final return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |  |  |  |  |
|                                                                                        | change in accounting period                                                                                    |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE |                                                                                                                |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.                          |                                                                                                                |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
|                                                                                        |                                                                                                                |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _          |  |  |  |  |
|                                                                                        |                                                                                                                |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| 8a If this                                                                             | application is for Forms 990-BL, 990-PF, 99                                                                    | 90-T, 4720                              | , or 6069, enter the tent     | ative tax, less any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |  |  |  |
|                                                                                        | undable credits. See instructions.                                                                             |                                         |                               | 8a \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0          |  |  |  |  |
| b If this                                                                              | application is for Forms 990-PF, 990-T,                                                                        | 4720, or                                | 6069, enter any refun         | dable credits and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |  |  |  |  |
| estima                                                                                 | ted tax payments made. Include any pri                                                                         | or year o                               | verpayment allowed as         | a credit and any 🔀                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |  |  |
| amoun                                                                                  | amount paid previously with Form 8868.                                                                         |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| c Balanc                                                                               | c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| (Electronic Federal Tax Payment System). See instructions.                             |                                                                                                                |                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
|                                                                                        | Signature and Verifica                                                                                         | tion mus                                | st be completed for P         | art II only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |  |  |  |  |
|                                                                                        | es of perjury, I declare that I have examined the delief, it is true, correct, and complete, and that I is     |                                         |                               | ules and statements, and to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | best of my |  |  |  |  |
| Signature ▶                                                                            | •                                                                                                              |                                         | Title ▶ CPA                   | Date ▶ 08/12/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2014       |  |  |  |  |