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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection Internal Revenue Service For calendar year 2014 or tax year beginning and ending Name of foundation A Employer identification number Sevan Foundation, Inc. Number and street (or PO box number if mail is not delivered to street address) Room/suite 35-1714050 B Telephone number (see instructions) c/o Sharon Pillow, 25953 CR 24 ZIP code City or town State Elkhart IN 46517 Foreign country name Foreign postal code Foreign province/state/county C If exemption application is pending, check here G Check all that apply Initial return of a former public charity Initial return D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, $|\mathbf{X}|$ Address change □ Name change check here and attach computation Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated under section 507(b)(1)(A), check here 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), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ 77,409 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per income income purposes books equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 20 w/ Check ► X if the foundation is not required to attach Sch. B 2 3 Interest on savings and temporary cash investments 48 48 Dividends and interest from securities 4 5а Gross rents b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a ś Revenue b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowance Less Cost of goods sold RECE Gross profit or (loss) (attach schedule) C S Other income (attach Schedule) 0 2 2015

Total. Add lines 1 through 17 11 0 12 68 48 0 Compensation of officers, directors, trustees 13 Other employee salaries and Cabe EN. 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 295 295 Accounting fees (attach schedule) Other professional fees (attach schedule) 17 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 20 20 24 Total operating and administrative expenses. Add lines 13 through 23 315 315 0 25 Contributions, gifts, grants paid 500 500 26 Total expenses and disbursements. Add lines 24 and 25 0 815 315 500 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements а -747

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

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

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SOUTH THE THE TANK TO

D-	rt II	Balance Sheets Attached schedules and amounts in the description column	beginning or year	Elid 0	i year
Г е	пап	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	4,275		
	2	Savings and temporary cash investments	7,850	12,109	_
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable ▶		,	-
		Less allowance for doubtful accounts			
i	5	Grants receivable	 		
	6	Receivables due from officers, directors, trustees, and other			
	٥	disqualified persons (attach schedule) (see instructions)			
	-				····
	7				
,,		Less. allowance for doubtful accounts	 		
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖	10a	Investments—U.S. and state government obligations (attach schedule)			<u> </u>
	b	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment, basis			
		Less: accumulated depreciation (attach schedule)			
•	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe NW Life Policy)	74,160	77,409	77,409
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	86,285	89,518	77,409
	17	Accounts payable and accrued expenses			
S	18	Grants payable .			
tie	19	Deferred revenue			
iii	20	Loans from officers, directors, trustees, and other disqualified persons			•
Liabilities	21	Mortgages and other notes payable (attach schedule)			,
_	22	Other liabilities (describe)		_	
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
alances		and complete lines 24 through 26 and lines 30 and 31.			
aŭ	24	Unrestricted			*
	25	Temporarily restricted			
	26	Permanently restricted .			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			*
ō	27	Capital stock, trust principal, or current funds	83,037		, %
ste	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
55(29	Retained earnings, accumulated income, endowment, or other funds	3,248	89,518	,` ı
A	30	Total net assets or fund balances (see instructions)	86,285	89,518	
Ze l	31	Total liabilities and net assets/fund balances (see			,
		instructions) .	86,285	89,518	
_	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year—Part II, column (a)), line 30 (must agree v	vith	
	end-c	of-year figure reported on prior year's return)		1	86,285
2	Enter	amount from Part I, line 27a .	•	2	-747
3	Other	r increases not included in line 2 (itemize) Increase in CSV of	Ins Policy	3	3,249
4	Add I	ines 1, 2, and 3	•	4	88,787
5	Decre	eases not included in line 2 (itemize) Correction of prior year e		5	-731
		net assets or fund balances at end of year (line 4 minus line 5)-Par			

Part	V Capital Gains an	d Losses for Tax on Investr	nent Inc	ome				
		the kind(s) of property sold (e.g., real estate, ouse, or common stock, 200 shs. MLC Co.)	,		(b) How acqui P—Purchasi D—Donation	e (C	Date acquired mo , day, yr)	(d) Date sold (mo , day, yr)
1a								
b			-					
c								
<u>d</u>								
e]				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		g) Cost or plus expen	other basis ise of sale			n or (loss) (f) minus (g)
<u>a</u>	 							
<u> </u>								
<u> </u>								
<u>d</u> _								
<u>е</u>								
	Complete only for assets si	howing gain in column (h) and owned	by the for	undation	on 12/31/69			(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col				t less than -0-) or from col (h))
<u>a</u>								
<u> </u>								<u></u>
<u> </u>								
<u>d</u>								
<u>е</u>			-1			_	1	
2	Capital gain net income or		also ente , enter -0			}		0
3		n or (loss) as defined in sections 1	• • •				ŀ	
		, line 8, column (c) (see instruction	ns) If (los	ss), ente	r -0- in	}		
	Part I, line 8	:				J 3		0
Part		der Section 4940(e) for Redu						
	puonaruse by domestic pri ion 4940(d)(2) applies, leav	vate foundations subject to the se /e this part blank	ction 494	iu(a) tax	on net inves	tment ind	come)	
Was t	ne foundation liable for the	section 4942 tax on the distributal qualify under section 4940(e) Do	ble amou	int of any	year in the	base per	iod?	☐ Yes 💢 No
1		ount in each column for each year,			·	akıng an	v entries	
	(a)	(b)	1			aning an	I	(d)
Cale	Base period years endar year (or tax year beginning in	Adjusted qualifying distributions	. N	let value of	(c) nonchantable-u	se assets		tribution ratio divided by col (c))
Ouit	2013		3,499					0 000000
	2012		3,400			17,784	 	0 191183
•	2011		3,750			82,678	, 	0 105832
	2010		7,500			85,853		0 087359
	2009		9,628			29,057		0 675500
	 		· · ·					
2	Total of line 1, column (d)	· ·					2	1 059874
3	Average distribution ratio	for the 5-year base period—divide	the total	on line	2 by 5, or by	the		
	number of years the found	dation has been in existence if less	s than 5 y	years			3	0 211975
4	Enter the net value of non	charitable-use assets for 2014 fro	m Part X	, line 5			4	86,588
5	Multiply line 4 by line 3						5	18,354
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)				•	6	0
7	Add lines 5 and 6						7	18,354
8	Enter qualifying distributio			- 4h		L-1 ·	8	500
	Part VI instructions	ter than line 7, check the box in P	aπ VI, lin	e 1b, an	a complete t	nat part (using a 1% tax	crate See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruc	<u>ctions</u>	<u>i)</u>		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	-			
b		1 -			<u> </u>
•					
С	here ► □ and enter 1% of Part I, line 27b. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	· · ·	2		0	
3		3		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			
5		5		0	
6	Credits/Payments:	\neg			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a				
b	Exempt foreign organizations—tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) 6c		*		
d	Backup withholding erroneously withheld 6d 6d			<u> </u>	
7	Total credits and payments Add lines 6a through 6d	7		0	
8		8			
9	land the second	9		0	
10		0		0	
11		1		0	
•	VII-A Statements Regarding Activities			T.,	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		-	Yes	—
h	participate 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)?		4.		
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials	•	1b	 	X
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		10	 	<u> </u>
_	(1) On the foundation ► \$ (2) On foundation managers ►\$,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		-		360
	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				·-·
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		ش ش		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	<u></u>	X
_	If "Yes," attach the statement required by General Instruction T		İ		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		ľ		
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				1
7	conflict with the state law remain in the governing instrument?	•	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	•	7	X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) IN		. ,	ŀ	į.
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		-		
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation		- CL		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		8b	X	 -
•	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If	<i>;</i>			
	"Yes," complete Part XIV		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	ir	-		 ^-
	names and addresses		. 10		x

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Pari	VII-B Statements Regarding Activities	for W	hich Form	4720 I	May Be Re	equire	d (contin	ued)			
5a	During the year did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to it			section	4945(e))?		☐ Yes	X No			
	(2) Influence the outcome of any specific public ele		see section 49	955), o	r to carry or	١,					
	directly or indirectly, any voter registration drive			0	•		∐ Yes	X No	I .		
	(3) Provide a grant to an individual for travel, study(4) Provide a grant to an organization other than a		•	•		ı . .	∐ Yes	X No			
	section 4945(d)(4)(A)? (see instructions).				•		☐ Yes	⊠ No			
	(5) Provide for any purpose other than religious, cl purposes, or for the prevention of cruelty to chi			terary,	or education	nal	☐ Yes	X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the t Regulations section 53 4945 or in a current notice		•	•		•		d ın	5b	N/A	
С	Organizations relying on a current notice regarding if the answer is "Yes" to question 5a(4), does the forbecause it maintained expenditure responsibility for	g disast oundati	er assistance on claim exen	check	here		Yes	► □ No			
	If "Yes," attach the statement required by Regulation	ons sec	ction 53 4945-	-5(d)							
6a	Did the foundation, during the year, receive any fur	nds, dır	ectly or indire	ctly, to	pay premiui	ms		C-71			
	on a personal benefit contract?	,				c.	∐ Yes	X No			~~
b	Did the foundation, during the year, pay premiums, If "Yes" to 6b, file Form 8870	, airecti	y or indirectly,	on a p	ersonal ber	nefit cor	ntract?		6b		. X
7a	At any time during the tax year, was the foundation a pa						☐ Yes	☐ No			
b Dari	If "Yes," did the foundation receive any proceeds of VIII Information About Officers, Direction							-id E	7b		
Ган	and Contractors	015, 11	rustees, FO	unuat	ion ivianaį	gers, r	nigniy P	aiu Em	ibioye	es,	
1	List all officers, directors, trustees, foundation	manag	ers and their	compe	ensation (s	ee inst	ructions).				
	(a) Name and address	(b) Titi	le, and average urs per week ted to position	(c) Co (If	mpensation not paid, nter -0-)	(d) empl	Contribution oyee benefit ferred compe	s to plans	(e) Expe	nse aco allowan	
Richa	rd P Dugger	Pres	tod to position		101 -0-1	and de	erred compe	aisauon	-		
PO Bo	ox 232 Culver, IN 46511		2 00						_		
	n L Pillow	Sec	4.00					ļ			
	ox 232 Culver, IN 46511 ne D Stogdill	Treas	1 00								
	ox 232 Culver, IN 46511	i i easi	1 00					ļ			
2	Compensation of five highest-paid employees ("NONE."	other t	han those inc	cluded	on line 1—	see ins	structions	s). If no	ne, ent	er	
	(a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	eek	(c) Comper	sation	(d) Contribution (d) Co	benefit deferred	(e) Expe	nse acc allowan	
NONE											
							,		·		
								-	•		
											-
				-		_					
Total	number of other employees paid over \$50,000			-				•			

Full 990-FF (2014) Seyal 1 Outlation, inc	33-17	Page /
Part VIII Information About Officers, Directors, Trustees, Foundation Managers and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instructions). If	f none, enter "NON	E."
	e of service	(c) Compensation
NONE		
		· · · · · ·
Total number of others receiving over \$50,000 for professional services .	. •	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the organizations and other beneficianes served, conferences convened, research papers produced, etc.	number of	Expenses
1 N/A		
2		
3		
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		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	•	0

Part		gn foundation	ons,
	see instructions.)	T T	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	87,907
b	Average of monthly cash balances	1b	01,901
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	87,907
e	Reduction claimed for blockage or other factors reported on lines 1a and	iu	01,907
•	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets		
3	Subtract line 2 from line 1d .	3	87,907
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see	•	01,001
•	instructions)	4	1,319
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	86,588
6	Minimum investment return. Enter 5% of line 5	6	4,329
Part			1,020
1	Minimum investment return from Part X, line 6	1	4,329
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI.)	T, ·	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,329
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,329
6	Deduction from distributable amount (see instructions)	6	500
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1 .	7	3,829
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	500
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required) .	3a	
b	Cash distribution test (attach the required schedule)	3b	•
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	500
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when	ether the four	ndation
	qualifies for the section 4940(e) reduction of tax in those years		

e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount—see instructions e Undistributed income for 2013. Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be	art	Vill Undistributed Income (see instruc	tions)									
2 Unidistributed mome, if any, as of the end of 2014 a Enter amount for 2013 only 0	1				s	Years		013					
a Enter amount for 2013 only b Total for prior years 20			- -								╄		3,829
b Total for prior years 20 _ 20 _ 20 Excess distributions carryover, if any, to 2014 a From 2009		-									-1		
3 Excess distributions carryover, if any, to 2014 a From 2009 b From 2010 c From 2012 2,5556 e From 2012 3,500 7 Total of lines 3a through e 4 Qualitying distributions for 2014 from Part XII, line 4 P \$ 500 a Applied to 2013, but not more than line 2a Applied to modistributed mome of prory years (Election required—see instructions) Treated as distributions out of corpus Excess distributions carryover applied to 2014 Excess from 2012 C From 2013 Applied to 2014 distributated with of corpus Excess distributions carryover applied to 2014 Applied to 2014 distributions distributed on the same amount must be shown in column (a). It is same amount must be shown in column (a). Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Pror years' undistributed income Subtract line 4b from line 2b C Enter the amount of prory years' undistributed income for which a notice of deficiency has been issued, or on which the section 494/26) tax has been previously assessed 5 Undistributed income for 2013. Subtract line 4a from line 2a Taxable amount—see instructions 6 Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount—see instructions 6 Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount—see instructions 9 Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount—see instructions 1 Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount—see instructions 1 Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount—see instructions 1 Undistributed income for 2014. Subtract line 4a from line 6a from line 6a. 1 1,947 Analysis of line 9 Excess from 2012 Excess from 2012 Excess from 2012 Excess from 2012 Excess from 2013 Excess from 2013 Excess from 2013 Excess from 2013 Excess from 2014 Excess from 2013 Excess from 2015 Excess from 2013 Excess from 2015 Excess from 2015 Excess from 2015	-	· · · · · · · · · · · · · · · · · · ·	-								4		
a From 2009			— ⊦								↓_		
b From 2010		· 1 ·											
c From 2011	_												
d From 2012 3,500 3,500 3,500 3,500 1 10 10 10 10 10 10													
From 2013 3,500	-	The state of the s	_										
f Total of lines 3a through e 4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 500 a Applied to 2013, but not more then line 2a b Applied to undistributed income of pror years (Election required—see instructions) d Applied to 2014 distributable amount required—see instructions) 5 Excess distributions carryover applied to 2014 (if an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d d Subtract line 6 from line 16 Taxable amount—see instructions I Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount—see instructions I Undistributed in come for 2014. Subtract line 4a from line 2 Taxable amount—see instructions I Undistributed in come for 2014. Subtract line 4a from line 2a Taxable amount—see instructions I Undistributed in come for 2014. Subtract line 4a from line 2 Taxable amount—see instructions I Undistributed in come for 2014. Subtract line 4a from line 2 Taxable amount—see instructions Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) Excess from 2010 3.208 b Excess from 2011 4.683 c Excess from 2011 4.683 c Excess from 2012 2.556 d Excess from 2013 3.500	-												
4. Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 500 a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years (Election required—see instructions) c Treated as distributions out of corpus (Election required—see instructions) d Applied to 2014 distributed amount Remaining amount distributed out of corpus Excess distributions carryover applied to 2014 (If an amount appears in column (a), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for whort his section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount—see instructions e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(17) or 4942(g)(3) (Election may be required—see instructions) Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) Excess from 2010	_	<u> </u>	,500										
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a Excess from 2010	10		 							· · · · · · · · · · · · · · · · · · ·	1		
b Excess from 2011	-		208										
c Excess from 2012	_												
d Excess from 2013 3,500			_										
	_				İ								
	_		330										

b The form in which applications should be submitted and information and materials they should include

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

Any submission deadlines

factors

Part XV Supplementary Information (continuous)	nued)			
3 Grants and Contributions Paid During t	<u>he Year or Approve</u>	ed for Fut	ure Payment	
Recipient	if recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year Food Resource Bank PO Box 66055 Chicago, IL 60666	none	PC	charitable	500
				-
Total			. ▶ 3a	500
b Approved for future payment	· .		Ja	300
Total				

Pari	t XVI	 Analysis of Income-Producing Ac 	ctivities				
Enter	gros	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exempt function income
1	Drogr	ram convice revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
•	a a	ram service revenue.				-··	
			-				
	~ —						
	<u> </u>			· · ·			
	~ —						···
	ř –			···· -			
	g F	ees and contracts from government agencies					
2		bership dues and assessments					
		st on savings and temporary cash investments			01	48	
		ends and interest from securities					
5	Net re	ental income or (loss) from real estate	. ; 3		, ·	· · · · · · · · · · · · · · · · · · ·	
	a D	Pebt-financed property					
	b N	lot debt-financed property					
6	Net re	ental income or (loss) from personal property					
7	Other	r investment income					
		or (loss) from sales of assets other than inventory					
		ncome or (loss) from special events					
		s profit or (loss) from sales of inventory					
11		r revenue a					
	b —						
	<u> </u>						
	d _						
40	e	otal Add actions (b) (d) and (a)					
	Subt	otal Add columns (b), (d), and (e)	L	0		48	0
	Total	Add line 12 columns (b) (d) and (e)					
13		. Add line 12, columns (b), (d), and (e)	. 1			13	48
1 3 See	works	sheet in line 13 instructions to verify calculations		ent of Evernt	Purnoses	13	48
13 See Par	works XVI	sheet in line 13 instructions to verify calculations Relationship of Activities to the A	ccomplishm				48
13 See Par	works XVI No.	sheet in line 13 instructions to verify calculations	ccomplishm	olumn (e) of Part >	VI-A contributed	importantly to the	
13 See Pari Line	Works XVI No.	B Relationship of Activities to the A Explain below how each activity for which income	ccomplishm	olumn (e) of Part >	VI-A contributed	importantly to the	
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13 See Pari Line	Works XVI No.	Relationship of Activities to the A Explain below how each activity for which incom accomplishment of the foundation's exempt pur	ccomplishm	olumn (e) of Part >	VI-A contributed	importantly to the	
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13 See Pari Line	Works XVI No.	Belationship of Activities to the Activities to the Accomplishment of the foundation's exempt pur	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the	
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13 See Pari Line	Works XVI No.	Belationship of Activities to the Activities to the Accomplishment of the foundation's exempt pur	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the	
13 See Pari Line	Works XVI No.	Belationship of Activities to the Activities to the Accomplishment of the foundation's exempt pur	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the	
13 See Pari Line	Works XVI No.	Belationship of Activities to the Activities to the Accomplishment of the foundation's exempt pur	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the	
13 See Pari Line	Works XVI No.	Belationship of Activities to the Activities to the Accomplishment of the foundation's exempt pur	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the	

Part	XVII	Information Exempt Org		sfers To and Transa	ctions and Re	elationship	s With N	lonchari	table		<u>-</u>
1	ın se	ction 501(c) of the		ngage in any of the follo ection 501(c)(3) organiz	•	_			, , , , , ,	Yes	No
а	_	nizations? sfers from the rep	orting foundation to	a noncharitable exempt	organization of				~ ',	,	
	(1) C	ash							1a(1)		Х
	(2) 0	ther assets							1a(2)		Х
b		r transactions									
			a noncharitable exer	mnt organization					1b(1)	7.5	Х
				ble exempt organization	•			•	1b(2)	—	X
				. •	•	•	-		-		x
			equipment, or other	assets		•	•		1b(3)		
		eimbursement ar	•				•		1b(4)	_	X
		oans or loan gua				•			1b(5)	_	X
				p or fundraising solicitat		•	•	•	1b(6)	<u> </u>	X
C				ts, other assets, or paid					1c		X
d				nplete the following sched							
				given by the reporting four ent, show in column (d) the							
(a) Line	no	(b) Amount involved	(c) Name of none	chantable exempt organization	(d) Des	cnption of transfe	ers, transacti	ons, and sha	ring arra	ngemer	ıts
		•					·		•		
				•							
				· · · · · · · · · · · · · · · · · · ·						-	
									·		
	- -										
	+					·					
					_						
			<u> </u>								
2a b	desc	ribed in section 5		ited with, or related to, on the than section 501(c)			izations		Yes		io
	11 10	(a) Name of organ		(b) Type of organ	uzation T		(a) Doccer	tion of relation	nebis		
		(a) Name of Organ	iizauoii	(b) Type of Olgan	iization		(c) Descrip	uon oi relauo	nsnip		
											
											
		,									
		s nonalting of account dead	loro that I have a second if a	L.		An the best of the	. 1. 1				
٥.	COLLEC	r penalues or perjury, i deci ct. and complete. Declarati	nare that i have examined this re on of preparer (other than taxpa	eturn, including accompanying schedi lyer) is based on all information of wh	uies and statements, and sich orenarer has anv kno	to the best of my kn wledge	owledge and b	eliet, it is true,			
Sign		Al. A. A.	0 () 10	الما المعامل المالية	I P	meage		May the IR			
Here		maron x	Fillow	6/25/15	sec.			with the pro (see instru		Yes	_
	Sigi	nature of officer or trus		Date '	Titlé			<u> </u>			
Paid		Print/Type preparer's	s name	Preparer's signature	_	Date	Che	eck 🗓 if	PTIN		
	2121	Roy Michael Ro	ush	Roy Michael Ro	oush	5/29/20			P0123	6379	
Prep		Firm's name	Roy Michael Roush				Firm's EIN				
Use	Unly	Firm's address		. PO Box 122. Plymouth	n. IN 46563-0122	,	Phone no		936-62	17	

Part I, Line 11 (990-PF) - Other Income

		0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Increase in Cash Surrender value of NW Ins Policy		0	
2	Bank Refund		0	

Part I, Line 16a (990-PF) - Legal Fees

	295	295	C	0
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1 Roy Michael Roush	295	295		

Part I, Line 16b (990-PF) - Accounting Fees

	0	0	(0_
	Revenue and			Disbursements for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 Roy Michael Roush				

Part I, Line 18 (990-PF) - Taxes

		0	0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20				,
2	Tax on investment income				
3	Income tax				

Part I, Line 23 (990-PF) - Other Expenses

	20	20	0	0
	Revenue and			Disbursements
	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Încome	Purposes
1 In Sec of State Filing Fee	20	20		•

Seyan Foundation, Inc

Part II, Line 15 (990-PF) - Other Assets

		74,160	77,409	77,409
		Book Value	Book Value	FMV End
	Asset Description	Beg of Year	End of Year	of Year
1 N	V Life Policy	74,160	77,409	77.409

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

										0	0	,
	Name	Check "X"	Street	City	State	State Zp Code	Foreign Country	Tile	Avg Hrs Per Week	Avg Hrs Compensation	Benefits	Expense Account
-	Richard P Dugger		PO Box 232	Culver	IN 46511	46511		Pres	2 00		•	•
~	Sharon L Pillow		PO Box 232	Cuiver	≅ 4	46511		Sec	1 00			•
m	Connne D Stogdill		PO Box 232	Culver	N 4	46511		Treasurer	1 00			

(Rev. January 2014)

CERTIFIED MAIL RECEIPT NO. 7011 0110 0001 0129 9175

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

File a senarate application for each return

OMB No 1545-1709

	•	is instructions is at www.irs.gov/form	8868.				
 If you are filing for an Automatic 3-Month Extensio If you are filing for an Additional (Not Automatic) 3-	-Month Ex	tension, complete only Part II (on p	page 2 of this for	m).			
Electronic filing (e-file). You can electronically file Form a corporation required to file Form 990-T), or an addition 8868 to request an extension of time to file any of the for Return for Transfers Associated With Certain Personal I Instructions). For more details on the electronic filing of	nal (not aut orms listed Benefit Cor	tomatic) 3-month extension of time. You have a comment in Part I or Part II with the exception intracts, which must be sent to the IR:	fou can electroni of Form 8870, In S in paper forma	cally file f formation t (see	Form		
Part I Automatic 3-Month Extension of 1	rime. Onl	v submit original (no copies nee	ded).				
A corporation required to file Form 990-T and requesting				e			
Part I only					▶ 🗍		
All other corporations (including 1120-C filers), partners	hios. REMI	ICs. and trusts must use Form 7004	to request an ext	ension of			
time to file Income tex returns.							
		Enter filer's	identifying num	ber. see it	nstructions		
Type or Name of exempt organization or other filer, see	e instruction		Employer identifice				
print Seyan Foundation, Inc.		1	35-1714050				
File by the Number, street, and room or suite no. If a P.O.	box, see in		Social security n	umber (SS	3N)		
due date for Post Office Box 232			,				
Illing your	or a foreign	address, see instructions					
return. See instructions. Culver, IN 46511-0232	o. a lolaig.	. 400.000, 000					
Enter the Return code for the return that this application is for (file a separate application for each return)							
Application – ls For	Return Code	Application ls For			Return_ Code		
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-BL	02	Form 1041-A			08		
Form 4720 (Individual) 03 Form 4720 (other than individual) 09							
Form 990-PF 04 Form 5227 10							
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		-	11		
Form 990-T (trust other than above)	06	Form 8870			12		
The books are in the care of	four digit of If it is for plan is for. corporation exempt organization months, compared to the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation	Fax No. ▶ In the United States, check this box Broup Exemption Number (GEN) Part of the group, check this box. required to file Form 990-T) extension ganization return for the organization , and ending theck reason:	on of time named above. T	. If ti	his is d attach a		
3a If this application is for Forms 990-BL, 990-PF, 99	90-T, 4720,	or 6069, enter the tentative tax, less					
nonrefundable credits. See instructions.			3a	\$	0		
b If this application is for Forms 990-PF, 990-T, 472		•	ľ	1			
estimated tax payments made. Include any prior				\$	0		
c Balance due. Subtract line 3b from line 3a. Inclu	•	•		1.			
EFTPS (Electronic Federal Tax Payment System			30	:	0		
Caution. If you are going to make an electronic funds withdrapyment instructions.	awai (direct	debit) with this Form 8868, see Form 84	153-EO and Form	8879-EO f	or		