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EXTENDED TO AUGUST 17, 2015 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Department	t of the Treasury venue Service	▶ Infor		n 990-PF and its separate				Open to Public Inspection
For calen	dar year 2014	or tax year beginn	ing		, and e	ending		
	foundation	FOUNDAT	ION TRUS				A Employer identification	number
_			GMT GROU	-			35-6067146	
Number and street (or P O box number if mall is not delivered to street address) Room/suite						Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·
		RIDIAN S	• • •			170	877-289-02	99
	own, state or pr MEL, IN		nd ZIP or foreign p	ostal code			C if exemption application is p	ending, check here
G Check	all that apply	Initial r	eturn	Initial return of a fo	rmer public	charity	D 1. Foreign organizations	s, check here
		Final re	eturn	Amended return			2 Foreign organizations me	ceture the B5% test
			s change	Name change			2. Foreign organizations me check here and attach co	imputation
	type of organiz			empt private foundation			E if private foundation sta	_ ()
_) nonexempt char		Other taxable private foundang method X Cash			under section 507(b)(1)	- · · · · ·
		assets at end of ye			Acc	ruai	F If the foundation is in a	_ 1 1
(trom F	Part II, col. (c)			her (specify) mn (d) must be on cash i	 basis.)		under section 507(b)(1)(B), check here
Part I	Analysis of F	evenue and Experiounts in columns (b), (at the amounts in columns	nses	(a) Revenue and expenses per books	(b) Net II	nvestment ome	(c) Adjusted net	(d) Disbursements for chantable purposes (cash basis only)
1		gifts, grants, etc.		14,359.			N/A	(cash basis only)
2		if the foundation is not req		/003.			1	
3		gs and temporary						4
4		interest from secu	rities	3.		3.		STATEMENT 1
5a	Gross rents							
Ь	Net rental incom	e or (loss)			****			<u> </u>
<u>ہ</u> 6a		from sale of assets no	ot on line 10					
E p	Gross sales price assets on line 68							
Revenue 2	· -	ncome (from Part IV, II	ine 2)			0.		
8	Net short-term		•	***************************************	*************	**** *******		15-111111111111111111111111111111111111
9	Income modif Gross sales less					······································		
	and allowances Less Cost of go	nds sold		<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
, I	Gross profit o							
11	Other income	` ,						
12	Total. Add lin	es 1 through 11		14,362.		3.		
13	Compensation of	f officers, directors, tri	ustees, etc	0.		0.		0.
14		e salaries and wag						
15 پر		, employee benefit	s .					
8 16a	Legal fees		STMT 2	395.		0.		305
e x	Accounting fe Other profess		CONTROL 2 155	2,533.		0.		395. 2,533.
ш С 9 17	Interest	nijai iees " '	STMT 3	CEIVE				2,333.
18 at 18	Taxes		න		20		-	
19	Depreciation a	ind depletion	7	111 27 2000	Ö			130000
·Ē 20	Occupancy	•	n- 52	784.0	en:			
₹ 21	Travel, confer	ences, and meeting	gs	300	_10C			
E 22	Printing and p	ublications		ニストーンニアーの人				
. <u>E</u>) 23	Other expense	-						
E 24	-	ng and administrat		2 020		0.		2 020
Operating and Administrative Expenses 12 12 12 12 12 12 12 12 12 12 12 12 12	•	d lines 13 through	23	2,928. 15,313.		<u> </u>	•	2,928. 15,313.
25		, gifts, grants paid es and disburseme	onte	15,515.				13/313.
20	Add lines 24		siita	18,241.		0.		18,241.
27	Subtract line				<u> </u>			
		ue over expenses and	disbursements	<3,879.	>			
}		nt income (if negativ				3 .		
	Adjusted net	Income (if negative,	enter -0-)		<u> </u>		N/A	
423501 11-24-14			on Act Notice, see	instructions.				Form 990-PF (2014

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C/O MUTUALWEALTH MGMT GROUP

3	5	-6	0	6	7	1	4	6	Page 2

Par	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	/ear
FOI	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing		<2.>	
2	Savings and temporary cash investments	5,201.	1,324.	1,324.
3	Accounts receivable			
	Less allowance for doubtful accounts			
4	Pledges receivable			
	Less allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			
'	Less allowance for doubtful accounts	ĺ		
ء ا م	Inventories for sale or use			
5 I T	Prepaid expenses and deferred charges			
A A S	a Investments - U.S. and state government obligations			
'	_ · · · · · · · · · · · · · · · · · · ·			
- 1	b Investments - corporate stock			·
	c Investments - corporate bonds			,, , , , , , , , , , , , , , , , ,
11	Investments - land, buildings, and equipment basis	ŀ		
	Less accumulated depreciation			
12	? Investments - mortgage loans			
13	3 Investments - other		17 D 101111011 7	P 105's 100's 111105 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14	Land, buildings, and equipment basis			
	Less accumulated depreciation			
15	5 Other assets (describe ►)			
16	5 Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item I)	5,201.	1,322.	1,322.
17	7 Accounts payable and accrued expenses			
18				
	· ·			
Liabilities				
2	2 Other liabilities (describe)			
23	3 Total liabilities (add lines 17 through 22)	0.	0.	
- 2	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.	1		
S 24				
2 2				
25 25	· •	-		
Net Assets or Fund Balan	·			
<u>.</u> 5				
<u> </u>	and complete lines 27 through 31.	10 265	10 265	
\$ 2	· · · · · · · · · · · · · · · · · · ·	10,265.	10,265.	
SS 2	· · · · · · · · · · · · · · · · · · ·	0.	0.	
Ž 29	Retained earnings, accumulated income, endowment, or other funds	<5,064.>		>
ا2 <mark>ک</mark>	O Total net assets or fund balances	5,201.	1,322.	
3	1 Total liabilities and net assets/fund balances	5,201.	1,322.	
Par	Analysis of Changes in Net Assets or Fund B	alances		
1 To	etal net assets or fund balances at beginning of year - Part II, column (a), line	30		
(m	nust agree with end-of-year figure reported on prior year's return)		1	5,201
2 En	iter amount from Part I, line 27a		2	<3,879
	her increases not included in line 2 (itemize)		3	0
	dd lines 1, 2, and 3		4	1,322
	ecreases not included in line 2 (itemize)		5	0.
	otal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,322
				- 000 DE (00)

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h airini in in an an	and Losses for Tax on Ir		Income	(h) H	ow acmin	ed (-) Data -	onurod.	(d) Data cold
	be the kind(s) of property sold (e g ehouse, or common stock, 200 sh		··-	D -	ow acquir Purchase Donation	(0	mo , da	icquired ay, yr)	(d) Date sold (mo , day, yr)
1a				<u> </u>					
b NON	<u>VE</u>		 	ļ					···
<u>C</u>				<u> </u>					
<u>d</u>					-				
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale						in or (loss (f) minus			
a									
b								<u> </u>	
С								···	
d		<u> </u>							
e		Ab - 4 4-4	10/04/00						
Complete only for assets showing	g gain in column (h) and owned by							ol (h) gain ot less tha	
(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any					(from col (
<u>a</u>		ļ							
<u>b</u>									
<u>c</u>	- · · · · · · · · · · · · · · · · · · ·			+				 	
d				-					·
<u>e</u>		<u> </u>		$\overline{}$	-			· · · · ·	
2 Capital gain net income or (net cap	oital loss) { If gain, also ente If (loss), enter -0	r in Part I, line ')- in Part I, line	7 7	}	2				
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) ai	nd (6)							
If gain, also enter in Part I, line 8, o	column (c)			\rightarrow					
If (loss), enter -0- in Part I, line 8	C	D - d d	Ton on No.		3	A I			···
Part V Qualification U						it inco	me		
(For optional use by domestic private	foundations subject to the section	494U(a) tax on	net investment ir	ncome)				
If section 4940(d)(2) applies, leave th	is part blank								
Was the foundation liable for the sect	ion 4042 tay on the distributable as	nount of any ve	ar in the base no	nod2					Yes X No
If "Yes." the foundation does not quali				1100,					165 [21] 100
	each column for each year, see the i			entries				-	
(a)	(b)		,	(c)				D	(d)
Base periód years Calendar year (or tax year beginnin	A -1 A 1.6	stributions	Net value of no		itable-use	assets		Distri col (b) dr	bùtión ratio vided by col (c))
2013	1	9,484.			2,	563.			7.602029
2012		5,399.			4,	655.			3.308056
2011		6,463.			10,	329.			1.593862
2010		18,889.				432.		<u>. </u>	1.810679
2009	1	9,558.			<u>9,</u>	617.	ļ		2.033690
2 Total of line 1, column (d)							2		16.348316
3 Average distribution ratio for the 5	5-year base period - divide the total	on line 2 by 5,	or by the number	r of yea	ars				
the foundation has been in exister	nce if less than 5 years						3		3.269663
4 Enter the net value of noncharitab	le-use assets for 2014 from Part X,	, line 5					4		3,214
~] }	10 500
5 Multiply line 4 by line 3							5		10,509
									0
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6	<u> </u>	0
							_		10 500
7 Add lines 5 and 6							7	 	10,509
8 Enter qualifying distributions from	n Part XII, line 4						8		18,241
If line 8 is equal to or greater than See the Part VI instructions	i line 7, check the box in Part VI, lin	e 1b, and comp	plete that part usi	ng a 1	% tax rate				

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X

3b

4a

N/A

of holdings acquired by gift or bequest or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2014)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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

2	Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, oth allowances
_	NONE				
_					
_					
_					
_					
	otal number of other employees paid over \$50,000				·

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Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter	UNIONIE II	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Service	(c) compensation
	┪	
	1	
	-	
	-	
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 charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1 N/A		
2		
3		
4		-
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on I	ines 1 and 2	Amount
1 N/A		741100110
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	>	0.

Form 99Q-PF (2014) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 3,263. a Average monthly fair market value of securities 1a 1b b Average of monthly cash balances c Fair market value of all other assets 10 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 Minimum investment return Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here \blacktriangleright and do not complete this part) 161. Minimum investment return from Part X, line 6 2a Tax on investment income for 2014 from Part VI, line 5 Income tax for 2014 (This does not include the tax from Part VI) 2c c Add lines 2a and 2b 3 3 Distributable amount before adjustments Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 161. 5 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 18,241. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the **3a** a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 3b 18,241. 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b Adjusted qualifying distributions Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		T	
line 7				161.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years		_		
		0.	·· ····························	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3 Excess distributions carryover, if any, to 2014				
a From 2009 19,077.				
b From 2010 18,367.				
c From 2011 15,947.				
d From 2012 15, 166.				
e From 2013 19, 356.	07 013			
f Total of lines 3a through e	87,913.			
4 Qualifying distributions for 2014 from				
Part XII, line 4· ► \$ 18,241.			0.	
a Applied to 2013, but not more than line 2a			· · · · · · · · · · · · · · · · · · ·	++++++++++++++++++++++++++++++++++++++
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)			.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus	0.			
(Election required - see instructions)			.,,	161.
d Applied to 2014 distributable amount	18,080.			101.
e Remaining amount distributed out of corpus	0.	!-!' <u>'''</u>	., ., ., ., ., ., ., ., ., ., ., ., ., .	0.
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:	105.000			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	105,993.	·····		
b Prior years' undistributed income. Subtract		•		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2015	<u></u>	 		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.	1.1 '' HHH.A4.19.A' . ' HHH!'' ''		1111 - 1111 - 111
8 Excess distributions carryover from 2009	19,077.			
not applied on line 5 or line 7	19,011.		 	1
9 Excess distributions carryover to 2015.	86,916.			
Subtract lines 7 and 8 from line 6a	00/310.	11,114,11 ,111, 11 1141,11 11 11 11 11 11 11 11 11 11 11 11 11		
10 Analysis of line 9 a Excess from 2010 18,367.				
a Excess from 2010 b Excess from 2011 15,947.				
Excess from 2012 15, 166.				
d Excess from 2013 19,356.				
e Excess from 2014 18,080.				
423581		<u> </u>		Form 990-PF (2014)

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors LMTD TO HIGH SCHOOL GRADS OF MIAMI CO., IN FOR HIGHER EDUC & TR IN

PERFORMING ARTS.

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or contribution any foundation manager or substantial contributor Amount status of Name and address (home or business) recipient a Paid during the year-CHRIS CHEEVER 100 WEST 5TH ST PERU, IN 46970 938. NONE ANDREA CHAMBERS EDUCATIONAL 1637 N 550 E PERU, IN 46970 2,500. BETHANY HEMRICK NONE EDUCATIONAL 457 W MAIN ST PERU, IN 46970 1,875. BROOKLYN GINGERICH NONE EDUCATIONAL 13861 S 400 E KOKOMO, IN 46901 1,875. MELANIE WOODRUFF NONE EDUCATIONAL 373 W 6TH ST PERU, IN 46970 1,875. SEE CONTINUATION SHEET(S) ➤ 3a 15,313. Total b Approved for future payment NONE **▶** 3b 0. Total

Part XVI-A Ar	nalysis of I	ncome-Producing	Activities
---------------	--------------	-----------------	-------------------

ter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue	code		code		IBIOCOTI IIICOTIC
i			-		
b	_				
					
1	_				
e	_				
Fees and contracts from government agencies		· · · · · · · · · · · · · · · · · · ·			
Membership dues and assessments					
nterest on savings and temporary cash					
nvestments					
Dividends and interest from securities					
let rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other	 		1		
han inventory					
•		***			
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	-				
Other revenue					
<u> </u>					
b					
C					
			-		
d					
e			- 		,
e Subtotal Add columns (b), (d), and (e)			0.).
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			0.).
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			0.		
B Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculations	5)			13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations ART XVI-B Relationship of Activitie	es to the Acco	mplishment of	Exemp	13 t Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which i	es to the Acco	mplishment of	Exemp	13 t Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which is the foundation's exempt purposes (other the subtotal activity for the subtotal activity for the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for which is the foundation's exempt purposes (other the subtotal activity for which is the subtotal activity	es to the Acco	mplishment of column (e) of Part XV ds for such purposes)	Exemp	13 t Purposes	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations EXPLAIN DELOT BOTH ACTIVITIES RELATIONSHIP OF ACTIVITIES REND. Explain below how each activity for which is	es to the Acco	mplishment of column (e) of Part XV ds for such purposes)	Exemp	13 t Purposes	
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423621 11-24-14

Page 13

	Exempt Organ	izations					
1 Did the	organization directly or indi	rectly engage in any	of the followin	g with any other organization	n described in section 501(c) of	Yes	No
the Cod	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?						
a Transfer	rs from the reporting found:	ation to a noncharital	ble exempt or	ganization of:			1
(1) Cas	sh					1a(1)	l x
(2) Oth	er assets					1a(2)	X
b Other tra						- \ /-	
(1) Sal	es of assets to a noncharita	ble exempt organizat	ion			16(1)	X
	chases of assets from a no			•		1b(2)	X
	ital of facilities, equipment,	•	•		•	1b(3)	X
	mbursement arrangements			•	•	1b(4)	X
	ins or loan guarantees		-		•	1b(5)	X
• •	formance of services or me	mbership or fundrais	sing solicitatio	ns	•	1b(6)	X
	of facilities, equipment, ma				•	10	X
=		= :	-	· ·	ays show the fair market value of the good	L	
			-	• •	e in any transaction or sharing arrangemen		
	(d) the value of the goods,				,	,	
(a)Line no	(b) Amount involved			exempt organization	(d) Description of transfers, transactions, a	nd sharing arranger	nents
		1.1	N/A				
	···						
			· · ·				
						•	
							
							
			· · · · · · · · · · · · · · · · · · ·				
			·				
		†		·			
	·			······································	 		
							
							
					•		
2a Is the fo	undation directly or indirec	tly affiliated with, or i	elated to, one	or more tax-exempt organiz	rations described		
	on 501(c) of the Code (other					Yes [X No
	complete the following sch		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				110
<u> </u>	(a) Name of org			(b) Type of organization	(c) Description of relation	ınship	
	N/A	<u> </u>		() , , , , , , , , , , , , , , , , , ,		- · · · · · · · · · · · · · · · · · · ·	
	····						
		=-					
Und	der penalties of perjury, I declare	that I have examined thi	s return, includir	ng accompanying schedules and s	statements, and to the best of my knowledge		
Sign and	belief, it is true, correct, and co	mplete Declaration of pr		n taxpayer) is based on all informa	ation of which preparer has any knowledge	May the IRS discus return with the prep	arer
Here	Anulual Mild	Bank, Iruste	ome V	RATO 7/2/1/	I VP + TD	shown below (see I	No No
 	anature of officer/of trustee	$\frac{\alpha \alpha \gamma}{\alpha}$	/ / / / / V	Date	Title	162	
	Print/Type preparer's n		Preparer's s		Date Check if PTI	N	
		-	\ \(\lambda \).		JL 0 8 20 5 elf- employed		
Paid	ROBERT E D	AVIS CPA	I Shila A	Philada 1		0006217	7
Prepare			AND CO	MPANY PC	Firm's EIN ► 20 -		
Use Onl					I I I I I I I I I I I I I I I I I I I	,	
 	Firm's address ▶ 17	02 BROAD	RIPPLE	AVENUE			
				46220-2362	Phone no. (317)923-33	24
			,		Ti none no. (31)	Form 990-P	
						. 5 555	· (=017)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2014

Name of the organization

PORTER ART FOUNDATION TRUST C/O MUTUALWEALTH MGMT GROUP

Employer identification number

35-6067146

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 990 or 990-EZ		501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	•	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X	•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the section se
	•	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization PORTER ART FOUNDATION TRUST

Employer Identification number

<u>C/O M</u>	UTUALWEALTH MGMT GROUP	35	6-6067146
Part I	Contributors (see instructions). Use duplicate copies of Part I	If additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOANNE C KUBESCH 1325 S FRANCES SLOCUM TR PERU, IN 46970	\$14,359.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part for

noncash contributions.)

Name of organization
PORTER ART FOUNDATION TRUST
C/O MUTUAL WEALTH MGMT GROUP

Employer identification number

Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) · :บีescription ัฮโ noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given (b) (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions)

Schedule 8	B (Form 990, 990-EZ, or 990-PF) (2014)			Page 4				
Name of org	ganization			Employer identification number				
PORTE	R ART FOUNDATION TRUST							
C/O M	UTUALWEALTH MGMT GROUP			35-6067146				
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations described	in section 501(c)(7), (8),	or (10) that total more than \$1,000 for				
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) Infough (e) and the follow s charitable etc. contributions of \$1,000 or	VING line entry For organizati	ons >\$				
	Use duplicate copies of Part III if addition	al space is needed.	1000 TO THE YEAR (CINE BIS IND O					
(a) No. from	(b) Purpose of gift	(a) 11a a ad aids	4.0.0					
Part I	(b) Furpose of gift	(c) Use of gift	(a) Des	scription of how gift is held				
		(e) Transfer of gift						
-	Transferee's name, address, a	Relationship of tr	elationship of transferor to transferee					
	· -							
(a) No.								
from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I								
								
ľ	(a) Transfer of aids							
}		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of te	ansferor to transferee				
			relationship of the	ansieror to transieree				
1								
			-					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) D-					
Part I	(b) Furpose of gift	(c) Use of gift	(a) Des	scription of how gift is held				
İ								
}								
	(e) Transfer of gift							
}	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
								
(a) No.			·					
from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I								
								
}	(e) Transfer of gift							
	(e) Italisier of grit							
	Transferee's name, address, a	nd ZIP + 4	Relationship of to	ransferor to transferee				
	Transferee 3 name, address, at	7 7	- ioationship of ti	C. SICIOI TO Manageree				

3 Grants and Contributions Paid During the		 		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
P14 S LINCOLN ST RRU, IN 46970 AYTON MILLER 52 E 900 S UNKER HILL, IN 46914	or substantial contributor	status of recipient	Contribution	Amount
HRISTINA HEFNER	NONE		EDUCATIONAL	
714 S LINCOLN ST				
PERU, IN 46970				1,25
PAYTON MILLER	none		EDUCATIONAL	
162 E 900 S				
BUNKER HILL, IN 46914				2,500
SARAH GOULD	NONE		EDUCATIONAL	
PERU, IN 46970				2,50
				-
				<u> </u>
Total from continuation sheets		· 		6,25

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECUR	ITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIRST FARMERS MM FD MUTUALWEALTH MGMT	2.		0.	2.	2.	
GROUP TO PART I, LINE 4	3.		0. 0.	3.	3.	
FORM 990-PF		ACCOUNTI	NG I	FEES	SI	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING		395.		0.		395.
TO FORM 990-PF, PG 1	, LN 16B	395.		0.		395.
FORM 990-PF	OT	HER PROFES	SION	NAL FEES	Si	CATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MARIANNE SAVAGE - SCHOLARSHIP PROGRAM FIRST FARMERS TTEE F MUTUALWEALTH TTEE FE	EE	2,200. 250. 83.		0. 0. 0.		2,200. 250. 83.
TO FORM 990-PF, PG 1	, LN 16C	2,533.		0.		2,533.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

4

NAME OF CONTRIBUTOR

ADDRESS

JOANNE C KUBESCH

1325 S FRANCES SLOCUM TRAIL

PERU, IN 46970

Application for Extension of Time To File an APR 3 0 2015 Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Department of Internal Rever	of the Treasury nue Service	► Information about Form 886	8 and its	instructions is at www.irs.gov/for	m8868		
• If you a	re filing for an Aut	omatic 3-Month Extension, comple	te only Pa	art I and check this box	*	>	X
		litional (Not Automatic) 3-Month Ex			this form).		
		less you have already been granted a				n 8868.	
Electronic	c filing <i>(e-file)</i> . Yo	u can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6 r	months for a corpo	ration
	_	or an additional (not automatic) 3-more			-	•	
		ns listed in Part I or Part II with the exc					
		which must be sent to the IRS in pap					
		lick on e-file for Charities & Nonprofits		·		•	
Part I	Automatic	c 3-Month Extension of Time	Only s	submit original (no copies ne	eded).	-	
	tion required to file	Form 990-T and requesting an autor	natic 6-mo	onth extension · check this box and	complete	<u></u>	
Part I only	·					>	
•		ding 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an extensi	ion of time	
	ome tax returns.	,,,	·			's identifying num	ber
Type or	Name of exemp	t organization or other filer, see instru	ctions.			identification number (EIN) or	
print						Commodition number (Enty of	
	PORTER A	RT FOUNDATION TRUST	Γ		35-6067146		
File by the due date for	Number, street.	et, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)		
filing your	P O BOX	1				,	
return See instructions	City, town or po	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
	PERU, IN						
Enter the	Return code for th	e return that this application is a file	e a separa	te application for each return)			0 4
Application	on		Return	Application			Return
ls For			Code	Is For			Code
Form 990	or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990	-BL		02	Form 1041-A			08
Form 472	0 (individual)		03	Form 4720 (other than individual)			09
Form 990	-PF		04	Form 5227			10
Form 990	-T (sec. 401(a) or 4	08(a) trust)	05				11
	-T (trust other than	•	06	Form 8870			12
		FIRST FARMERS	BANK	& TRUST			
• The bo	ooks are in the care	e of \triangleright P O BOX 147, PI	ERU,	IN - 46970			
Teleph	one No. ► 765	-473-5573		Fax No. ▶			
•		not have an office or place of business	s in the Ur	nited States, check this box			
• If this is	s for a Group Retu	irn, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is for	the whole group, c	heck this
box ▶ [t of the group, check this box 🕨 🗔	1			- '	
		c 3-month (6 months for a corporation					
	AUGUST 15			ition return for the organization name		he extension	
is fo	or the organization		•				
_	X calendar year						
▶[tax year begin		, an	nd endina			
		<u> </u>	, ,			-	
2 If th	ne tax year entered	I in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final return		
	Change in acco	unting period					
3a If th	nis application is fo	or Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			

by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

estimated tax payments made. Include any prior year overpayment allowed as a credit.

nonrefundable credits. See instructions.

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