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### **Return of Private Foundation**

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

Do not enter social socurity numbers on this form as it may be made public.

OMB No. 1545-0052

Department of the Treasury

	lendar year 2014 or tax year beginning			and endi	ng	, 20	
	of foundation				A Employer identifi		
	ER FOUNDATION			<del></del>	46-248304	<del></del>	
Numb	er and street (or P.O. box number if mail is not delivered	d to street address) Room/suite			B Telephone number (see instructions)		
					(21	9) 977-7758	
	W 80TH PLACE			14075			
City o	r town, state or province, country, and ZIP or foreign po-	stal code					
					C if exemption applica pending, check here	tion is	
MER	RILLVILLE, IN 46411-4075				heurnië mater nate		
G Che	ck all that apply: Initial return	Initial return of	of a former p	ublic char	ity D 1. Foreign organizat	ma chark ham	
	Final return	Amended ref	turn		2. Foreign organizat		
	Address change	Name change	е		85% test, check h	ere and attach	
H Che	ck type of organization: X Section 501(						
	section 4947(a)(1) nonexempt charitable trust	Other taxable pri		tion	E II private foundator	~ 1 1	
		unting method: X Ca		rual	under section 507(b)		
		ther (specify)	٨٥٠	A 001		In a 60-month termination (1)(8), chack here	
	· · · · · · · · · · · · · · · · · · ·	column (d) must be on cas				, Mox aleas have	
	Analysis of Revenue and Expenses (The					(d) Disbursements	
ı alı	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable	
	may not necessarily equal the amounts in column (a) (see instructions).)	books	incon	ne	Income	purposes (cash basis only)	
T.		4,323			·····	(outsit dusit divity)	
1 2	Contributions, gate, grants, etc., received (attach schedule) .  Check X if the foundation is not required to	1,000	<del></del>				
2	Emach Sch. B	55.	<del></del>	55.		ATCH 1	
3	Interest on savings and temporary cash investments.		· · · · · · · · · · · · · · · · · · ·			- 1011 1	
4	Dividends and interest from securities						
5a	Gross rents						
_   b	Net rental income or (loss)						
된 6g			<del>                                     </del>	REC	3 0 0 0 0		
<b>a</b> l ⁻	assets on time 6a		- \F		<u> </u>		
<u>a</u>	Capital gain net income (from Part IV, line 2)		స్ట	140	9 2015 S		
œ 8	Net short-term capital gain		ő	MAY			
9	Income modifications				95		
aסין	Gross sales less returns and allowances		<b>├</b> ──₩	OGD			
b	Less: Cost of goods sold .		ليسي	2-2			
c	Gross profit or (loss) (attach schedule)	- 20 500	ļ . <del></del>				
11	Other income (attach schedule) ATCH, 2	30,500.			<del></del>		
12	Total Add lines 1 through 11	34,878.		55.			
<sub>(0</sub> 13	Compensation of officers, directors, trustees, etc.		<b> </b>				
g 14	Other employee salaries and wages		ļ				
	Pension plans, employee benefits						
취16a		215.				215	
Ш ь	Accounting fees (attach schedule)ATCH 4	1,324.		662.		662	
Administrative Expends 6 8 1 2 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9	Other professional fees (attach schedule)						
<u>E</u> 17	Interest						
<u>9</u> 18	Taxes (attach schedule) (see instructions)					ļ <u>.                                    </u>	
듣19	Depreciation (attach schedule) and depletion.	1,000.					
5 20	Occupancy						
<b>▼</b>  21	Travel, conferences, and meetings	1,252.				1,252	
DE 22	Printing and publications						
223	Other expenses (attach schedule) ATCH . 5	23,156.				10,260	
Operating 52	Total operating and administrative expenses.						
	Add lines 13 through 23	26,947.		662.		12,389	
0,=	Contributions, gifts, grants paid	2,475.				2,475	
26	Total expenses and distrursements. Add lines 24 and 25	29,422.		662.	(		
27	Subtract line 26 from line 12:			<del> </del>		<del> </del>	
		5,456.	J	}		J	
	Not investment income (if negative, enter -0-)		<del> </del>	d	-	<del>                                     </del>	
- 1	Adjusted net income (if negative, enter -0-).		<del>                                     </del>	<del>1</del>		<del> </del>	

JSA For Paperwork Reduction Act Notice, see instructions.
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Form 990-PF (2014)

PAGE 1

Ю.	a et 11	Polongo Choote description solume should be fee and always	Beginning of year	End of	year
	art II	Balance Sheets description column 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	193.	193.	193.
		Savings and temporary cash investments	70,462.	73,318.	73,318.
		Accounts receivable ▶			
- [	_	Less: allowance for doubtful accounts ▶			
١		Pledges receivable		<del> </del>	
1	•	Less: allowance for doubtful accounts			
- 1			<del></del>	<del></del>	
- 1		Grants receivable			
- 1		Receivables due from officers, directors, trustees, and other			
J		disqualified persons (attach schedule) (see instructions)			
- 1		Other notes and loans receivable (attach schedule)			
1		Less: allowance for doubtful accounts ▶			
ä	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
₹		Investments - U.S. and state government obligations (attach schedule)			
1		Investments - corporate stock (attach schedule)			
H		Investments - corporate bonds (attach schedule)			
	<b>11</b>	Investments - land, buildings,			
- 1		Less: accumulated depreciation			
- 1		(attach schedule)			
	12	Investments - mortgage loans		<del></del>	
- 1	13 14	Investments - other (attach schedule)  Land, buildings, and			ATCH 6
	14	equipment basis	ŀ	2,600.	
ł		(attach schedule)		2,600.	2,600
ı	15	Other assets (describe )			
l	16	Total assets (to be completed by all filers - see the			
$\perp$		instructions. Also, see page 1, item I)	70,655.	76,111.	76,111
	17	Accounts payable and accrued expenses			
l	18	Grants payable			
ı	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities		Mortgages and other notes payable (attach schedule)			
3	21	* - · · · · · · · · · · · · · · · · · ·			
ŀ	22	Other liabilities (describe			
			d	٨	
$\dashv$	23	Total liabilities (add lines 17 through 22)	<u> </u>		
j		Foundations that follow SFAS 117, check here,	]		
8	24 25	and complete lines 24 through 26 and lines 30 and 31.	ł.		
잍	24	Unrestricted			
쾲	25	Temporarily restricted			
9	26	Permanently restricted			
Net Assets or Fund B		Foundations that do not follow SFAS 117 > X			
Ē		check here and complete lines 27 through 31.			
9	27	Capital stock, trust principal, or current funds	70,655.	76,111.	
퓜	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
8	29				
\$		Retained earnings, accumulated income, endowment, or other funds	70,655.	76,111.	
劉	30	Total net assets or fund balances (see instructions)	70,000		
	31	Total liabilities and net assets/fund balances (see	70,655.	76,111.	
		Instructions)		70,111.	<del></del>
		Analysis of Changes in Net Assets or Fund Bala			
1		al net assets or fund balances at beginning of year - Part 1			70 CTF
		-of-year figure reported on prior year's return)			70,655
2	Ent	er amount from Part I, line 27a		2	5,456
3	Oth	er increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3			76,111
5	Dec	reases not included in line 2 (itemize) ▶		5_	
_6	Tota	al net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b	), line 30 6	76,111
_					Form 990-PF (2014)

Рa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income	_		
	(a) List an	(b) How	(c) Date acquired	(d) Date sold		
	2-story b	P - Purchase D - Denation	(mo., day, yr.)	(mo., day, yr.)		
1 a						
ь						
_ <u>c</u> _						
<u>d</u>		······································				
8_		· · · · · · · · · · · · · · · · · · ·				L
	(e) Gross sales price		(h) Gain or (lo (e) plus (f) minu			
_a_						
_ <u>b</u> _		· · · · · · · · · · · · · · · · · · ·				
_ <u>c</u>						
<u>d</u>						
<u>e</u>						
	Complete only for assets		Gains (Col. (h) g			
_ (	i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of cot. (i) over cot. (j), if any	col.	(k), but not less t Losses (from co	
a						
b						
c						
d						
е						
2	Capital gain net income	or (not contal loce)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital ga	ain or (loss) as defined in sections				
		art I, line 8, column (c) (see inst		l l		
	<del>-</del>	<u> </u>		3		
Pa	rt V Qualification	Under Section 4940(e) for Rec	duced Tax on Net Investment I	ncome		
lf so	ection 4940(d)(2) applies,	leave this part blank.			_	
		the section 4942 tax on the distrib not qualify under section 4940(e).	· ·	ase perio	d?	Yes X No
1	Enter the appropriate an	nount in each column for each yea	r; see the instructions before making	g any ent	ries.	
	(a) Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution r	
Ca	lendar year (or tax year beginning in)	14,326.	13,672.	<del>                                     </del>	(cal. (b) divided by	1.047835
	2013	14,320.	13,672.			1101/000
	2012			<del> </del>		
	2011 2010		<del> </del>	<del> </del> -		<del></del>
_	2009	<del>                                     </del>		<del>                                     </del>		
	2009	L				
2	Total of line 1 column /	d)		2		1.047835
3		o for the 5-year base period - divid		<del>-   -</del>		
3		ndation has been in existence if les		3		1.047835
	number of years the fou	indulti iles deen in existence ii es	is their o years			
4	Enter the net value of no	oncharitable-use assets for 2014 fr	om Part X, line 5	4		70,216.
5	Multiply line 4 by line 3			5		73,575.
Ĭ	. •					
6		ent income (1% of Part I, line 27b)		6	<u>, — — — — — — — — — — — — — — — — — — —</u>	
7	Add lines 5 and 6			7		73,575.
8	Enter qualifying distribut If line 8 is equal to or gent VI instructions.	tions from Part XII, line 4 greater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	18,464.

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	stru	ctions	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	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			0
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			<del>-</del>
5	188 based on investment income. Subtract time 4 from time 5. if action less, called 10			<u>_</u>
6	Credits/Payments:			
8	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
þ	Exemple for eight organizations - (ax with text at source			
C	Tax paid with application for extension of time to the front coop,			
	Backup withholding erroneously withheld			0
7	Total creats and payments. Add lines on the desired in the second of the			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0
9				
10 11	Overpayment, if line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
_	Instructions for the definition)?	15		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.	ı		
c	Did the foundation file Form 1120-POL for this year?	16		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	ļ		1
	(1) On the foundation. > \$(2) On foundation managers > \$	- 1		
9	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			İ
	foundation managers. ► \$	- 1		١
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 of			J
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		_^
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b_		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		├~
	if "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		х	
_	conflict with the state law remain in the governing instrument?	7	×	<del>                                     </del>
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	•		1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
0	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	х	
_	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	_ <del></del>		t T
9	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		x
4.5	•			1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		x
_	INDIAN ALLA AND AND AND AND AND AND AND AND AND AN		A DE	(2044)

Pai	rt VII-A Statements Regarding Activities (continued)			<u> </u>
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			
14	The books are in care of ▶ MS. DANIELLE RYAN O'REILLY Telephone no. ▶ 219-977	-775	8	
	Located at ▶ONE BUFFINGTON HARBOR DRIVE GARY, IN ZIP+4 ▶ 46406			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		🗲	Ш
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If			
	"Yes," enter the name of the foreign country ▶			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	<del></del>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 8	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	. 1	1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	(3) Furnish goods, Services, or racines to (ar accept ment non) a disquamed person,			i
	(4) by compensation to, or pay or terminal and expension product the payor terminal product to the payor terminal and the payor terminal product to the payo			
	(5) Transfer any Income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		i	ļ
	the benefit or use of a disqualified person)?			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
	b if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	}	X
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
4	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years ▶			
ı	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	ا		
	all years listed, answer "No" and attach statement - see instructions.)	2b	<del>                                     </del>	<b></b>
(	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_				
3:	a 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 2014 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	Ì		
	foundation had excess business holdings in 2014.)	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2014?	4b	<u></u>	Х
	Fo	m 99	0-PF	(2014)

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid Employ	/ees,
3 Five highest-paid independent contractors for professional services (see ins	tructions). If none, enter "NONE	u
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year, include relevant statistics organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al Information such as the number of	Expenses
1 N/A		
2		<del></del>
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 NONE		
2		<del></del>
All other program-related investments. See instructions.		
3 NONE		
Total. Add lines 1 through 3	<b>&gt;</b>	

	BU-FF (2014)		rege U
Part	Minimum Investment Return (All domestic foundations must complete this part. Foreignee instructions.)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
a	Average monthly fair market value of securities	1a	
ь	Average of monthly cash balances	1b	71,285.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c) ,	1d	71,285.
0	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	71,285.
4	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	1,069.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	6	70,216.
6	Minimum investment return. Enter 5% of line 5	6	3,511.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ □ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	3,511.
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.)		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		3,511.
4	Recoveries of amounts treated as qualifying distributions	4	1,475.
5	Add lines 3 and 4.	5	4,986.
6	Deduction from distributable amount (see instructions).	6	<u> </u>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	4,986.
		<del></del>	
Par	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	14,864.
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	3,600.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	18,464.
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)	6	O
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,464.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when a qualifies for the section 4940(e) reduction of tax in those years.	alculating wh	nether the foundation

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Pa	rt XIII Undistributed Income (see instru	ctions)			
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7 ,				4,986.
2	Undistributed income, if any, as of the end of 2014.				
a	Enter amount for 2013 only				<u> </u>
ь	Total for prior years: 20 12 ,20 11 ,20 10				
3	Excess distributions carryover, if any, to 2014:				
a	From 2009				
ь	From 2010				
c	From 2011				
d	From 2012	ļ			
e	From 2013 13,867.				
1	Total of lines 3a through e	13,867.			
4					
	line 4: ▶ \$ 18,464.				
а	Applied to 2013, but not more than line 2a				
	Applied to undistributed income of prior years				
U	(Election required - see instructions)	İ			
_	Treated as distributions out of corpus (Election				
C	required - see instructions)				
a	Applied to 2014 distributable amount				4,986.
	Remaining amount distributed out of corpus	13,478.			
5	Excess distributions carryover applied to 2014				<del>                                     </del>
•	(If an amount appears in column (d), the same				
6	emount must be shown in column (a).) Enter the net total of each column as				
	indicated below:				
8	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	27,345.		<u> </u>	ļ
b	Prior years' undistributed income. Subtract		ł		{
	line 4b from line 2b Enter the amount of prior years' undistributed				<del> </del>
G	income for which a notice of deficiency has		ļ		
	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				<del></del>
•	Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see				
	instructions		<del></del>		<del> </del>
f	Undistributed income for 2014. Subtract lines		İ		
	4d and 5 from line 1. This amount must be				1
	distributed in 2015		<del>  -</del>		<del> </del>
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				1
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)		<u> </u>	<del></del>	
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see Instructions)		<del> </del>	<del></del>	<del> </del>
9	Excess distributions carryover to 2015.	27,345.	[		
	Subtract lines 7 and 8 from line 6a	2.,010.	<del></del>		<del> </del>
10	Analysis of line 9:	,	]		1
a	Excess from 2010		]		
b	Excess from 2011		1		1
C	Excess from 2012		1		1
d	EALC33   O    2013				
_ 8	Excess from 2014 13, 4/8.		<u> </u>		<u> </u>

Рa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, questi	<u>ion 9)</u>	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t It is a private oper	ating	
	foundation, and the ruling	g is effective for 2014, e	nter the date of the ruling		▶L	
b	Check box to indicate v		is a private operating		section 4942	2(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	<del></del>	(e) Total
	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	I or the minimum investment return from Part X for each					
	year listed				<u> </u>	
b	85% of line 2a				<u></u>	_
c	Qualifying distributions from Part					
	XII, line 4 for each year listed .				<u> </u>	
d	Amounts included in line 2c not used directly for active conduct					
	of exempt activities	ļ. <u></u>			ļ	<del></del>
e	Qualifying distributions made					
	directly for active conduct of exempt activities. Subtract line					
_	2d from line 2c				ļ	
3	Complete 3a, b, or c for the alternative test relied upon.					
3	"Assets" afternative test - enter					
	(1) Value of all assets		_ <del></del>	<u> </u>	<del> </del>	<del></del>
	(2) Value of assets qualifying under section					
_	4942(j)(3)(B)(i)			<del> </del>		_
D	"Endowment" alternative test- enter 2/3 of minimum civest-					
	ment return shown in Part X	at II				
	line 6 for each year listed					<del></del>
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income		İ			
	(interest, dividends, rents, payments on secunios	Ì				
	loans (section 512(a)(5)).					
	or royaltes), (2) Support from general		<u>                                     </u>	<del> </del>	<del> </del>	
	public and 5 or more		ļ			
	exempt organizations as provided in section 4942		ŀ			
	(3) Largest amount of sup-					<del></del>
	port from an exempl					
	organization		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Ρa		ntary Information (	Complete this par	t only if the foun	dation had \$5,00	0 or more in assets
	at any tim	e during the year -s	ee instructions.)			
1	Information Regarding	g Foundation Manage	rs:			
а		the foundation who y tax year (but only if t				eived by the foundation ().)
	N/A				. <u></u> .	
b	List any managers of	the foundation who	own 10% or more of	of the stock of a con	poration (or an equ	ally large portion of the
	ownership of a partne	rship or other entity) o	r which the roundation	n nas a 10% or greate	ir interest.	
	4-					
_	N/A Information Regardin	- Committee Committee	Cift Loss Cabalass	hin eta Orogenma:		
2					** - *	
	Check here ► if	the foundation only	makes contributions	to preselected characters at a state of the contracted characters.	ritable organization: ctions) to individuals	s and does not accept s or organizations under
		plete items 2a, b, c, ar				, or organizations of the
	The name, address, a			the person to whom a	pplications should be	addressed:
C	The form in which app	dications should de su	mulicus en a micinist	on and materials (119)	7 31100K IIKUUS.	
_	: Any submission dead	lines:				
_	Any restrictions or factors:	limitations on awards	, such as by geogr	aphical areas, charit	able fields, kinds o	of institutions, or other

rt XV Supplementary Information Grants and Contributions Paid Du	(continued)	oved for F	uture Payment	
Recipient	if recipient is an individual,	Foundation		
Name and address (home or business)	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Paid during the year	Er Substantial Culturation			
NDIANA STATE UNIVERSITY	NONE	PC	CHARITABLE	1,00
00 NORTH SEVENTH STREET		1		·
ERRE HAUTE, IN 47809				
			1	
ROWN MACKIE COLLEGE	NONE	PC	CHARITABLE	4*
000 E. BOTH PLACE				
•••• = • • • • • • • • • • • • • • • •				
ERRIVILLE, IN 46410			1	
UMM2 1 20320			1	
NDIANA UNIVERSITY NW	NONE	PC	CHARITABLE	1,00
400 BROADWAY				_, .
400 BROADWAI		1		
ARY, IN 46408				
AKI, IN 10100			1	
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T.A.1		<u> </u>	▶ 3a	2,4
Total	<u> </u>	<del></del>		
a Approved for future payment				
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			1	
			<u> </u>	
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	I	ı	1	

Page 12

Part XVI	A Analysis of Income-Produ	icing Activ	vities			
	amounts unless otherwise indicated.		ated business income	Excluded b	y section 512, 513, or 514	(e)
1 Program	service revenue;	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
•						(000 1100 000 0101
		· <del></del>				
+ <u> </u>						
g Fees	and contracts from government agencles					
2 Member	ship dues and assessments			L		
3 Interest o	on savings and temporary cash investments		<u></u>	<u> </u>		
4 Dividend	Is and interest from securities					
6 Net rent	al income or (loss) from real estate:	ļ		<u> </u>		
a Debt	-financed property			<u> </u>		
b Not o	febt-financed property					
	l income or (loss) from personal property			<del> </del>		
7 Other in	vestment income , , , ,			14	55.	
-	ioss) from sales of assets other than inventory		<u></u>	<u> </u>		
9 Net inco	me or (loss) from special events				<u> </u>	
10 Gross p	rofit or (loss) from sales of inventory			ļ		30 500
	venue; a OTHER REVENUE			<del> </del>		30,500.
				<del> </del>		
		ļ <u>-</u>		<del> </del>		
d			<u> </u>	<del> </del>	<del></del>	
•		ļ		<del> </del>	55.	30,500.
	i. Add columns (b), (d), and (e)			ــــــــــــــــــــــــــــــــــــــ	L	
13 Total. A	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc	· · · · ·		• • • • • •	13	30,333.
(See works	B Relationship of Activities	to the Ac	complishment of Ex	emnt Durr	10806	
	i (		<del></del>			
Line No.	Explain below how each activit					
₩	accomplishment of the foundation	on's exemp	ot purposes (other than	py brovidini	g tunds for such purpose	s). (See Instructions.)
11	FUNDRAISER WAS HELD	TO RAISE	E FUNDS FOR GENE	RAL OPE	RATING	<del></del>
	PURPOSES OF THE FOUND					
			<u> </u>			
			<del></del>			
			<del></del>			
			· <u> </u>			

Exempt Organization S  1 Did the organization directly or indivectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, retaining to political organizations?  3 Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash.  (2) Other assets.  5 Dother transactions  (1) Sales of assets from an oncharitable exempt organization.  (2) Purchases of assets from an oncharitable exempt organization.  (3) Rental of facilities, equipment, or other assets.  (4) Reimbursement arrangements  (5) Loans or loan guarantees.  (6) Performance of services or membership or fundraising solicitations.  (7) Sales of the above is "Yes" complete the following schedule. Column (b) should always show the fair marke value or the goods, other assets, or services given by the reporting foundation. If the foundation directly or indirectly affiliated with, or related to, one or more tex-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) If Yes any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services given by the reporting foundation. If the foundation directly or indirectly affiliated with, or related to, one or more tex-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) If Yes any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received (b) Lies no (b) Annual involved (c) Name of nonchantable exempt organization (e) Description of transfers, transactions, and sharing arrangements (b) If Yes (c) organization (e) Description of individuals and the second of the code (other than section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (b) If Yes (c) Nonchantable arrangement (b) If Yes (c) Nonchantable arrangement (b) If Yes (c) Nonchantable arrangemen	Form 990-PF (2	(014)	ECIER FO	OUNDATION				46-248	3045	Pa	e 13
section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash. (2) Other assets. (1) Sales of assets to a noncharitable exempt organization. (3) Seles of assets to a noncharitable exempt organization. (4) Purchases of assets from a noncharitable exempt organization. (5) Seles of assets to a noncharitable exempt organization. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) Seles of facilities, equipment, making lists, other assets, or paid employees. (8) Performance of services or membership or fundraising solicitations. (9) Performance of services or membership or fundraising solicitations. (1) Seles of facilities, equipment, making lists, other assets, or paid employees. (1) If the answer to any of the above is "fes," complete the following schedule. Column (b) should always show the far marke value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received shan fair marke value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (i) time to be appeared to the services of the goods, other assets, or services received (ii) time to be appeared to the services of the goods, other assets, or services received (iii) time perpared to the services of the goods, other assets of experiments of the services of the goods, other assets of the goods of the services of the goods of the services of the goods of the services of the goods of the goo	Part XVII			ansfers To and	Transacti	ons an	d Relations	ships With None	charita	able	
a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash.  (2) Other assets.  b Other transactions (1) Sales of assets to a noncharitable exempt organization.  (3) Serials of sasets from a noncharitable exempt organization.  (4) Reimbursement arrangements.  (5) Loans of loan guarancies.  (6) Loans or loan guarancies.  (6) Performance of services or membership or fundraising solicitations.  (7) Sales of facilities, equipment, anding lists, other assets, or paid employees.  (8) Reimbursement arrangements.  (9) Performance of services or membership or fundraising solicitations.  (9) Performance of services or membership or fundraising solicitations.  (15) Loans or loan guarancies.  (16) Exemption of facilities, equipment, anding lists, other assets, or paid employees.  (17) Line is the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair marke value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (b) Line is.  (10) Mame of organization.  (10) N/A.  (11) N/A.  (12) Performance of transactions or individual accordance and interests and interests and advances and ad	ın secti	ion 501(c) of the Co			_		-			Yes	No
(2) Other transactions  (1) Sales of assets for a noncharitable exempt organization.  (1) Sales of assets from a noncharitable exempt organization.  (2) Purchases of assets from a noncharitable exempt organization.  (3) Rentab of facilities, equipment, order assets  (4) Reimbursement errangements  (5) Loans or loan guarantees.  (6) Performance of services or membership or fundraising solicitations.  (6) Performance of services or membership or fundraising solicitations.  (7) Sales of	_		ng foundation to	a noncharitable ex	empt organi	ization of	•				
D Other transactions  (1) Sales of assets to a noncharitable exempt organization.  (2) Purchases of assets from a noncharitable exempt organization.  (3) Rental of facilities, equipment, or other assets  (4) Reimborsement arguments  (5) Loans or loan guarantees.  (6) Performance of services or membership or fundraising solicitations  (7) Sales of facilities, equipment, mailing lists, other assets, or paid employees  (8) Performance of services or membership or fundraising solicitations  (9) Performance of services or membership or fundraising solicitations  (1) Sales of facilities, equipment, mailing lists, other assets, or paid employees  (8) Ferformance of services or membership or fundraising solicitations  (9) Salaring of facilities, equipment, mailing lists, other assets, or paid employees  (9) Salaring of facilities, equipment, mailing lists, other assets, or paid employees  (9) Salaring of facilities, equipment, mailing lists, other assets, or paid employees  (9) Salaring of facilities, equipment, mailing lists, other assets, or paid employees  (9) Salaring of facilities, equipment, mailing lists, other assets, or paid employees  (9) Salaring of facilities, equipment, mailing lists, other assets, or paid employees  (9) Salaring of facilities, equipment, mailing lists, other assets, or paid employees  (9) Salaring of facilities, equipment, mailing lists, other assets, or paid employees  (9) Salaring of facilities, equipment, mailing lists, other assets, or paid employees  (9) Salaring of facilities, equipment, mailing lists, other assets, or paid employees  (9) Salaring of facilities, equipment, mailing lists, other assets, or services because the salaring lists, other assets, or paid employees  (9) Salaring of facilities, equipment, mailing lists, other assets, or paid employees  (9) Salaring of facilities, equipment, and salaring arrangement, show in column (d) the value of the goods, other assets, or services received  (9) Salaring of facilities of the salaring arrangement, show in column (d) the valu									1a(1)		
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(2) Purchases of assets from a noncharitable exempt organization.  (3) Rental of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guarantees  (6) Performance of services or membership or fundraising solicitations  (6) Performance of services or membership or fundraising solicitations  (7) Electromance of services or membership or fundraising solicitations  (8) Performance of services or membership or fundraising solicitations  (8) Performance of services or membership or fundraising solicitations  (8) Performance of services of the above is "Yes," complete the following schedule. Column (b) should always show the fair marke value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair marke value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Line no (b) Amenut invited (c) Name of nonchantable exempt enganization (d) Description of transfers, transactions, and sharing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations (d) Description of transfers, transactions, and sharing arrangements  N/A  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations (d) Description of transfers, transactions, and sharing arrangements  N/A  N/A  10 If the analysis of transfers, transactions of transfers, transactions, and sharing arrangements  N/A  11 If the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations  (a) Description of transfers, transactions, and sharing arrangements  N/A  N/A  11 If the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations  (b) Type of organization  (c) Description of transfers, transactions organizations organizations  (d) Description of transfers, transactions organizations  (e) Name of		=	ncharitable eve	mot organization					1h/1\		х
(3) Rental of facilities, equipment, or other assets (4) Reimburssment arrangements (5) Loans or loan guarantees, (6) Performance of services or membership or fundraising solicitations. (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) Ending of facilities, equipment, mailing lists, other assets, or paid employees (8) It the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair marke value of the goods, other assets or services given by the reporting foundation. If the foundation received less than fair marke value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (o) Line so (b) Line so (b) Line so (b) Line so (c) Line so (d) Line solution for transfers, transactions, and sharing arrangements (d) Line solution for transfers, transactions, and sharing arrangements (d) Line solution for transfers, transactions, and sharing arrangements (d) Line solution for transfers, transactions, and sharing arrangements (d) Line solution for transfers, transactions, and sharing arrangements (e) If "Yes," complete the following schedule (b) Type of organization (c) Description of transfers, transactions and sharing arrangements (e) Name of organization (e) Description of transfers, transactions and sharing arrangements (e) Name of organization (e) Description of transfers, transactions and sharing arrangements (e) If "Yes," complete the following schedule (b) Type of organization (c) Description of transfers, transactions and the following schedule (e) Type of organization (e) Description of transfers, transactions and transfers are any transfers and to the best of my knowledge and beed, if is transfers any transfers and transfers are any transfers and to the best of my knowledge and beed, if is transfers transactions of propagate problems of propagate principles and propagate problems and transfers are any transfers and transfers and transactions and transfers ar	(2) Pur	chases of assets from	om a noncharita	able exempt organiza	ition	· · · · ·			1b(2)		
(4) Reimbursement arrangements (5) Loans or loan guarantees											
(a) Performance of services or membership or fundraising solicitations.  (b) Performance of services or membership or fundraising solicitations.  (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees  (d) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (e) Line no. (b) Amount involved  (c) Line no. (b) Amount involved  (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (d) Description of relationship  (e) Des											
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(a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (e) Description of relationship  (e) Description of relationship  (f) Type of organization  (g) Description of relationship  (h) Type of organization	value o	of the goods, other	assets, or serv	ices given by the re	eporting fou	indation.	If the found	ation received less	than fa	air m	arket
2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?		<del></del>	T				<del></del>				
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?		N/A				N/A					
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?									<u>.</u>	_	
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described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
(a) Name of organization (b) Type of organization (c) Description of relationship  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and betef, it is true correct and complete Declaration of preparer (other than taicayer) is based on all information of which preparer has any knowledge  Sign Here  Primity perparer's name Preparer Patrick Burke Patrick Burke Patrick Burke Primis name Primity perparer's name Primis name Primis address Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Patrick Burke Primis address Primis address Patrick Burke Primis address Primis address Patrick Burke Primis address Primis address Primis address Patrick Burke Primis address Primis address Primis address Patrick Burke Primis address Primis address Patrick Burke Primis address Primis address Primis address Patrick Burke Primis address Primis address Primis address Primis address Primis address Patrick Burke Primis address Primi									Ye	s X	] No
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and betef, it is true correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Namily   State   S	b If "Yes					·····		/-\ D\			
Sign Here    Correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   May the RS discuss this return with ind preparer shown below (see instructions)?		(a) Name of organization	<u> </u>	(b) Type or c	organization			(c) Description of relation	smp		
Sign Here    Correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   May the RS discuss this return with ind preparer shown below (see instructions)?											
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Here Signature of officer or trustee  Paid Paid PATRICK BURKE Preparer Fitm's name FRIEDMAN & HUEY ASSOC. LLP Firm's address Firm's address Firm's address Firm's address Firm's address Fried Signature of officer or trustee  Preparer Fittle  Date  Check if PTIN PO0010768 P00010768 P00010768 Fittle  Check if PTIN PO0010768 P00010768 Ponne no 708-799-6800	corre							to the best of my knowled	ge and be	erer, it	is true
Paid Print/Type preparer's name Preparer PATRICK BURKE PRIEDMAN & HUEY ASSOC. LLP Firm's address 1313 WEST 175TH STREET HOMEWOOD, IL 60430 Phone no 708-799-6800	Sìgn 🖌	h)a. illi	R. OF	Ella 5/8/2	015	IP	EASURE	May the R			
Paid         PATRICK         BURKE         John Die         05/07/2015 self-employed         P00010768           Preparer         Film's name         ▶ FRIEDMAN & HUEY ASSOC. LLP         Film's EIN         ▶ 36-3382360           Use Only         Film's address         ▶ 1313 WEST 175TH STREET         HOMEWOOD, IL         60430         Phone no         708-799-6800	Here Gia	pature of officer or trustee	100 C/	Date			<u>Chiquies,</u>			י ר	X No
Paid         PATRICK         BURKE         John Die         05/07/2015 self-employed         P00010768           Preparer         Film's name         ▶ FRIEDMAN & HUEY ASSOC. LLP         Film's EIN         ▶ 36-3382360           Use Only         Film's address         ▶ 1313 WEST 175TH STREET         HOMEWOOD, IL         60430         Phone no         708-799-6800				1				<u> </u>			
Preparer   Film's name   FRIEDMAN & HUEY ASSOC. LLP   Film's EIN   36-3382360	Paid	1		Preparer support	Fulla		1	10			
Use Only Firms address ► 1313 WEST 175TH STREET HOMEWOOD, IL 60430 Phone no 708-799-6800				ATTU !	Cypie -		05/07/:	<del>,                                    </del>			5 <b>B</b>
HOMEWOOD, IL 60430 Phone no 708-799-6800	•	4			P			Firm's EIN > 36-3	38236	U	
	OSE OHIY					60	1430	Phone po 708-7	99-68	300	
					<u> </u>			1 1 110110 110			(2014)

# FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

REVENUE NET AND INVESTMENT PER BOOKS INCOME	55. 55.	55.
		TOTAL
DESCRIPTION	BMO HARRIS BANK N.A.	

46-2483045

ATTACHMENT 2

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION

MOVIE PREMIERS INCOME

REVENUE AND

**EXPENSES** 

PER BOOKS

30,500.

TOTALS

30,500.

ATTACHMENT 3 PAGE 16

3		CHARITABLE	215.	215.
ATTACHMENT 3		ADJUSTED NET INCOME		
		NET INVESTMENT INCOME		
		REVENUE AND EXPENSES PER BOOKS	215.	215.
	FORM 990PF, PART I - LEGAL FEES			TOTALS
	FORM 990PF, PA	DESCRIPTION	LEGAL FEES	

ATTACHMENT 4

ATTACHMENT 4 PAGE 17

CHARITABLE	662.	662.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	662.	662.
REVENUE AND EXPENSES PER BOOKS	1,324.	1,324.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ഗ

ATTACHMENT

ATTACHMENT 5 PAGE 18

	REVENUE AND EXPENSES PER BOOKS 12,896. 1,876. 3,529. 1,315. 1,364. 1,998.
FORM 990PF, PART I - OTHER EXPENSES	DESCRIPTION MOVIE PREMIER EXPENSES OFFICE SUPPLIES STUDENT PROGRAMS INSURANCE MEALS & ENTERTAINMENT PROMOTIONS-GIFTS

CHARITABLE

10,260.

23, 156.

TOTALS

		ı		
		ENDING	1,000.	1,000.
ATTACHSENT 6	ACCUMULATED DEPRECIATION DETAIL	DISPOSALS	,	
	HULATED DEPRE	ADDITIONS DISPOSALS	1,000.	
	ACCU	BEGINNING		
		ENDING	3,600.	3,600,
		1	•	
	PIXED ASSET DETAIL	ADDITIONS DISPOSALS		
	FIXED AS	ADDITIONS	3,600.	
		BALANCE		
		METHOD/ CLASS	18	
		ASSET DESCRIPTION	COMPUTER SOFTWARE	TOTALS

ATTACHMENT 6 PAGE 19

9049HC A285 5/7/2015

11:55:51 AM

EC51000

ATTACHMENT

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ECIER FOUNDATION

NAME AND ADDRESS

SEE STMT ATTACHED - ALL PART TIME 303 W 80TH PLACE

14075 MERRILLVILLE, IN 46411-4075

11:55:51 AM V 14-4.6F 9049HC A285 5/7/2015

EC51000

# **ECIER Foundation Board Directory**

# **Officers**

### **Chairman of the Board & President**

**Chareice White** 

303 West 80th Place

#14075

Merrillville, IN 46411

Work: (219) 977-7932

Fax:

(219) 977-7891

Cell:

(219) 629-4268

ECIER: (219) 663-9715 ecier2013@comcast.net

D.O.B. July 9

Majestic Star Casino

Director of Government, Community & Public Relations

PUL PAGT-TIME NOT COMPENSATED

### **Treasurer**

Danielle Ryan O'Reilly

1092 North County Line Road

Westville, IN 46391

Phone: (219) 977-7758

Fax:

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D.O.B. December 28

Majestic Star Casino

**Financial Accounting Manager** 

### Vice President

**Renee Connelly** 

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rconnelly@boydasphalt.net

D.O.B. March 12

**Boyd Asphalt** 

Regional Marketing Director

### <u>Secretary</u>

Johnnie Mae Gaddy

8718 Monroe Street

Merrillville, IN 46410

Office: (219) 738-3500 or 738-5539

Cell: (219) 718-5612

itcadg@att.net

D.O.B. May 8

**Methodist Hospital** 

**Physical Therapist** 

## **Board of Directors**

O'Merrial Butchee

1440 East 35<sup>th</sup> Ave Gary, IN 46409 Office: (219) 981-4942

(219) 981-4823

Cell: (219) 742-4783 obutchee@ivytech.edu

D.O.B. April 23

**IVY Tech Community College** 

Director, Gerald I. Lampkin Innovation & Entrepreneurship Center

Teresa Bulza

7250 Indianapolis Blvd Hammond, IN 46324 Cell (219) 688-6046 Teresa.bulza@bmo.com D.O.B. October 11 **BMO Harris Bank** 

**Kevin Jones** 

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kvjones@outlook.com
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**Merrill Lynch** 

Global Private Client Financial Advisor

James Muhammad

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Cell:

imuhammad@lakeshorrepublicmedia.org

D.O.B.

Lakeshore Public Media

**President & CEO** 

**Cheryl Nicksic** 

7212 Indianapolis Blvd Hammond, IN 46324 Cell (219) 712-5296 cnickisic@cdecollisioncenters.com D.O.B. October 8 **CDE Collison Center** 

### Chelsea Whittington

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Cell: (219) 712-3182
cwhittington@ci.gary.in.us

D.O.B. March 30

### **City of Gary**

**Director of Communications** 

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Publisher

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D.O.B. January 31

### **Purdue University Calumet**

**Director Center of Entrepreneurship Success** 

### **Sharia Towsend**

1350 West 94<sup>th</sup> court Crown Point, IN Cell (817) 805-6181 shariat@aol.com D.O.B. December

### **Out of State**

### Abuhassanali Young

25787 Kristel Court Chesterfield, MI 48051 Cell: (586) 549-7511 ayoungsr@att.net D.O.B. December 1

### **Kenneth Harris**

19516 Lake Lynwood Drive Lynwood, IL 60411 Office: (219) 977-7906 Cell: (219) 381-8479 kharris1014@gmail.com D.O.B. October 14