

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





### **Return of Private Foundation**

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service For calendar year 2015 or tax year beginning and ending Employer identification number Name of foundation 35-2052617 BECK FOUNDATION, INC Room/suite Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 317-984-3508 6401 E 276TH ST City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here IN 46031 **ATLANTA** Initial return Initial return of a former public charity 1 Foreign organizations, check here G Check all that apply Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization |X| Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation X Cash Accrual I Fair market value of all assets at J Accounting method If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 2,637,490 (Part I, column (d) must be on cash basis ) line 16) ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per amounts in columns (b), (c), and (d) may not necessarily equal purposes income income books the amounts in column (a) (see instructions) ) 257,597 Contributions, gifts, grants, etc., received (attach schedule) Check ► | if the foundation is not required to attach Sch B 2 12,355 12,355 Interest on savings and temporary cash investments 3 37,609 37,609 Dividends and interest from securities 4 25,313 SCANNED DEC 5a Gross rents 21,587 Net rental income or (loss) 34,821 Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a 595,416 34,821 Capital gain net income (from Part IV, line 2) 7 0 Net short-term capital gain q Income modifications 0 10a Less Cost of goods 500 ED **6**3 b Gross profit or (loss) (attach schedule) c Other decome (attach schedule)
Total. Add lines 1 through 11 11 Ç ώ 0 367,695 84,785 12 Compensation of officers, 13 Operating and Administrative Expenses Other employee salaries 14 Pension plans, employee benefits 15 16a Legal fees (attach schedule) 600 600 Stmt 1 Accounting fees (attach schedule) Other professional fees (attach schedule) С 17 4,688 Stmt 2 8,414 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 689 20,550 19,861 Stmt 3 23 Other expenses (att sch ) Total operating and administrative expenses. 5,977 29,564 19,861 Add lines 13 through 23 341,888 341,888 25 Contributions, gifts, grants paid 5,977 341,888 Total expenses and disbursements. Add lines 24 and 25 371,452 19,861 26 27 Subtract line 26 from line 12 -3,757 Excess of revenue over expenses and disbursements 64,924 Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

9-28

	art I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_	CH ICH	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			
- }	2	Savings and temporary cash investments	688,494	164,118	164,118
- {	3	Accounts receivable ▶		1	
- 1		Less allowance for doubtful accounts ▶			
- 1	4	Pledges receivable ▶		į	
- 1		Less allowance for doubtful accounts ▶			
- 1	5	Grants receivable			
ı	6	Receivables due from officers, directors, trustees, and other		Į.	
- {		disqualified persons (attach schedule) (see		ł	
1		instructions)			
1	7	Other notes and loans receivable (att. schedule)		Ī	
1		Less allowance for doubtful accounts ▶ 0			
छ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U S and state government obligations (attach schedule)			
]	b	Investments – corporate stock (attach schedule) See Stmt 4	369,089	402,037	460,748
J	С	Investments – corporate bonds (attach schedule) See Stmt 5	243,197	239,257	227,467
- }	11	Investments – land, buildings, and equipment basis ► 750,170			
- }		Less accumulated depreciation (attach sch ) ▶ Stmt 6	750,170	750,170	719,900
ļ	12	Investments – mortgage loans			
ļ	13	Investments – other (attach schedule) See Statement 7	694,331	1,185,942	1,065,257
1	14	Land, buildings, and equipment basis			
- 1		Less accumulated depreciation (attach sch.)			
1	15	Other assets (describe ▶ )			
- }	16	Total assets (to be completed by all filers – see the			
		instructions Also, see page 1, item I)	2,745,281	2,741,524	2,637,490
$\exists$	17	Accounts payable and accrued expenses			
- 1	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
=	22	Other liabilities (describe ▶ )			
- 1	23	Total liabilities (add lines 17 through 22)	0	0	
$\exists$		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.		Ì	
nces	24	Unrestricted	2,745,281	2,741,524	
a B	25	Temporarily restricted			
or Fund Bala	26	Permanently restricted			
림		Foundations that do not follow SFAS 117, check here			
띡		and complete lines 27 through 31.	Ì		
ō	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
7	30	Total net assets or fund balances (see instructions)	2,745,281	2,741,524	
ž	31	Total liabilities and net assets/fund balances (see			
ļ		instructions)	2,745,281	2,741,524	
	Part I	II Analysis of Changes in Net Assets or Fund Balances			<del></del> _
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 30 (mu	ist agree with		
		of-year figure reported on prior year's return)		1	2,745,281
2		r amount from Part I, line 27a		2	-3,757
		r increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	2,741,524
5		eases not included in line 2 (itemize)		5	
_6		net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (	(b), line 30		2,741,524
_					Form 990-PF (2015)

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income			
	ribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a See Worksheet					
b			<del> </del>		<u> </u>
<u>c</u>			<del> </del>		<del></del>
d			<del> </del>		
- <del>e</del>			<del>!</del>		<del></del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		in or (loss) (f) minus (g)
_a	<del></del>		- <del></del>	<del></del>	
- <u>b</u>					
d d					<del> </del>
e				<del></del>	
<del></del>	g gain in column (h) and owned by the fo	undation on 12/31/6	69	(I) Gaine (Ci	ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (1) (j), if any	col (k), but no	of (if) gair fillios of less than -0-) or from col. (h))
a					
b					<del></del>
C					
d					
е					
2 Capital gain net income or (net c	apital loss)  If gain, also enter in If (loss), enter -0- in	Part I, line 7	2		34,821
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (6	<del></del>			
· •	, column (c) (see instructions) If (loss), e	· —	1		
Part I, line 8			3		-20,716
Part V Qualification U	nder Section 4940(e) for Reduc	ed Tax on Net	Investment Income		
If section 4940(d)(2) applies, leave the	e foundations subject to the section 4940 his part blank	(a) tax on not invost	ment meeme y		
	tion 4942 tax on the distributable amoun	t of any year in the t	pase period?		Yes X No
	lify under section 4940(e) Do not comple each column for each year, see the instr	<del></del>	ng anv entries		
(a)	(b)		(c)	T	(d)
Base period years Calendar year (or tax year beginning in	Advisted avalitions distributions	Net value	of noncharitable-use assets		stribution ratio ) divided by col. (c))
2014		,650	2,871,96	2	0.264506
2013	592	,431	1,988,59	6	0.297914
2012	254	,012	944,81	8	0.268848
2011	214	,842	637,11		0.337212
2010	157	,674	643,73	0	0.244938
				1 1	
2 Total of line 1, column (d)				2	1.413418
	5-year base period - divide the total on I				0 000604
number of years the foundation h	has been in existence if less than 5 years	•		3	0.282684
4 Enter the net value of noncharita	ble-use assets for 2015 from Part X, line	5		4	2,689,699
					_ <del></del>
5 Multiply line 4 by line 3				5	760,335
6 Enter 1% of net investment incor	me (1% of Part I, line 27h)			6	649
Zino, 770 of not investment filedi					
7 Add lines 5 and 6				7	760,984
8 Enter qualifying distributions from	n Part XII, line 4			8	341,888
	n line 7, check the box in Part VI, line 1b	, and complete that	part using a 1% tax rate	See the	
Part VI instructions					
					Form 990-PF (2015)

orn	m 990-PF (2015) BECK FOUNDATION, INC		35-205261	7			<u>P</u>	age <b>4</b>
P	art VI Excise Tax Based on Investment Income (Section 4940(a),	4940(b), 4940(	e), or 4948 – see ins	tructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check her	re ▶ 🔲 and i	enter "N/A" on line 1	71				
	Date of ruling or determination letter (attach copy	of letter if nec	essary—see instruct	ions)				
b	Domestic foundations that meet the section 4940(e) requirements in Par	t V, check		<u></u>	1		1,	298
	here ▶ and enter 1% of Part I, line 27b			[ ]				
С		ınızatıons enter	4% of	ا لـ				
	Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable for	oundations only	Others enter -0-)		2			0
3	Add lines 1 and 2		· · · · · · · · · · · · · · · · · · ·		3		1.	298
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable for	oundations only	Others enter -0-)		4			0
	Tax based on investment income. Subtract line 4 from line 3. If zero of		Others enter -o-y		5		1.	298
5		1 1633, enter -0-						
6	Credits/Payments	1	o.	1 200				
а		ŀ		1,200				
b		ŀ	6b					
С	Tax paid with application for extension of time to file (Form 8868)	ļ	6c					
d	Backup withholding erroneously withheld	į	6d				_	
7	Total credits and payments Add lines 6a through 6d				7		1,	<u> 200</u>
8	Enter any penalty for underpayment of estimated tax. Check here $X$ if	Form 2220 is a	ttached		8			<u> 11</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount or	wed		▶	9			109
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the a	amount overpa	id	<b>&gt;</b>	10			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax		Refur	ded 🕨	11			
P	art VII-A Statements Regarding Activities							
1a		state, or local l	egislation or did it				Yes	No
	participate or intervene in any political campaign?		·			1a		X
b		for political puri	ooses (see					
-	Instructions for the definition)?	tor pointion part	30000 (500			16		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the act	wities and conv	as of any materials			1.2		
			55 Of any materials					
	published or distributed by the foundation in connection with the activities	5				1	1	x
C	•		11.			1c		-
ď								
	(1) On the foundation > \$ (2) On foundation							
е	, , , , , ,	or political expe	inditure tax imposed					
	on foundation managers 🕨 \$							
2	Has the foundation engaged in any activities that have not previously be	en reported to t	he IRS?			2	ļ	X
	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IR	S, in its governi	ng instrument, articles	of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a c	conformed copy	of the changes			3	<u> </u>	X
4a	Did the foundation have unrelated business gross income of \$1,000 or m	nore during the	year?			4a	X	L
þ						4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the	e year?				5	<u> </u>	X
	If "Yes," attach the statement required by General Instruction T						1 -	
6	Are the requirements of section 508(e) (relating to sections 4941 through	n 4945) satisfied	d either					
	By language in the governing instrument, or					1		
	By state legislation that effectively amends the governing instrument s	o that no mand	atory directions that					
	conflict with the state law remain in the governing instrument?		•			6	X	[
7	Did the foundation have at least \$5,000 in assets at any time during the	vear? If "Yes "	complete Part II. col. (	c), and Pa	rt XV	7	X	
_				o,, a		<u> </u>		
8a	IN	or (see manu	onono, P					
4-		orm 000 DE +c +	he Attorney Concret				1	
b	· · · · · · · · · · · · · · · · · · ·					0.	x	
_	(or designate) of each state as required by General Instruction G? If "No					8b	<del>  ^</del>	<del> </del>
9	Is the foundation claiming status as a private operating foundation within						1	1
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (	see instructions	s for Part XIV)? If "Yes	· ·		_	1	v
	complete Part XIV					9	<b>├</b>	X
10	Did any persons become substantial contributors during the tax year? If	"Yes," attach a	schedule listing their	<b>.</b> .	_	1		1
	names and addresses		<del></del>	Stmt		10	X	<u></u>
	11/15 INT 2	FTP	2 TOT		11	.3 Form 9	90-PI	(2015)

P	art VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	- 1	_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 ▶ SCOTT BECK  Telephone no ▶ 3:	17 - 9	84-	350	8
	6767 E 276TH ST				
		6031			سميم
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here				▶ _
	and enter the amount of tax-exempt interest received or accrued during the year  15		— т	т	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	г		Yes	No
	over a bank, securities, or other financial account in a foreign country?	ļ	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				
	the foreign country ▶  art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<del></del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		1	Vaal	Ma
1a	During the year did the foundation (either directly or indirectly)	}		Yes	No
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes  X	No	1	1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	140			
	disqualified person?	No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes  X	No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes  X	No			
	(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)?	No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				
	foundation agreed to make a grant to or to employ the official for a period after	ŀ		[	
	termination of government service, if terminating within 90 days )	No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	-	1	1	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here	· 🔲 📗			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		- 1		
		A\r	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	.			
	tema no	No	1		
b	If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
5	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to				
		N/A	2b	ĺ	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	-,			<del></del>
	<b>▶</b> 20 , 20 , 20 , 20	1			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any time during the year? $\overline{X}$	No			
b	If "Yes," did it have excess business holdings in 2015 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	l		[	
	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	.		[	
	foundation had excess business holdings in 2015 )	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	[_	4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		- 1	ļ	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4b		<u> </u>
		Fo	m 99	V-PF	(2015)

	Forn	1990-PF (2015) BECK FOUNDATION, INC	35-2	052617			Page <b>6</b>
(1) Carry on propagands, or otherwise attempt to influence legislation (section 4945(e))?  (2) Influence the outcome of any specific public eachion (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an origination of the final an chambable, etc., organization described in section 4945(e)(4)(A)? (see instructions)  (5) Provide of any purpose offer than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (5) Provide for any purpose offer than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) From the revention of cruelty to children or animals?  (7) If yes, a state in the prevention of cruelty to children or animals?  (8) If yes in the prevention of cruelty to children or animals?  (9) If yes, a state the statement required by Regulations disaster assistance (see instructions)?  (9) Organization serving on a current notice regarding disaster assistance (see instructions)?  (1) The animal provide in the completion cruelty of the grant?  (1) If yes, a state the statement required by Regulations section 53 4945-5(s)  (2) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  (3) Press, a differ the syear, was the foundation a party to a prichited tax shefter transaction?  (4) If yes, and the syear, was the foundation of party to a prichited tax shefter transaction?  (5) If yes, and the foundation of the syear, pay premiums, directly or indirectly, on a personal benefit contract?  (6) Na Py Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors  (a) Name and astrass of each encloyee pad more than 55,000  (b) If the animal party of the party o			4720 May Be R	Required (cont	inued)		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of crulety to children or animals.  (6) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of crulety to children or animals.  (7) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of crulety to children or animals.  (8) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of crulety to children or animals.  (9) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of crulety to the prevention of crulety.  (9) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of crulety.  (1) Provide for any purpose other than religious, chantable, scientific, literary, or educations.  (1) Provide for any purpose of an acurrant notice regarding disaster assistance check here.  (2) If the same is "Yes" to Sa(1), 45 the foundation and expenditure responsibility for the grant?  (1) Provide a grant is an investment and expenditure responsibility for the grant?  (2) If the same is "Yes" to Sa(1), 45 the foundation animal expenditure responsibility for the grant?  (3) Provide a grant is an investment and expenditure responsibility for the grant?  (4) No members and expenditure responsibility for the grant?  (5) Provide animals and expenditure responsibility for the grant?  (6) Ditties animals and expenditure responsibility for the grant?  (6) D	5a	During the year did the foundation pay or incur any amount to					
directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chantable, etc., organization described in section 49-6(0)(A)A? (see instructions)  (5) Provide of any purpose other than reliquous, chantable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals?  If any answers is "Yes" to 56(1-6), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A		(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	□ \( \square \)	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chantable, etc. organization described in section 3945(6)(4)(A)? (see instructions).  (5) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruety to children or animals?  1) If any answer is "Yes" to Sa(1)-(6), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see mistructions)?  Corganizations relying on a current notice regarding disaster assistance (see mistructions)?  Organizations relying on a current notice regarding disaster assistance (see mistructions)?  Organizations relying on a current notice regarding disaster assistance (see mistructions)?  Organizations relying on a current notice regarding disaster assistance (see mistructions)?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  Bible the foundation, during the year, receive any flunds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes to 6, file Form 8870  A lary time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Ves X No  If "Yes to 6, file Form 8870  A lary time during the tax year, was the foundation and party to a prohibited tax shelter transaction?  Ves X No  If "Yes," did the foundation during the party year, regerve any flunds of the foundation of the did the foundation of the flunds of the foundation of the flunds of the foundation of the flunds		(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,				
4  Provide of a grant to an organization other than a charitable, etc. organization described in section 4945(d)(4)A? (see instructions)   SProvide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?   Yes   X No		directly or indirectly, any voter registration drive?		\ \ \ \	'es 🗓 No		•
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 945(d)(14)(A) (cen instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals?  b If any answers "Yes" to 64(-)(-5), did any of the transactions fall to quality under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance of the Kine Regulations relying on a current notice regarding disaster assistance of the Kine Regulations relying on a current notice regarding disaster assistance of the Kine Regulations relying on a current notice regarding disaster assistance of the Kine Regulations relying on a current notice regarding disaster assistance of the Regulations relying on a current notice regarding disaster assistance of the Regulations relying on a current notice regarding disaster assistance of the Regulations relying on a current notice regarding disaster assistance of See instructions?  If "Yes is a not a part of the animalization of the foundation of the previous relations and a part of a prohibited tax shelter transaction?  A large time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes is No  B is "Yes is No  B is "Yes is No  C is The animalization of the large year purpose of the previous		(3) Provide a grant to an individual for travel, study, or other similar purposes?		□ \( \sqrt{1} \) \( \sqrt{1} \)	′es X No	1	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of criedly to children or animals?  b If any answers "Yes" to 64(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945—5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," to 8b, file Form 8870  7a All any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tile, and average to the party of the properties of each employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (b) Tile, and average to the properties of each employee paid more than \$50,000  (c) Compensation  (d) Compensation  (o) Name and address of each employees paid more than \$50,000  (e) Tile, and average to the properties of each employees and deferred broat part week deviced to position to positio			described in				
purposes, or for the prevention of cruelly to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see mistructions)?  Organizations relying on a current notice regarding disaster assistance (see mistructions)?  Organizations relying on a current notice regarding disaster assistance (see mistructions)?  N/A   Yes   No   If Yes, all distance in the statement required by Regulations section 53 4945-5(d)  Bold the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 8b, file Form 8870  A lang time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 All officers, directors, trustees, foundation managers and their compensation (see instructions).  1 All officers, directors, trustees, foundation managers and their compensation (see instructions).  1 All officers, directors, trustees, foundation managers and their compensation (see instructions).  1 All officers, directors, trustees, foundation managers and their compensation (see instructions). If none, enter "NONE."  1 All officers and assistes of each engineer pad more time \$50,000  1 All officers and assistes of each engineer pad more time \$50,000  1 All officers and assistes of each engineer pad more time \$50,000  1 All officers and assistes of each engineer pad more time \$50,000  2 Compensation of five highest-paid employees (other than those included on line 1 –					es X No		
purposes, or for the prevention of cruelly to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see mistructions)?  Organizations relying on a current notice regarding disaster assistance (see mistructions)?  Organizations relying on a current notice regarding disaster assistance (see mistructions)?  N/A   Yes   No   If Yes, all distance in the statement required by Regulations section 53 4945-5(d)  Bold the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 8b, file Form 8870  A lang time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 All officers, directors, trustees, foundation managers and their compensation (see instructions).  1 All officers, directors, trustees, foundation managers and their compensation (see instructions).  1 All officers, directors, trustees, foundation managers and their compensation (see instructions).  1 All officers, directors, trustees, foundation managers and their compensation (see instructions). If none, enter "NONE."  1 All officers and assistes of each engineer pad more time \$50,000  1 All officers and assistes of each engineer pad more time \$50,000  1 All officers and assistes of each engineer pad more time \$50,000  1 All officers and assistes of each engineer pad more time \$50,000  2 Compensation of five highest-paid employees (other than those included on line 1 –		(5) Provide for any purpose other than religious, charitable, scientific, literary, of	r educational		<u> </u>	1 1	
b If any answer is "Yes" to Sal(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question Sal(4), does the foundation daim exemption from the tax because it maintained expenditure responsability for the grant?  If "Yes," attach the statement required by Regulations section 53 4945—(3)  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53 4945—(3)  But the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  If "Yes," did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If yes, the foundation receive any proceeds or have any net income attributable to the transaction?  If yes, the					es X No	1	
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  or if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes" to guestion factorize?  Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to Sti, file Form 8370  Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to Sti, file Form 8370  If "Yes" did the foundation of the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" did the foundation of the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" did the foundation of the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" did the foundation of the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" did the foundation of the year, pay premiums, directly or indirectly, to pay premiums  on a personal benefit contract?  If "Yes" to Sti, file Form 8370  If "Yes" did the foundation of the form 83000 Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  If not premium of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee pad more than \$50,000  Policy and diversion of the foundation of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "Compensation of the foundation of the highest paid employees (other than those included on line 1 – see instructions). If none, enter "Organization of the foundation didentification of the foundation of	ь		ler the exceptions d			1	1
Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" So, the Form 870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address of each employee paid more than \$50,000  2. Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tids, and everage compensation (c) Compensation (					N/A	5b	Ì
c If the answer is "set" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A Yes No If "Yes," attach the statement required by Regulations section 53 4945–5(d)  10 The foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  The form 870 Yes No No If "Yes," do the foundation during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (a) Name and address  (a) Name and address  (a) Name and address of each employee paid more than \$50,000  NONE  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Tills, and swrings (c) Compensation (c) Compens					▶ 🗀		
because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes is No  6b X  If "Yes is No  6c X  If "Yes is No  6c Any immediation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  The Arany time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers, Highly Paid Employees, employees, and deferred compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  1 List all officers, directors, trustees, foundation and address of each employee paid more than \$50,000  1 List all officers, directors, trustees, foundation and address of each employee paid more than \$50,000  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  1 List all officers, directors, trustees, foundation and add	c				- []		
If "Yes," attach the statement required by Regulations section 53 4945–5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction?  Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (b) Tile, and average hours per week devoted to position (if not paid, enter 4-b) (if not paid, enter 4-b) (if not paid, enter 4-b) (our allowance) of a supposition of five highest-paid employees (other than those included on line 1 – see instructions).  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Tile, and average hours per week devoted to position (c) Compensation (c) Compensati	•			N/A 🗀 y	es No		
On a personal benefit contract?  on a personal benefit contract?  if "Yes" to 6b, file Form 8870  A any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  yes ∑ No b If "Yes" to 6b, file Form 8870  A any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  See Statement 9  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tife, and average hours per week devoted to position  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (b) Tife, and average hours per week devoted to position  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (b) Tife, and average hours per week devoted to position  (c) Compensation  (c) Compensation  (d) Compensation  (e) Compensation  (e) Compensation  (other allowances)  (other allowances)				,			
on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  if 'Yes' to bb, file Form 8870  7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tille, and average hours per week devoted to position of the highest-paid employees (other than those included on line 1 – see instructions).  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000  Personal devoted to position of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter experiment pairs and deferred compensation of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter experiment pairs and deferred compensation of the highest-paid employees paid more than \$50,000    None	62	• • •	av premiums				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  A ran y time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tills, and everage hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tills, and everage hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tills, and everage hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tills, and everage hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	Ja		a, promiuma		es X No		
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  N/A 7b  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (b) Tile, and average hours per week devoted to poston of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Tile, and average hours per week devoted to poston of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Tile, and average hours per week devoted to poston of five highest-paid employees and more than \$50,000  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tile, and average hours per week devoted to poston devoted to poston of the adverage bound of the adverage	h		rsonal henefit conti		C3 [ 110	66	x
Total number of other employees paid over \$50,000  At any time duning the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No N/A 7b  In/A 7b  In/A 7b  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Combibutions to employee benefit plains and deferred compensation  (e) Expense account, plains and deferred compensation  (e) Expense account, plains and deferred compensation  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Combibutions to employee benefit plains and deferred compensation  (e) Expense account, plains and deferred compensation  (e) Expense account, plains and deferred compensation  (e) Expense account, plains and deferred compensation  (e) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensation  (g) Combibutions to employee benefit plains and deferred compensation  (e) Expense account, plains and deferred compensation  (e) Expense account plains and deferred compensation  (e) Expense account plains and deferr	U		irsonal benefit conti	act.			—— <del>—</del>
b   fi "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	72	,	nelter transaction?		es X No		
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors					<i></i> . ₁	7h	İ
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devided in position  (c) Compensation (fill not paid, enter -0-)  (e) Expense account, other allowances  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devided in position  (c) Compensation  (d) Contributions to employee benefit passion  (e) Expense account, other allowances  (e) Expense account, other allowances  (o) Expense account, other allowances  Total number of other employees paid over \$50,000  ▶ □							
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tile, and average horus per week devoted to position  (f) not paid, enter -0.1  (d) Contributions to employee benefit plans and deterred compensation  (e) Expense account, other allowances  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tile, and average hous per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterred compensation  (e) Expense account, other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deterred compensation  (e) Expense account, other allowances  NONE  Total number of other employees paid over \$50,000	F		dildation man	agers, riiginiy	i ala Employ	,,	
(a) Name and address (b) Tile, and average hours per week devoted to position  See Statement 9  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tile, and average hours per week devoted to position  (c) Compensation ((c) Compensation ((d) Contributions to employee paid more than \$50,000  (b) Tile, and average hours per week devoted to position  (c) Compensation ((e) Compensation ((d) Contributions to employee period more than \$50,000  (c) Compensation ((e)	1 1		sation (see instruc	tions).			
(a) Name and address (b) Name and address (c) Compensation (f) (not paid, enter 40-) (f) (not pa			1	·	(d) Contributions to	Ţ	
See Statement 9  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Compensation  (e) Expense account, other allowances  NONE  Total number of other employees paid over \$50,000		(a) Name and address			employee benefit		
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position devoted to position the employee benefit plans and deferred compensation other allowances.  (c) Compensation (c) Compensation other allowances count, other allo		(-),				other	allowances
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position devoted to position the employee benefit plans and deferred compensation other allowances.  (c) Compensation (c) Compensation other allowances count, other allo	Se	e Statement 9	<del>                                     </del>		<del> </del>	<b>—</b>	
"NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000			}	}			
"NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000			<del> </del>				
"NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000				1			
"NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000		<del></del>	<del> </del>	<del> </del>	<del></del>		
"NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000				ſ			
"NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000		<del></del>	<del> </del>			<del>                                     </del>	
"NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000							
"NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000		Compensation of five highest paid employees (other than these included	on line 1 – see ins	tructions) If non	e enter		
(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, other allowances  Total number of other employees paid over \$50,000	_		on mic 1 - sec ms	a dollons). Il non	0, 0,110,		
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Hus, per week devoted to position  (c) Compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000			T	<del></del>	(d) Contributions to	Τ	
NONE    devoted to position   pians and deferred compensation		(a) Name and address of each employee paid more than \$50,000		(c) Compensation	employee benefit		
NONE  Total number of other employees paid over \$50,000  ▶ 0		(a) Haine and addition of data on project paid more than 900,000		(-,		other	allowances
Total number of other employees paid over \$50,000 ▶ 0	NIC	INTE	<del> </del>	<del> </del>		<del>                                     </del>	
	N	IN D	}	į.		}	
			<del> </del>			<del> </del>	
				1			
			<del> </del>			<del> </del>	
				1			
			+	<del> </del>	<del> </del>	+	
				}		}	
			<del> </del>	<del> </del>		†	
				1			
	Tota	I number of other employees paid over \$50 000	<del></del>	L	·		1 0
	- 500	Themselve of other employees paid over 900,000					

Form 990-PF (2015) BECK FOUNDATION, INC	35-2052617	Page 7
Part VIII Information About Officers, Directors, and Contractors (continued)	Trustees, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "NONE."	<del></del>
(a) Name and address of each person paid more than \$		(c) Compensation
NONE		
<del></del>		
		1
		1
Total number of others receiving over \$50,000 for professional service	es	<b>N</b>
Part IX-A Summary of Direct Charitable Activities	es	
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers pro-		Expenses
1 NONE		<del></del>
2		
3		
·		
4		
Part IX-B Summary of Program-Related Investment	ments (see instructions)	<u></u>
Describe the two largest program-related investments made by the foundation during the ta		Amount
1 N/A		
·		
2		
All other program-related investments. See instructions		
3		
		1

Total. Add lines 1 through 3

341,888 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., 3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) За b Cash distribution test (attach the required schedule) 3b 341,888 Qualifying distributions, Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) 5 341,888 6 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 4940(e) reduction of tax in those years

Form 990-PF (2015)

Pi	art XIII Undistributed Income	e (see instructions)	<u> </u>			
	,		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part	XI,	Corpus	Years prior to 2014	2014	2015
	line 7	I				133,187
2	Undistributed income, if any, as of the e	nd of 2015				
а	Enter amount for 2014 only					
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to					
а	From 2010	125,607				
b	From 2011	183,402				
С	From 2012	207,185		,		
d	From 2013	494,633				
е	From 2014	617,200				
	Total of lines 3a through e	<u> </u>	1,628,027			
4	Qualifying distributions for 2015 from Pa	rt XII				
	line 4 ▶ \$ 341,888	,				
а	Applied to 2014, but not more than line :	Pa .				
	Applied to undistributed income of prior			<del></del>		
_	(Election required – see instructions)	, 52.5		ľ		
c	Treated as distributions out of corpus (E	lection				***************************************
J	required – see instructions)					
Ч	Applied to 2015 distributable amount					133,187
	Remaining amount distributed out of cor	nue	208,701			133,107
5	Excess distributions carryover applied to		2007702			
•	(If an amount appears in column (d), the					
	amount must be shown in column (a)	Jame				
6	Enter the net total of each column as					
•	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtra	ct line 5	1,836,728			
	Prior years' undistributed income Subtra		2,000,,20			
•	line 4b from line 2b					
c	Enter the amount of prior years' undistrib	nuted				
Ŭ	income for which a notice of deficiency h				ļ	
	been issued, or on which the section 49-					
	tax has been previously assessed	+ <b>Σ</b> ( <b>α</b> )				
Н	Subtract line 6c from line 6b Taxable					
•	amount – see instructions					
6	Undistributed income for 2014 Subtract	line				
·	4a from line 2a Taxable amount – see	11110				
	instructions					
f	Undistributed income for 2015 Subtract	lines				
•	4d and 5 from line 1. This amount must				1	
	distributed in 2016				\	0
7	Amounts treated as distributions out of c	corpus				<u></u>
-	to satisfy requirements imposed by sect	•				
	170(b)(1)(F) or 4942(g)(3) (Election may					
	required—see instructions)					
8	Excess distributions carryover from 2010	) not				<del></del>
-	applied on line 5 or line 7 (see instruction		125,607			
9	Excess distributions carryover to 201	-				
-	Subtract lines 7 and 8 from line 6a		1,711,121			
10	Analysis of line 9					
а	Excess from 2011	183,402				
b	Excess from 2012	207,185				
c	Excess from 2013	494,633				
d	Excess from 2014	617,200				
e		208,701				

factors NONE

Part XV Supplementary Information (c	ontinued)			
Part XV Supplementary Information (c 3 Grants and Contributions Paid During th	e Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	}		{	
See Statement 11				
				341,88
				341,000
			}	
			}	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
	]			
	}	]	1 1	
			}	
		}	1	
	<u></u>	L		241 00
Total	<del></del>	<del></del>	<u>▶ 3a</u>	341,88
<ul><li>b Approved for future payment</li><li>N/A</li></ul>			1	
21/ 22	1	Ì	1	
		1		
	1	(		
	{	[		
		1	1	
		)		
	}		1	
Total	<del></del>	L	<b>▶</b> 3b	<del></del>
ı Utal				

Fait VALA	Analysis of income-rioudeing Ac	LIVILIES				
Enter gross amounts	s unless otherwise indicated	Unrelated	business income	Excluded	by section 512, 513, or 514	(a)
1 Program service	e revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
b						
f						
g Fees and co	ontracts from government agencies					
2 Membership due	es and assessments					
3 Interest on savin	ngs and temporary cash investments			14	12,355	
	nterest from securities			14	37,609	
5 Net rental incom	ne or (loss) from real estate					
a Debt-finance						
	anced property	531190	21,587			- <del></del>
	ne or (loss) from personal property					
7 Other investmen						
8 Gain or (loss) fro	om sales of assets other than inventory			18	34,821	
	loss) from special events					
	loss) from sales of inventory					
11 Other revenue						
b						
e						
e	plumns (b), (d), and (e)	-	21,587		84,785	0
e 12 Subtotal Add co			21,587		84,785 13	106,372
e	plumns (b), (d), and (e) 12, columns (b), (d), and (e) ne 13 instructions to verify calculations )				13	
e	olumns (b), (d), and (e) 12, columns (b), (d), and (e)	ccomplishme		ırpose	13	
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e) 12, columns (b), (d), and (e) ne 13 instructions to verify calculations ) Relationship of Activities to the A	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372
e	olumns (b), (d), and (e)  12, columns (b), (d), and (e)  ne 13 instructions to verify calculations )  Relationship of Activities to the A  xplain below how each activity for which incom	e is reported in co	ent of Exempt Pu	contribi	13s	106,372

orm 99	0-PF (20	(5) <b>BEC</b>	K FOUN	MOITADI	I, INC		35-205261	L7		Page	e 13
Part	XVII	Informat	tion Rega	arding Tra	ansfers To an	d Transactio	ons and Relationships	With Noncharita	ble		
•		Exempt	Organiza	ations		·	<del></del>				
1 Di	d the orga	anization dii	rectly or ind	irectly engag	e in any of the foll	lowing with any	other organization described			Yes	No
ın:	section 5	01(c) of the	Code (othe	er than section	on 501(c)(3) organ	izations) or in se	ection 527, relating to politica	al			
org	ganızatıor	15?									
a Tra	ansfers fr	om the repo	orting found	lation to a no	ncharitable exemp	ot organization o	of				
(1)	Cash								1a(1)		X
(2)	Other a	ssets							1a(2)		X
b Ot	her trans	actions									
(1)	Sales o	f assets to	a noncharita	able exempt	organization				1b(1)		<u>X</u>
(2)	Purchas	ses of asse	ts from a no	oncharitable i	exempt organizati	on			1b(2)		X
(3)	Rental	of facilities,	equipment,	, or other ass	ets				1b(3)		X
(4)	Reimbu	rsement ar	rangements	3					1b(4)		X
(5)	Loans o	r Ioan guar	antees						1b(5)		X
(6)	Perform	ance of se	rvices or me	embership or	fundraising solicit	tations			1b(6)		X
c Sh	aring of f	acılıtıes, eq	uipment, m	ailing lists, of	ther assets, or pai	d employees			1c		X
d Ift	he answe	er to any of	the above is	s "Yes," com	plete the following	schedule Colu	mn (b) should always show	the fair market			
		-		-	*	-	the foundation received less				
		1					f the goods, other assets, or				
	ine no	(b) Amou	nt involved	(c) Name	of noncharitable exemp	pt organization	(d) Description of transf	fers, transactions, and sharing	arrangemen	nts	
N/A		<b> </b>		ļ		<del></del>	<del> </del>				
		ļ		<del> </del>	<del></del>		<del> </del>				
				<del> </del>	·		<del> </del>	<del></del>			
				<del> </del> -			<del> </del>				
		<del> </del>		<del> </del>			<del> </del>				
		<del> </del>		<del> </del>			<del></del>				
		ļ		ļ	<del></del>		<del> </del>	·			
		<del> </del>		<del> </del>			<del></del>	<del></del>			
		<del> </del> -	<del></del>	<del></del>			<del> </del>				
				<del> </del>			<del> </del>				
		<del> </del>		<del> </del>			<del> </del>				
		<del> </del>			<del></del>		<del> </del>				
		<del> </del>		<del> </del> -			<del> </del>				
		<del> </del>		<del> </del>	<del></del>		<del> </del>				
		<del> </del>		<del> </del>			<del> </del>				
20 10	the found	lation direct	ly or indirec	the affiliated i	with or related to	one or more to	v-evemnt organizations				
			•	•	than section 501(		x-exempt organizations		[] Ye	s X	Nο
			following sci		than section so it	3)(3)) OI III 3COIII	311 021				
<u> </u>		a) Name of org		neagle	(b) Type of o	organization	(c) [	Description of relationship			
N/		-,			(4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		<del> </del>	<u></u>			
					<del></del>						
		<del></del>									
	Under per	nalties of perju	ry, I declare th	at I have examir	ned this return, including	g accompanying sch	edules and statements, and to the b	est of my knowledge and beli	ief, it is true,		
1	соггест, а	nd complete t	Declaration of p	preparer (other t	nan taxpayer) is based	on all information of	which preparer has any knowledge	May the IRS di	iscuss this re	tum	
Sign								with the prepar (see instruction			No
Here			<b>/</b> )	$\sim$				(See Insudedo)	(S) / A	103	
j	<b>.</b>		) cm		ih		1-11-16 TI	REASURER			
{	Sign	ature of officer	or trustee			Date	Title				
	Print/Ty	/pe preparer's	name		<del></del>	Preparer's signati		Date	, ]	Check	7,1
Daid	}					Wark			_	self-emp	loyed
Paid Proporo	MARK	A DORE	RELL, C				RRELL, CPA		07/16		
Prepare Use Onl	i Firm's r	name 🕨			RELL & SN				00101		
Jac VIII	Firm's	address 🕨			CREEK D			<del></del>	-146		
			NOBLE	ESVILLE	E, IN 46	060		Phone no 31	<u>.7 - 77:</u>		
									Form 99	U-PF	(2015)

### 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

2015

Name of the organization

Employer identification number

BECK FOUNDA	TION, INC	35-2052617
Organization type (check	k one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	501(c)(3) taxable private foundation	
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and	l a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribut y or property) from any one contributor. Complete Parts I and II. See instruction contributions.	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 C	or 990-EZ), Part II, line of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re g the year, total contributions of more than \$1,000 exclusively for religious, cha tional purposes, or for the prevention of cruelty to children or animals. Comple	arıtable, scientific,
contributor, during contributions tota during the year fo General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reg the year, contributions exclusively for religious, charitable, etc., purposes, builed more than \$1,000. If this box is checked, enter here the total contributions or an exclusively religious, charitable, etc., purpose. Do not complete any of the plies to this organization because it received nonexclusively religious, charitable, more during the year.	ut no such that were received e parts unless the
990-EZ, or 990-PF), but if	that is not covered by the General Rule and/or the Special Rules does not file t must answer "No" on Part IV, line 2, of its Form 990, or check the box on line 2, to certify that it does not meet the filing requirements of Schedule B (Form	e H of its Form 990-EZ or on its
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) (2015)

Employer identification number 35-2052617

Part I	Contributors (see instructions) Use duplicate copies	of Part I if additional space is ne	eded.
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BECK'S SUPERIOR HYBRIDS, INC 6767 E 276TH ST ATLANTA IN 46031	\$ 204,350	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
2	C BAR C EXPO CENTER, LLC P.O. BOX 217 CLOVERDALE IN 46120	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FURRER CHARITABLE ANNUITY TRUST 8300 W US 24 WALCOTT IN 47995	s 11,750	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
		s	Person Payroll Noncash (Complete Part II for noncash contributions)

Capital Gains and Losses for Tax on Investment Income 990-PF 2015 Form For calendar year 2015, or tax year beginning and ending **Employer Identification Number** Name 35-2052617 BECK FOUNDATION, INC (b) How acquired P-Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co. (d) Date sold (mo , day, yr ) (C) Date acquired (mo, day, yr) D-Donation XENIA HOTELS & RESORTS INC 02/03/15 02/04/15 ₽ **(1)** P 01/28/13 03/04/15 FORWARD SELECT INCOME FUND CLASS A (2)P (3) ISHARES TR S&P U S P FD STK INDEX FD 01/28/13 03/04/15 VANGUARD SPECIALIZED PORT DIV APPREC P 01/28/13 03/04/15 (4)VANGUARD INTERMEDIATE TERM BOND INDE P 01/28/13 03/04/15 (5)P 05/07/14 03/04/15 INVESCO EUROPEAN GROWTH FUND CLASS A (6)05/07/14 03/04/15 P (7)MFS RESEARCH INTERNATIONAL FUND CL A P 05/07/14 03/04/15 TRANSAMERICA TACTICAL INCOME FUND (8) P 07/28/14 03/10/15 MICHAEL KORS HLDGS LTD SHS (9) P 01/22/15 PENTAIR PLC SHS 08/26/15 (10)P 08/20/15 03/16/15 (11)ADT CORP P 05/01/14 03/16/15 MILLER HERMAN INC (12)QUANTA SVCS INC P 07/23/14 01/14/15 (13)06/11/15 SOUTHWEST AIRLS CO P 02/02/15 (14)P 03/26/14 12/09/15 INVESCO LTD ORD SHS (15)(g) Cost or other basis plus expense of sale (h) Gain or (loss) (e) plus (f) minus (g) (e) Gross sales price (f) Depreciation allowed (or allowable) - 1 10 11 (1)51,927 50,000 1,927 (2)30,192 -157 30,035 (3)64,938 50,022 14,916 (4)48,757 50,000 -1,243 (5)-5,636 44,364 50,000 (6)50,000 47,894 -2,106 (7)<u>17</u>,896 18,000 -104 (8)-1,130 4,772 3,642 (9)4,716 -923 3,793 (10)4,842 -834 4,008 (11)-380 4,507 4,127 (12)4,645 -1,264 3,381 (13)4,503 -985 3,518 (14)4,381 -523 3,858 (15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Gains (Col (h) gain minus col (k), but not less than -0-) **Of** Losses (from col (h)) (j) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (j), if any (i) FMV as of 12/31/69 -1 (1)1,927 (2)~157 (3)14,916 (4)-1,243(5)-5,636 (6)-2,106 (7)-104 (8) <u>-1</u>,130 (9)-923 (10) -834 (11)-380 (12)-1,264 (13)-985 (14)-523

(15)

Capital Gains and Losses for Tax on Investment Income 990-PF 2015 Form For calendar year 2015, or tax year beginning and ending Name **Employer Identification Number** BECK FOUNDATION, INC 35-2052617 (b) How acquired P-Purchase D-Donation (a) List and describe the kind(s) of property sold, e.g., real estate 2-story brick warehouse, or common stock, 200 shs. MLC Co (C) Date acquired (mo , day, yr ) (d) Date sold (mo , day, yr ) ROYAL CARIBBEAN CRUISES LTD P 08/16/13 05/06/15 AMERICAN CAMPUS CMNTYS INC 05/01/14 P 08/04/15 (2)P 02/27/13 CVS HEALTH CORP 06/23/15 (3)P EBAY INC 05/16/14 07/14/15 (4)06/12/12 EXXON MOBIL CORP P 06/01/15 (5)05/28/14 FOOT LOCKER INC P 06/01/15 (6)RESMED INC P 01/08/14 08/03/15 (7)RESMED INC P 01/30/14 08/03/15 (8) 10/16/12 UNITED PARCEL SVC INC CL B P 02/02/15 (9)01/30/14 UNITED PARCEL SVC INC CL B P 02/02/15 (10)P (11)ZOETIS INC CL A 03/26/14 04/07/15 ZOETIS INC CL A P 03/26/14 09/29/15 (12)P 12/19/14 AVAGO TECHNOLOGIES LTD 03/19/15 (13)P 03/19/15 12/22/15 CRACKER BARREL OLD CTRY STORE INC (14)CUMMINS INC P 05/14/15 11/05/15 (15)(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gain or (loss) (e) plus (f) minus (g) 4,853 2,857 1,996 (1)4,479 4,425 -54 (2) 408 425 833 <u>(3)</u> 5,529 4,558 971 (4)4,061 3,893 168 (5) 1,190 919 271 (6) 5,292 4,592 700 (7)386 328 58 (8)4,328 1,104 3,224 (9)-13 295 308 (10)2,306 1,470 836 (11)4,248 3,115 133 (12) $\overline{771}$ 3,181 2,410 (13)11,146 13,736 -2,590

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minu col (k), but not less than -0-) Or Losses (from col (h)) (k) Excess of col (i) over col (j), if any (I) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 1,996 (1)-54 <u>(2)</u> 425 (3) 971 (4) 168 (5)271 (6) 700 (7)58 (8) 1,104 (9) -13 (10)836 (11)1,133 (12)771 (13)-2,590 (14)-3,400 (15)

13,416

-3,400

(14)

(15)

10,016

Capital Gains and Losses for Tax on Investment Income 990-PF 2015 Form For calendar year 2015, or tax year beginning and ending **Employer Identification Number** Name 35-2052617 BECK FOUNDATION, INC (b) How acquired P-Purchase D-Donation (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co (C) Date acquired (mo , day, yr ) (d) Date sold (mo , day, yr ) 02/03/15 07/02/15 DEVON ENERGY CORP (1)10/14/14 05/12/15 GAP INC P (2)P 06/04/15 11/11/15 MAGNA INTERNATIONAL INC (3)RYDER SYS INC P 10/24/14 06/01/15 (4)TECHNOLOGIES P 12/19/14 12/23/15 AVAGO LTD (5)09/23/15 P 08/02/13 AETNA INC (6)P 05/15/13 04/22/15 AMERISOURCE BERGEN CORP (7)COCA COLA COMPANY P 05/15/13 04/22/15 (8)01/31/14 04/22/15 COCA COLA COMPANY P (9) (10) CONOCOPHILLIPS P 05/15/13 03/06/15 P 01/31/14 03/06/15 CONOCOPHILLIPS (11)CORNING INC P 11/15/13 07/28/15 (12)DISNEY WALT CO DISNEY P 02/07/14 11/30/15 (13)07/15/15 05/15/13 EQUIFAX INC P (14)MCKESSON CORP P 05/15/13 11/17/15 (15)(g) Cost or other basis plus expense of sale (h) Gain or (loss)
(e) plus (f) minus (g) (e) Gross sales price (f) Depreciation allowed (or allowable) -1,176 11,840 13,016 (1) 12,629 11,929 700 (2) 13,484 -2,779 10,705 (3),121 12,127 13,248 (4)591 1,306 1,897 (5) 2,075 2,409 (6) 4,484 1,380 2,846 1,466 (7)11,085 -477 10,608 (8) 1,711 139 1,850 (9)9,743 93 9,836 (10)126 131 - 5 (11)867 9,768 10,635 (12)3,973 2,643 1,330 (13)2,566 1,658 908 (14)7,589 4,449 12,038 (15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) OF Losses (from col (h)) (k) Excess of col (i) over col (j), if any (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 -1,176(1)700 (2) -2,779 (3)1,121 (4) 591 (5)2,075 (6) 1,466 (7)-477 (8) 139 (9)93 (10)- 5 (11)867 (12)

(13)

(14)

(15)

1,330

4,449

Capital Gains and Losses for Tax on Investment Income 990-PF Form 2015 For calendar year 2015, or tax year beginning and ending Name **Employer Identification Number** BECK FOUNDATION, INC 35-2052617 (b) How acquired P-Purchase (d) Date sold (mo , day, yr ) (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co (C) Date acquired D-Donation 05/15/13 08/26/15 MONSANTO (1)01/31/14MONSANTO CO P 08/26/15 (2)NIKE INC P 05/15/13 09/23/15 (3)05/15/13 PETSMART INC P 02/03/15 (4)PETSMART INC P 05/15/13 03/12/15 (5) PETSMART INC P 01/31/14 03/12/15 (6) PROCTER & GAMBLE CO p 05/15/13 09/09/15 (7) PROCTER & GAMBLE CO p 01/31/14 09/09/15 (8) PRUDENTIAL FINL INC P 07/26/13 01/30/15 (9)UNITED TECHNOLOGIES CORP P 05/15/13 08/20/15 (10)WISCONSIN ENERGY P 05/15/13 02/03/15 CORP (11)(12)WISCONSIN ENERGY CORP P 05/15/13 02/11/15 p 01/31/14 02/11/15 (13)WISCONSIN ENERGY CORP PERSHING LLC (14)PERSHING LLC (15)(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gain or (loss)
(e) plus (f) minus (g) 9,672 11,123 -1,451 (1) 569 636 -67 (2)2,887 240 1,647 (3)2,059 1,741 318 (4) 11,122 9,334 788 (5) 1,826 1,391 435 (6) 9,611 11,144 -1,533 (7) 836 924 -88 (8) 10,398 10,773 -375 (9) 9,792 9,669 123 (10)2,006 (11)2,563 557 10,804 9,116 688 (12)808 174 982 (13)3,885 3,885 (14)12,633 12,633 (15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus i (k), but not less than -0-) **Or** Losses (from col (h)) (k) Excess of col (i) over col (j), if any (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 -1,451 (1) -67 (2)1,240 (3) 318 (4)1,788 (5) 435 (6)-1,533 (7)-88 (8) -375 (9)123 (10)557 (11) 1,688 (12)174

3,885

12,633

(13)

(14)

(15)

Form <b>990-PF</b>		apital Gains and Losso	es for Tax on Ir	ivestment in	come	2015
 lame	For calenda	ar year 2015, or tax year beginning		, and ending	Employer Idea	itification Number
ianie						
BECK FOUNDA	TION,	INC		<del></del>	35-2052	617
(a) <u>i</u>	List and describe 2-story brick ware	the kind(s) of property sold, e.g., real estate, house, or common stock, 200 shs MLC Co		(b) How acquired P-Purchase	(C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
) PERSHING	LLC			D-Donation	<del> </del>	<del></del>
) KBS REIT						
3)						
4)				ļ	ļ	<del></del>
5)					<del> </del>	
6) 7)	<del></del> _				<del> </del>	
B)				<del> </del>	<u> </u>	<del></del>
9)						
10)						
11)				<b> </b>		
12)				<del> </del>	<del> </del>	<del></del> _
13) 14)		<del></del>		<del> </del>	<del> </del>	
15)					<del></del>	<del></del>
						·
(e) Gross sales price	9	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense	her basis e of sale	(h) Gain (e) plus (f)	or (loss) minus (g)
])	63	<del></del>				63
2, 2	196					2,196
3)						
1)					ļ	
5)					<u> </u>	
<u>5)</u>					<del> </del>	<del></del>
7)					<del> </del>	
3 <u>)</u> 9)				<del> </del>	<del> </del>	
10)						
[1]						
12)					<del> </del>	
13)					<del></del>	
14)					+	
15)		<del> </del>			<del></del>	
Complete only for as	sets showing	gain in column (h) and owned by the	he foundation on 12/31/6	69		
(i) FMV as of 12/31/		(j) Adjusted basis as of 12/31/69	(k) Excess over col (		(I) Gains (Co col (k), but not les Losses (from	(h) gain minus s than -0-) <b>Of</b> col (h))
1)						63
2)					ļ	2,196
3)					<del> </del>	
4)			-+		+	
5) 5)			<del></del>		<del> </del>	
7)					<u> </u>	
3)						
9)						
10)		<del></del>			<del> </del>	
11)					<del> </del>	
12)					<del> </del>	
13) 14)		<del></del>			1	
15)		<del></del>				

35-2052617	Federal S	Federal Statements		
Staten	Statement 1 - Form 990-PF, Pa	n 990-PF, Part I, Line 16b - Accounting Fees	iting Fees	
Description ACCOUNTING FEES	<b>Total</b>	Net Investment	Adjusted Net	Charitable Purpose
IOLAI	ent 2	Part I, Line 18		
Description TAXES GROUND RENT TOTA1	<b>Total</b> \$ 4,688 3,726 \$ 8,414	Investment	Adjusted Net \$ 4,688	Charitable Purpose
State	Statement 3 - Form 990-PF, P	rm 990-PF, Part I, Line 23 - Other E	- Other Expenses	
Description	Total	Net Investment \$	Adjusted Net	Charitable Purpose \$
Expenses INVESTMENT MANAGEMENT FEES MERCHANT SERVICE FEES BOND PREMIUM BANK FEES Total	15,952 629 3,909 60 \$	15,952 3,909	629	\$
	990-PI	ine 10b - Corporate St	ock Investments	
Description CORPORATE STOCK Total	Beginning of Year \$ 369,089 \$ 369,089	End of Year Year \$ 402,037 \$ 402,037	Basis of Valuation Market	Fair Market Value \$ 460,748 \$ 460,748
				4-1

र
Ξ
Ę
Ĭ
¥
X
<u></u>
g
<u></u>
eq
ш

	Fair Market Value	\$ 227,467	\$ 227,467
Investments	Basis of Valuation	Market	
990-PF, Part II, Line 10c - Corporate Bond Investments	End of Year	239,257	239,257
e 10c -	(	₩,	₩
-, Part II, Lin	Beginning of Year	243,197	243,197
	-	₹\$	₩.
Statement 5 - Form	Description	CORPORATE BONDS	Total

11 - Land, Building, and Equipment investments	End Accumulated Net sis Depreciation FMV	\$ 719,900	\$ 0
Land, Building, a	End Cost / Basis	<b>₩</b>	₩.
Part II, Line	Beginning Net Book	\$ 750,170	\$ 750,170
Statement 6 - Form 990-PF	Description	FARM LAND	Total

Statement 7 -	nt 7 - Form	Form 990-PF, Part II, Line 13 - Other Investments	Line 13	- Other Invest	<u>tments</u>		
Description	_	Beginning of Year		End of Year	Basis of Valuation	נב	Fair Market Value
MUTUAL FUNDS	٠ •	376,018	₩.	940,112	Market	₩	877,853
TRUST SHARES		174,129		160,637	Market		91,010
EXCHANGE-TRADED PRODUCTS	ļ	144,184		85,193	Market		96,394
Total	<sub>~</sub>	694,331	\$	1,185,942		ۍ ا	1,065,257

35-2052617	Federal S	Federal Statements			
Statement 8 - Fc	Statement 8 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	-A, Line 10 - \$	Substantial Contrib	outors	•
	Address		City	City, State, Zip	,
BECK'S SUPERIOR HYBRIDS, INC 6767 E 276TH ST C BAR C EXPO CENTER, LLC P.O. BOX 217 FURRER CHARITABLE ANNUITY TRUST 8300 W US 24		ATLANTA IN CLOVERDALE WALCOTT IN	IN 46031 ALE IN 46120 IN 47995		
Statement 9 - Form 990-PF, Part VIII, Line 1	0-PF, Part VIII, Line	1 - List of Off	- List of Officers, Directors, Trustees, Etc.	rustees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LAWRENCE BECK 6401 E 276TH STREET ATLANTA IN 46031	PRESIDENT	2.00	0	0	0
GLENDIA BECK 6401 E 276TH STREET ATLANTA IN 46031	DIRECTOR	0.50	0	0	0
SCOTT BECK 6645 E 276TH STREET ATLANTA IN 46031	TREASURER	1.50	0	0	0
KIMBERLY MARSCHAND 27745 WEBSTER'S PIT ROAD ATLANTA IN 46031	DIRECTOR	0.50	0	0	0
TRACEY BECK 913 E 550 N ROAD ALLERTON IL 61810	DIRECTOR	0.50	0	0	0
TOM DAFNOS 11644 HORIZON COURT FISHERS IN 46037	DIRECTOR	0.50	0	0	0
MARK DORRELL 5930 PROVINCETOWN CIRCLE	DIRECTOR	0.50	0	0	0
					6-8

Statement 9 - Form 990-PF, Name and Address IS IN 46250 SCK TH ST 1 46031 I 46031 SCK N ROAD L 61810 L 61810		-5-050 -				
## Average   Compensation   Benefits   Expenses	Statement 9 - Fo	rm 990-PF, Part VIII, L	ine 1 - List of	Officers, Directors	, Trustees,	
### 1.00 0 0  IT ROAD  DIRECTOR 0.50 0 0  DIRECTOR 0.50 0 0  9	Name and Address	Title	Average	Compensation	Benefits	Expenses
IT ROAD  DIRECTOR  0.50  0.50  0  0  DIRECTOR  0.50  0  9	Ä					
IT ROAD  DIRECTOR  0.50  0  0  0  9	CK TH ST r 46031	SECRETARY	1.00	0	0	0
DIRECTOR 0.50 0 0 0	CHAND STER'S PIT ROAD V 46031	DIRECTOR	0.50	0	0	0
6	ECK N ROAD	DIRECTOR	0.50	0	0	0

NONE

# **Federal Statements**

Form 990-PF, Part XV, Line 1a - Managers Who	Contributed Over 2% or \$5,000
Name of Manager	Amount
NONE	\$
Total	\$0
Form 990-PF, Part XV, Line 1b - Managers \	Who Own 10% or More Stock
Name of Manager	Amount
NONE	\$
Total	\$0
Statement 10 - Form 990-PF, Part XV, Line 2b - Appli	cation Format and Required Contents
Description	
LETTER EXPLAINING CHARITABLE PURPOSE AND A COPY LETTER RECOGNIZING THE ORGANIZATION AS EXEMPT U SECTION 501(c)(3)	
Form 990-PF, Part XV, Line 2c - Su	bmission Deadlines
Description	
NONE	
Form 990-PF, Part XV, Line 2d - Award F	Restrictions or Limitations
Description	

ts
$\subseteq$
<u>a</u>
č
⊏
ā
ĭ
_
$\boldsymbol{\pi}$
ā
تن
Sta
تن
تن
ral St
I St
ral St
ral St
deral St
ederal St

tatement 11 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the
--

Name	Address		
Address	Relationship Status	Purpose	Amount
W & JUS	P O BOX 905		
0600	;	DEFEND CONSTITUTIONAL LIBERTIES	2,000
ALLERTON LIONS CLUB	TOS ELM STE	השחמד סמר עש דותואאסס מסם	6
FEDOM	NOME TO STREET	FOR COMMONITI PRODUCTS	7,000
		DEFEND CONSTITUTIONAL LIBERTIES	2,000
лесн	108 S OLIVE		•
ARCADIA IN 46030	PUBLIC		3,000
	493 WESTFIE	ט	
(	2	PROVIDE ASSISTANCE TO CHILDREN	200
CHILD EVANGELISM FELLOWSHIP OF	3309 W 96TH STREET	מאיזאאאגממממ מיומדמז זממ מתכאממ	6
	100 LAKE H		
ORLANDO FL 32832	NONE PUBLIC	FOR RELIGIOUS PROGRAMMING	2,500
	510 S HIGH		
61841		FOR RELIGIOUS PROGRAMMING	10,000
	5800 RANCH		
E ROCK AR 72223	PUBLI(	PROMOTE FAMILY ACTIVITIES	2,000
Z	7306 NW TIE		
64153		PROMOTE YOUTH FARMING	20,000
FAMILY	P O BOX 281		
OMAHA NE 68103	NONE PUBLIC	PROMOTE FAMILY ACTIVITIES	2,000
BANK	50 OLYMPIA		
1 47909	!	PROVIDE FOOD ASSISTANCE TO THE NEEDY	2,000
	5909 E 86TF		
N 46250	J	SUPPORT FOR DOWN SYNDROME FAMILIES	1,000
	1102 E 16TF		•
7.0	וחשטק	PROVIDE FOOD ASSISTANCE TO THE NEEDY	1,000
COUNCIL	7003 E PLEA		•
NOBLESVILLE IN 46060 NON UNMITTON HEIGHTS VOITH ASSISTANCE	NONE PUBLIC NGE 25802 & STATE PORD 19	PROMOTE YOUTH ACTIVITIES	500
ADCADTA IN 46030	ESCORE DISTRICT	POR ASSISTANCE OF TONATSIBLE BOR	7 L
TRIES	3611 N STAT		) ) 
8909	PUBLIC	RELIGIOUS PROGRAMMING	3,148
WN	P O BOX 331		•
920	1	PROMOTE AGRICULTURAL HISTORY	250
VTER	P O BOX 713	מהלייניתי כם מהיצוחייםיי החדייכתה	-
CICERO IN 46034	NONE	FROVIDE HEALTHCAKE 10 UNINSURED	1,000

<b>T</b> S
_
7
7
E
忝
#
Ø
ٽن
ഗ
•,
=
ral S
=
=
eral
ederal !
deral !
ederal !

# Statement 11 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name		Address		
Address	Rel	Relationship Status	Purpose	Amount
KAIROS PRISON MINISTRY		6903 UNIVERSITY BLVD		
WINTER PARK FL 32792	NONE	PUBL	RELIGIOUS PROGRAMMING	250
KOKOMO RESCUE MISSION		321 W MULBERRY ST		
IN 46901	NONE		PROVIDE ASSISTANCE TO THE HOMELESS	3 12,000
Z CO		515 E MAIN ST		
EL IN 46032	NONE	PUBLIC	FOR COMMUNITY PROJECTS	1,000
LIFESONG FOR ORPHANS		P O BOX 40		
	NONE	PUBLIC	ASSISTANCE TO ADOPTING FAMILIES	127,240
LUTHERAN CHILD & FAMILY SERVICES	33	1525 N RITTER AVE		
46219	NONE		FOR ASSISTANCE TO FAMILIES	16,000
LUTHERAN HIGH SCHOOL		5555 S ARLINGTON AVENUE		
INDIANAPOLIS IN 46237	NONE	PUBLIC	FOR RELIGIOUS EDUCATION	2,000
LUTHERAN HOUR MINISTRIES		660 MASON RIDGE CENTER		
ST LOUIS MO 63141	NONE	PUBLIC	FOR RADIO MINISTRIES	1,000
LUTHERWOOD		1525 N RITTER AVE		
IN 46219	NONE	PUBLIC	MENTAL HEALTH CARE FOR CHILDREN	10,000
METRO WORLD CHILD		P.O. BOX 695		
_	NONE	PUBLIC	PROVIDE PROGRAMS TO INNER CITY YOUTH	JTH 500
MOODY BIBLE INSTITUTE		1920 W 53RD ST		
ANDERSON IN 46013	NONE	PUBLIC	RELIGIOUS PROGRAMMING	2,000
NEW CREATIONS CHAPEL		6400 NATIONAL RD E		
RICHMOND IN 47374	NONE	PUBLIC	RELIGIOUS PROGRAMMING	2,000
NEW LIFE LUTHERAN CHURCH		2424 S COLISEUM BLVD		
FORT WAYNE IN 46803	NONE	PUBLIC	RELIGIOUS PROGRAMMING	5,000
OAKBROOK COMMUNITY CHURCH		3409 S 200 W		
KOKOMO IN 46902	NONE	PUBLIC	RELIGIOUS PROGRAMMING	200
ONE MISSION SOCIETY		941 FRY RD, PO BOX A		
GREENWOOD IN 46142	NONE	PUBLIC	RELIGIOUS PROGRAMMING	1,000
PROMISING FUTURES		15530 HERRIMAN BLVD		
NOBLESVILLE IN 46060	NONE	PUBLIC	PROVIDE SUPPORT FOR YOUTH AND FA	FAMILY 500
PURDUE FARMHOUSE FOUNDATION		1028 STATE ST		
WEST LAFAYETTE IN 47906	NONE	PUBLIC	PROMOTE EDUCATION	3,000
		SCHLEMAN HALL		
WEST LAFAYETTE IN 47907	NONE	PUBLIC	AGRONOMY AWARDS	000'9
INDIANAPOLIS IN 46202	NONE		PROMOTE CHILDREN'S HEALTH	1,000

Statement 11 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the	Year (continued)	
990-PF, Part XV, Line 3a - Grants and Contributions	Year (continued)	

Name		Address		
Address	Rel	Relationship Status	Purpose	Amount
RIVERVIEW HEALTH FOUNDATION NOBLESVILLE IN 46060	NONE	395 WESTFIELD RD PUBLIC	PROMOTE HEALTH IN HAMILTON COUNTY IN	2,000
SACRED HEART OF JESUS CHRIST -		3409 S 200 W		c L
KOKOMO IN 46902 Salem 4 voitth	NONE	PUBLIC 15161 N 400 EAST RD	KELIGIOUS PROGRAMMING	2,500
FLANAGAN IL 61740	NONE	PUBLIC	PROMOTE RELIGIOUS YOUTH PROGRAMMING	200
SAMARITAN'S PURSE (INTL)		P O BOX 3000		
BOONE NC 28607	NONE		RELIGIOUS PROGRAMMING	6,500
SEED PROGRAMS INTERNATIONAL		P O BOX 9163		1
ASHEVILLE NC 28815	NONE		PROMOTE AGRICULTURAL EDUCATION	200
SHELTERING WINGS		P O BOX 92		
DANVILLE IN 46122	NONE	PUBLIC	FOR ASSISTANCE TO WOMEN AND CHILDREN	1,000
TIM GRISHAM MINISTRIES		3420 E DIVISION RD		
TIPTON IN 46072	NONE	PUBLIC	RELIGIOUS PROGRAMMING	1,000
TRUTH AT WORK		9951 CROSSPOINT BLVD		
INDIANAPOLIS IN 46256	NONE	PUBLIC	RELIGIOUS PROGRAMMING	1,000
UNITED WAY OF CASS COUNTY		1 CASS CITY CENTER		
LOGANSPORT IN 46947	NONE	PUBLIC	FOR COMMUNITY PROJECTS	1,000
VERMILION COUNTY 4-H AND EXTENSION	NOISN	3164 N VERMILION ST		
DANVILLE IL 61832	NONE	PUBLIC	PROMOTE YOUTH ACTIVITIES	1,000
WHEELER MISSION		205 E NEW YORK ST		
INDIANAPOLIS IN 46204	NONE	PUBLIC	PROVIDE SUPPORT FOR THE HOMELESS	2,000
WORLD VISION		P.O. BOX 9716		
FEDERAL WAY WA 98063	NONE	PUBLIC	HUMANITARIAN EFFORTS	1,500
WOMEN'S CARE CLINIC		200 W WILLIAMS		
DANVILLE IL 61832	NONE	PUBLIC	ASSISTANCE TO PREGNANT WOMEN	7,500
WOUNDED WARRIOR PROJECT		P.O. BOX 758517		
TOPEKA KS 66675	NONE	PUBLIC	ASSIST WOUNDED SERVICE MEMBERS	2,500
Total			1	341,888