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### CHANGE OF ACCOUNTING PERIOD

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.us.gov/form990

OMB No 1545-0047 Inspection

<u>A</u>	For the		ending D	EC 31, 2015	
В	Check i applica	-1-		D Employer identific	ation number
_		BARTHOLOMEW CONSOLIDATED SCHOOL			
L	Addi				
Ļ	Nam char Initia	ge Doing business as		35-60	041222
Ļ	retur	<ul> <li>Number and street (or P.O. box if mail is not delivered to street address)</li> </ul>	Room/suite	E Telephone number	
	Fina retur term	n/ 1200 CENTRAL AVENUE		812-3	378-4733
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	146,195
L	retur	COLUMBUS, IN 4/201		H(a) is this a group re	
L	tion	In I have and address of principal officer ETHAN CROUGH		for subordinates'	=
_		SAME AS C ABOVE		H(b) Are all subordinates inc	
		xempt status: X 501(c)(3)	r 527	1 '	list (see instructions)
		ite: WWW.BCSC.K12.IN.US		H(c) Group exemption	
	art I	of organization; X Corporation Trust Association Other Summary	<u>L</u> Year	of formation: 1955 M	State of legal domicile; II
r			OT OVER		
ě	1	Briefly describe the organization's mission or most significant activities. BARTH			
ă		FOUNDATION'S MISSION IS TO SUPPORT THE WOR			
Governance	2	Check this box I if the organization discontinued its operations or dispose	ed of more	1 _ 1	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	1'
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	1
ijes	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	10
Activities &	0	Total number of volunteers (estimate if necessary)		6	
A	′:	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0
	<u> </u>	Net difference dusiness taxable income from Form 990 1, line 34	11		<del></del>
	8	Contributions and grants (Part VIII, line 1h)	30 H	Prior Year 631,245.	Current Year 143,741
Ē	9	Program service revenue (Part VIII, line 2g)	130	18,485.	2,184
Revenue	10	671		164.	270
æ	11	Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	``.	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII) column:(A);-line 12)		649,894.	146,195
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	z	589,518.	123,338
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0,
	1=	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		32,880.	16,635
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pen		• Total fundraising expenses (Part IX, column (D), line 25)	4. $\vdash$		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	24,619.	7,531
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		647,017.	147,504
		Revenue less expenses Subtract line 18 from line 12		2,877.	-1,309
5			Be	ginning of Current Year	End of Year
ഗര്	₹ .	Total assets (Part X, line 16)		331,975.	330,666
Asset	21	Total liabilities (Part X, line 26)		0.	0.
Set	22	Net assets or fund balances Subtract line 21 from line 20		331,975.	330,666
Pá	art II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
true	, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge. 🖊	
		71han Craigh		107/2	6/2016
Sig	n	Signature of officer		Date	
Her	re	ETHAN CROUGH, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		SARA JACOBI, CPA SARA JACOBI, CPA	<u> 0</u>	7/05/16 self-employe	
	parer	Firm's name BLUE & CO., LLC		Firm's EIN	35-1178661
Use	Only	Firm's address 627 WASHINGTON STREET			
		COLUMBUS, IN 47201		Phone no. 812	2-669-2800
	+6-	IDS discuss this return with the preparer shown above? (see instructions)			

LHA For Paperwork Reduction Act Notice, see the separate instructions. 532001 12-16-15 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2015)

# BARTHOLOMEW CONSOLIDATED SCHOOL FOUNDATION. INC.

Form	m 990 (2015) FOUNDATION, INC. 35-604	1222	Page 2
	art III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	BARTHOLOMEW CONSOLIDATED SCHOOL FOUNDATION'S MISSION IS TO SUPPORT	ORT TH	ΙE
	WORK OF BCSC BY PROVIDING FINANCIAL RESOURCES AND BY PROMOTING		
	AWARENESS AND PHILANTHROPY FOR PROGRAMS THAT HELP STUDENTS ACHI	EVE	
	EDUCATIONAL EXCELLENCE.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Vec	X No
	If "Yes," describe these new services on Schedule O		() 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□vec	X No
•	If "Yes," describe these changes on Schedule O.	165	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	vnoncon	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp		
	revenue, if any, for each program service reported.	penses, an	u
40			
4a	(Code) (Expenses \$ 89,740. including grants of \$ 89,740.) (Revenue \$ BUSY BEES PRESCHOOL. THE ORGANIZATION PROVIDED FUNDING TO MAKE	מ שמת	, ,
	EDUCATION AVAILABLE IN EVERY ELEMENTARY SCHOOL IN THE DISTRICT.	PKE-F	
	FINANCIAL ASSISTANCE IS PROVIDED TO FAMILIES MEETING ESTABLISHED		
	CRITERIA.	<u> </u>	
	CRITERIA.		
	26.000		0.4
4b			<u>.84.</u> )
	BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATIONS (BCSC) PARTNERSHIP		
	ORGANIZATION PROVIDED FUNDING FOR VARIOUS INITIATIVES THROUGHOUT	r BCSC	<u>:</u>
	INCLUDING LITERACY AND MATH EFFORTS.		
		<u>-</u>	
			<u></u>
	0.000		
4c			)
	GRANTS, SCHOLARSHIPS AND AWARDS - THE ORGANIZATION PROVIDES		
	SCHOLARSHIPS FOR LOCAL STUDENTS TO ATTEND COLLEGE. THEY ALSO PI	KOATDE	<u> </u>
	FUNDING FOR TEACHERS IN THE SCHOOL DISTRICT FOR NEW LEARNING		
	INITIATIVES AND PROVIDES GRANTS TO TEACHERS DEMONSTRATING INNOVA	ATION	IN
	THE CLASSROOM.		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ► 125,827.		

Form 990 (2015) FOUNDATION,
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_ X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	_9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		1	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		x
	Schedule D, Parts XI and XII	12a		Α_
U	Was the organization included in consolidated, independent audited financial statements for the tax year?	40L		¥
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		$\frac{x}{x}$
14a		13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	i	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- 10	Ħ	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	•••		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	l	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		X
		_	990 /	

Form 990 (2015) FOUNDATION, INC.

Part IV | Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c	ļ	ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
•	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	g-g-g-man and an			İ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
20	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?   ## "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		i	
	Part V, line 1	34	$\square$	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			~-
<b>^</b>	If "Yes," complete Schedule R, Part V, line 2	36	$-\dashv$	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			17
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ا ڀ ا	.,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015)
Part V Sta Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Scriedule O contains a response of note to any line in this Part V				<u> </u>
	,			Yes	No
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		욉		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	10	긱		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming	<u> </u>	<b>├</b> —	
_	(gambling) winnings to prize winners?	ı i	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				l
	filed for the calendar year ending with or within the year covered by this return		4	<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	<b>├</b> ─	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)	<u> </u>	<u> </u>	L
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule (		3b	ļ	<u> </u>
4a	, , , , , , , , , , , , , , , , , , , ,				
	financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, or other financial account.	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country.	<del></del> ·			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)	<u> </u>	<u> </u>	ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.	tion?	5b	ļ	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>	-	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit	1		l
	any contributions that were not tax deductible as chantable contributions?		<u>6a</u>	ļ	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
_	were not tax deductible?		6b	<del>                                     </del>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			1,,	<b></b>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	s requirea			x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7.	<del> </del>	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For				<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7 <u>g</u> 7h	<del> </del>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		<del>  '''</del>		
•	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.		"		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		1		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		7		1
	amounts due or received from them )	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	1		
	Enter the amount of reserves on hand	13c	<del> </del>	<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		_ <u>X</u> _
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	0	14b		
			Forn	990	(2015)

Form 990 (2015) FOUNDATION, INC.

| Part VI | Governance, Management, and Disclosure | For each "Yes" response to lines 2 through 7b below, and for a "No" response | Part VI | Page 1 | Page 2 through 7b below, and for a "No" response | Part VI | Page 2 through 7b below, and for a "No" response | Part VI | Page 2 through 7b below, and for a "No" response | Part VI | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below, and for a "No" response | Page 2 through 7b below 7b b to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 12							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		:	•				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17	ŀ						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		<u>X</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
800	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		<u> </u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	_10a	-	X				
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_	X				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х					
13	In Schedule O how this was done Did the organization have a written whistleblower policy?	12c	Δ.	X				
14	Did the organization have a written document retention and destruction policy?	13		$\frac{x}{x}$				
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		<del>^</del>				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
	Other officers or key employees of the organization	15b	-	<u>x</u>				
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		<del>-</del>				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		$\overline{\mathbf{x}}$				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	-100						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			ľ				
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶IN							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	allable	,					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	THE ORGANIZATION - 812-378-4733							
	1200 CENTRAL AVENUE, COLUMBUS, IN 47201			_				

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. 'Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		ገ than o	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson	s both	n an	compensation	compensation	amount of
	week	<u></u>	ceran	dad	recto	or/trus	tee)	from	from related	other
	(list any hours for	trustee or director				<u> </u>		the organization	organizations (W-2/1099-MISC)	compensation
	related	0.0	stee			sated	İ	(W-2/1099-MISC)	(44-2/1099-141130)	from the organization
	organizations	fruste	al trustee		yee	шреп		(17 27 1000 141100)		and related
	below	Individual	Institutional 1	<u>بر</u>	Key employee	st co	ь Б			organizations
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former			
(1) ETHAN CROUGH	20.00									
EXECUTIVE DIRECTOR		X	L	X				16,635.	0.	0.
(2) LYNETTE FARLESS	5.00									
TREASURER		X		X	L	l		0.	0.	0.
(3) ANGELA FORCE	0.50									
BOARD MEMBER		X				L	l _	0.	0.	0.
(4) LAURA HACK	0.50									
BOARD MEMBER		X						0.	0.	0.
(5) JONAS HOWELL	0.50									
BOARD MEMBER		X						0.	0.	0.
(6) BRENDA MERKEL	0.50									
BOARD MEMBER		X				İ		0.	0.	0.
(7) MARK NEWELL	0.50									-
BOARD MEMBER		X						0.	0.	0.
(8) RON PATBERG	0.50									
BOARD MEMBER		X						0.	0.	0.
(9) JOHN QUICK	0.50									
BOARD MEMBER		X						0.	0.	0.
(10) SHYAMALA RAGHUNATHAN	0.50									
BOARD MEMBER		X						0.	0.	0.
(11) JEFF ROCKER	1.50	1			ŀ					-
PRESIDENT		X		X				0.	0.	0.
(12) MIKE SCHUBEL	0.50									
BOARD MEMBER		X						0.	0.	0.
(13) ROBYN SPOON	0.50	]								
BOARD MEMBER		X				<u> </u>		0.	0.	0.
(14) DARIN SPRONG	0.50									
BOARD MEMBER		X				L		0.	0.	0.
(15) RICH STENNER	0.50									
BOARD MEMBER		X	L					0.	0.	0.
(16) TODD TRINKLE	0.50									
BOARD MEMBER		X	$ldsymbol{ld}}}}}}$					0.	0.	0.
(17) JOHN WHITTINGTON	0.50	]								· <del></del>
BOARD MEMBER	1	X	i I		l	l	1	0.	0.	0.

Page 8

	(A)  Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					one	(D)  Reportable compensation	(E) Reportable compensation			(F) stimate	
		week (list any hours for related organizations below line)	tee or director		d a d	recto	Highest compensated sn.t.	tee)	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-Mi	d other compensation		ation e ion ed	
													•	
												-		
			-											
											-			
													-	
	Sub-total								16,635.		0.			0.
С	Total from continuation sheets to Part V	I, Section A							0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	16,635. ceived more than \$100,	000 of reportable	0.			0.
_				_									Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		ustee	e, ke	y em	nplo	yee,	or r	nighest compensated en	nployee on		3		Х
4	For any individual listed on line 1a, is the standard related organizations greater than \$150									ne organization		4		Х
5	Did any person listed on line 1a receive or a	accrue comper	isati	on fr	om a	any	unre	late	ed organization or individ	lual for services				
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	nolete Schedule	e <i>J f</i> o	or su	ch c	erse	on					5_		Х
1	Complete this table for your five highest co the organization. Report compensation for									-	pensa	tion fro	om	
	(A) Name and business			ONE					(B) Description of s			(C Sompe		
	, tano and paginose		140	YIAT	<u> </u>			$\dashv$	Восоприоно	OI VICOS		ompe	isatio	<u>-                                      </u>
								$\dashv$					·	
								$\dashv$						
								-						
								4				<del></del> -		
	·												<u></u>	
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	l to t	hos 0		ted :	above) who received mo	ore than				
2			ot lin	nited	l to t	_		ted :	above) who received mo	ore than		Form (	000	

FOUNDATION, INC. Page 9

		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1 a	Federated campaigns	1a					012 017
ran	b	Membership dues	1b					
⊕ 8	c	Fundraising events	1c	_				
ifts	d	Related organizations	1d	-				
S,ill	е	0	<del></del>					
Sir	f	All other contributions, gifts, gran						
is de	-	similar amounts not included abo		143,741.		-		
ĘÖ	a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			143,741.			
		TO DATE TO THE TENT		Business Code			·····	
as l	2 a	SPECIAL PROJECT	'S	900099	1,372.	1,372.		
Ż.	b	T TODD A OUT DA OUT D		900099	812.	812.		
Ser	C							
E S	d						_	
Program Service Revenue	-							<del> </del>
Pr	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f		<b>•</b>	2,184.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)	,	•	270.			270.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties	<b>, ,</b> -	<b>•</b>				
		•	(ı) Real	(II) Personal				
	6 a	Gross rents		.,				
	b							
		Rental income or (loss)						
		Net rental income or (loss)		<u> </u>			-	
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	(7					
	b	Less cost or other basis				:		
	_	and sales expenses	1					
	С							
	d			<b>•</b>				
		Gross income from fundraisin	a events (not			-		
Jue		including \$	of					
§		contributions reported on line						
Æ		Part IV, line 18	a					
Other Revenu	b	Less direct expenses	b					
Ò		Net income or (loss) from fund	draising events	<b>•</b>				
		Gross income from gaming ac	_					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	C	Net income or (loss) from gam	ning activities	<b></b>				
	10 a	Gross sales of inventory, less	returns				· · · · · · · · · · · · · · · · · · ·	
		and allowances	а					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	▶				
		Miscellaneous Revenu	le	Business Code				
	11 a			ļ				
	b							
	С		<del></del>	ļ				
		All other revenue						ļ
		Total. Add lines 11a-11d		<b>&gt;</b>	146 105			<u> </u>
	12	Total revenue. See instructions.		▶	146,195	2,184.	0.	270.

Form 990 (2015) FOUNDATION, I Part IX Statement of Functional Expenses

35-60	41222	Page 10

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX									
	Do not include amounts reported on lines 6b,  (A) (B) (C) (D) Fundraising									
1			expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations	116,838.	116,838.							
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	110,030.	110,030.							
2	individuals See Part IV, line 22	6,500.	6,500.							
3	Grants and other assistance to foreign	0,300.	0,500.							
3										
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
	Benefits paid to or for members									
4	·									
5	Compensation of current officers, directors,	16,635.		9,981.	6,654.					
_	trustees, and key employees			9,301.	0,034.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)				<del></del>					
7	Other salaries and wages Pension plan accruals and contributions (include			<del>-</del> +						
8	· , ,									
^	section 401(k) and 403(b) employer contributions)				<del></del>					
9	Other employee benefits				<del></del>					
10	Payroll taxes Fees for services (non-employees):			<del></del>						
11	· · · · · · · · · · · · · · · · · · ·									
a	Management									
b	Legal	1,193.		1,193.						
ت د	Accounting Lobbying			1,155.	<del></del>					
d	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,									
9	column (A) amount, list line 11g expenses on Sch 0.)	250.		250.						
12	Advertising and promotion	1,360.		1,360.						
13	Office expenses	119.		119.						
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance				<del></del>					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	DUES AND SUBSCRIPTIONS	2,120.		2,120.						
b	PROGRAM EXPENSES	1,737.	1,737.							
С	LITERACY TASK FORCE	752.	752.							
d										
е	All other expenses				<del></del>					
<u>25</u>	Total functional expenses. Add lines 1 through 24e	147,504.	125,827.	15,023.	6,654.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here If following SOP 98-2 (ASC 958-720)				- 000					
522016	1 12-16-15				Form <b>990</b> (2015)					

Form 990 (2015)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
		,	s to any mio in this r are x	(A)		(B)
		•		Beginning of year		End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	ŀ	331,975.	2	330,666.
	3	Pledges and grants receivable, net	ļ-	30277.01	3	
	4	Accounts receivable, net	ľ		4	
	5	Loans and other receivables from current and fo	rmer officers directors		-	
		trustees, key employees, and highest compensa	, ,			
		Part II of Schedule L	ied employees. Complete		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	· · · · · ·			
		employers and sponsoring organizations of section	, ,, ,, ,			
10		employees' beneficiary organizations (see instr)	· · · · · · · · · · · · · · · · · · ·		6	
Assets	7	Notes and loans receivable, net	Complete , art ii or Corr E		7	
As	8	Inventories for sale or use	The state of the s		8	
	9	Prepaid expenses and deferred charges	The state of the s		9	
	_	Land, buildings, and equipment: cost or other	ı ı İ	<del></del>		
		basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded secunties		11		
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets	· ·		14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	331,975.	16	330,666.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue	Ī		19	
	20	Tax-exempt bond liabilities	Ī		20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D	-	21	
<sub>s</sub>	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and disqualified persons			
abil		Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ 🏋 and			
Se		complete lines 27 through 29, and lines 33 and	d 34.			
ü	27	Unrestricted net assets	-	111,447.	27	159,193.
3ala	28	Temporarily restricted net assets	<u> </u>	220,528.	28	171,473.
d E	29	Permanently restricted net assets	}		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 🛄 📗			
ō		and complete lines 30 through 34.	Ļ			
ets	30	Capital stock or trust principal, or current funds	ļ.		30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	·		31	
let ,	32	Retained earnings, endowment, accumulated inc	come, or other funds	221 075	32	220 666
~	33	Total net assets or fund balances	1	331,975.	33	330,666.
	34	Total liabilities and net assets/fund balances		331,975.	34	330,666.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

FOUNDATION, INC. Form 990 (2015) 35-6041222 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 146,195 1 147,504 2 Total expenses (must equal Part IX, column (A), line 25) 1,309 3 Revenue less expenses. Subtract line 2 from line 1 3 331,975 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 330,666. Part XII Financial Statements and Reporting [X]Check if Schedule O contains a response or note to any line in this Part XII No Yes If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2015)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue, Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

BARTHOLOMEW CONSOLIDATED SCHOOL FOUNDATION INC.

**Employer identification number** 35-6041222

Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. X Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization 1 f Enter the number of supported organizations Provide the following information about the supported organization(s) (ii) EIN (i) Name of supported (iii) Type of organization (IV) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No BARTHOLOMEW CONSOLIDATE SCHOOL 35-1113190 2 X 116,838 116,838 n Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and				<u> </u>		
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	!					
	or expended on its behalf						
3	The value of services or facilities		-				
	furnished by a governmental unit to	!					
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)		<u>-</u>				
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instruction	ons)		-	12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
A	organization, check this box and stor	here					
sec	tion C. Computation of Publi	c Support Per	centage	<del></del>			
	Public support percentage for 2015 (li		•	olumn (f))		14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the c				14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		<del>-</del>				. ▶∟
b	33 1/3% support test - 2014. If the c				line 15 is 33 1/3%	or more, check thi	s box
47	and stop here. The organization quali		•		40 4040		▶∟.
1/a	10% -facts-and-circumstances test	_					•
	and if the organization meets the "fact			•	•	rt vi now the organ	
L	meets the "facts-and-circumstances" t	_	•		•	70 and has 45 4	<b>▶</b> □
O	10% -facts-and-circumstances test	-				•	
	more, and if the organization meets the				•		<u> </u>
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	n did Hot check a I	DOX OF HITE 13, 168	<u>1, 100, 178, 011/0</u>	, check this box at	iu see instructions	

## Schedule A (Form 990 or 990-EZ) 2015 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olow, ploude com	picto i dit ii j				
Cal	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						1
	any activity that is related to the organization's tax-exempt purpose					İ	
3	Gross receipts from activities that		<del></del>				
Ŭ	are not an unrelated trade or bus-						
	iness under section 513	1		ļ			
4	_				<del> </del>	<del> </del>	<del></del>
4	Tax revenues levied for the organ-		ŀ				
	ization's benefit and either paid to						
_	or expended on its behalf		<b></b>	<del></del>		<del></del>	
5	The value of services or facilities			1			
	furnished by a governmental unit to					1	
	the organization without charge		<del> </del>				
6	Total. Add lines 1 through 5		ļ.——·		ļ		<del></del>
7	Amounts included on lines 1, 2, and		ļ	ł	-		1
	3 received from disqualified persons						
1	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)	The section .	93" ( m m)	114 64 145	8 mg - 1 mg		
Se	ction B. Total Support	_					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses			1	ſ		
	acquired after June 30, 1975						
	Add lines 10a and 10b	-					
	Net income from unrelated business					†	
	activities not included in line 10b,						
	whether or not the business is regularly carried on			Ì	]		
12	Other income. Do not include gain	<del></del>	<del> </del>			<del> </del>	
-	or loss from the sale of capital						
40	assets (Explain in Part VI.)		<del> </del>		<del> </del>		
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the ergonization'	a first assaud thur	d for with an 656th do		- F01/a)(2) araamia	<u> </u>
14	check this box and stop here	the organization	S mst, second, triii	u, lourer, or mer te	ax year as a section	on 50 r(c)(5) organiza	ition,
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2015 (I			olumn (fl)	<del></del>	145	
				Oldiffit (1))		15	%
16	Public support percentage from 2014 ction D. Computation of Inves			·		16	<u>%</u>
				10 (6)		1	
17	Investment income percentage for 20	•	**	ie 13, column (i))		17	%
18	Investment income percentage from			am lima didi ii 11	. 45	18	<u>%</u>
19	33 1/3% support tests - 2015. If the	•					r is not
	more than 33 1/3%, check this box ar				=		
١	33 1/3% support tests - 2014. If the	-			•	•	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I if you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	х	
2		X
-	-	X
3a		lack
3b		
3c		
40		X
4a		
4b		
4c_		
		<u>.</u>
5a		X
5b		
5c		
		l
6		<u></u> _
-		<del>^</del>
7		X
8		X
		1
9a		X
9b		X
<u> </u>		
9c		X
10a		X
10b		

Sche	dule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC. 35-60	4122	2 P	age 5
Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	i		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
<u>Sec</u>	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		X
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<b></b> ,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		L	oxdot
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		Ц
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions).		
2	Activities Test Answer (a) and (b) below		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			i İ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			i l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ı
	how the organization was responsive to those supported organizations, and how the organization determined		-	-
	that these activities constituted substantially all of its activities	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			, ,
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			, 1
	reasons for the organization's position that its supported organization(s) would have engaged in these		<b> </b> -	لــــــــــــــــــــــــــــــــــــــ
_	activities but for the organization's involvement	2b	$\vdash$	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>	<b> </b>	
_	trustees of each of the supported organizations? Provide details in Part VI.	_3a_	<b> </b>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>	$\vdash$	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	

Sche	dule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.			35-6041222 Page
Pai		ng Organi		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov 20, 1970. <b>See inst</b>	ructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	ļ -	<u> </u>	
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	on C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	llv-integrate	d Type III supporting org	anization (see

instructions).

	dule A (Form 990 or 990-EZ) 2015 FOUNDATION, II			5-6041222 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continued)	
<u>Secti</u>	on D - Distributions	. <u> </u>		Current Year
1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	
_4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2015 from Section C, line 6			. <u></u> -
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Jevul	on E Pisa indution Anocations (see instructions)		Pre-2015	Amount for 2015
1_	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2015:			
a_				
b				
С				
<u>d</u>	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
_i_	Carryover from 2010 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а		· · ·		
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedu	ule A (Form 990	O or 990-EZ) 201				DATED SCR	TOOL		35-	-6041222	Page <b>9</b>
Part	Part IV, S line 1, Pa Section	emental Infor Section A, lines 1 art IV, Section D, D, lines 5, 6, and	rmation. Prov 1, 2, 3b, 3c, 4b, lines 2 and 3; F	vide the ex 4c, 5a, 6, 9 Part IV, Sec	planations req 9a, 9b, 9c, 11a ction E, lines 1	uired by Part II, Iir i, 11b, and 11c; P c, 2a, 2b, 3a and 3 6. Also complete	art IV, Se 3b. Part \	ction B, lines 1 /. line 1. Part V.	17b; P and 2, Section	art III, line 12, Part IV, Section in B. line 1e: Par	С.
	' (See inst	ructions.)	· · · · · · · · · · · · · · · · · · ·								
PARI	IV, SE	CTION C									
THE	BOARD O	F DIRECT	ORS OF T	HE SC	HOOL COI	RPORATION	ARE	ELECTED	вч	THE	
TAXE	AYERS O	F BARTHO	LOMEW CO	UNTY.						_	
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SCHEDULE (Form 990)

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Internal Revenue Service | PInformation about Schedule I (Form 990) and its instructions is at www.is.gov/form990.

Name of the organization BARTHOLOMEW CONSOLIDATED SCHOOL

Name of the organization BARTHOLOMEW FOUNDATION,	BARTHOLOMEW CONSOLIDATED FOUNDATION, INC.	IDATED SCHOOL	OL				Employer identification number 35-6041222
Part I General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or asse	stance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use	ocedures for monit	oring the use of grant	of grant funds in the United States	States			
Part II   Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	Domestic Organi \$5,000 Part II can	zations and Domesti	Somestic Governments. C	Complete if the orginal	anization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded	IV, line 21, for any
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION - 1200 CENTRAL AVENUE							VARIOUS PROGRAMS IN BARTHOLOMEW COUNTY SCHOOL
- COLUMBUS, IN 47201	35-1113190		116,838.	0.			SYSTEM.
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	nd government org s listed in the line	ganizations listed in th table	e line 1 table				
۔ ا	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2015)

Page 2

35-6041222

Schedule I (Form 990) (2015) FOUNDATION, INC.

[Partill Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

Fart III can be duplicated it additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	11	6,500.	0.		
Part.IV* Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, line	e 2, Part III, column (	b), and any other ad	ditional information.	
PART I, LINE 2:					
THE FOUNDATION PAYS OUT DOLLARS FOR	R PROGRAMS.		ALL DOCUMENTATION	N REGARDING	
PROGRAMS, AMOUNT REQUESTED, AND AMOUNT	DUNT GRANTED	TED IS KEPT	T ON FILE.		

Schedule I (Form 990) (2015)

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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▶ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2015
Open to Public
Inspection

Name of the organization

BARTHOLOMEW CONSOLIDATED SCHOOL FOUNDATION, INC.

Employer identification number 35-6041222

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FINANCIAL RESOURCES AND BY PROMOTING AWARENESS AND PHILANTHROPY FOR
PROGRAMS THAT HELP STUDENTS ACHIEVE EDUCATIONAL EXCELLENCE.
FORM 990, PART VI, SECTION A, LINE 2:
BOARD MEMBERS JOHN QUICK, MARK NEWELL, DARIN SPRONG, AND LAURA HACK ARE
EMPLOYED BY THE BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION. BOARD MEMBER
RICH STENNER IS A MEMBER OF THE BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION
BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11:
THE EXECUTIVE DIRECTOR AND BOARD TREASURER REVIEW AND APPROVE THE 990 PRIOR
TO FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICIES ARE UPDATED ANNUALLY. ANY CONFLICTS OF
INTEREST THAT ARISE DURING THE YEAR ARE DISCUSSED AS INCURRED.
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 1
THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING.