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Form 990-PF

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

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

OMB No 1545-0052

Department of the Treasury

		calendar year 2015 or tax year beginning	and its separat		and endi		, 20
		ne of foundation MAUDE M, MORAN REI	TGTOUS EDUCATI		ana cna	A Employer identifi	
		OUNDATION 480019017	IIOIOOD EDOCMII	.014		35-	6304819
		nber and street (or P.O. box number if mail is not delivered	I to street address)		Room/suite		
g \	Ρ.	O. BOX 1602				57	4-235-2790
選	City	or town, state or province, country, and ZIP or foreign pos	stal code				
雾						C If exemption applicat pending, check here	ion is
€₩		UTH BEND, IN 46634					_
Ħ	G C	heck all that apply Initial return	Initial return	of a former pu	blic char	ity D 1 Foreign organizati	ons, check here 🕨
~		Final return	Amended re			2. Foreign organizati 85% test, check he	
MAY		Address change	Name chang	-		computation .	
1	H CI	neck type of organization X Section 501				E if private foundation	status was terminated
<u>,−</u>		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr			under section 507(b)	- L
		air market value of all assets at J Acco		ash Accru	ual	F If the foundation is in	
2016		· · · · · · · · · · · · · · · · · · ·	ther (specify)			under section 507(b)	(1)(B),check here . >
			column (d) must be on ca	sh basis)	- 1		(d) Disbursements
	Par	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investincome		(c) Adjusted net income	for charitable purposes (cash basis only)
	1						
	2	Check ► if the foundation is not required to attach Sch					
	3	Interest on savings and temporary cash investments-					
	4	Dividends and interest from securities	2,561.	2	,561.	2,561.	STMT 1
	5						
		b Net rental income or (loss)	2,622.				
		a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all	2,022.				
	- Ke	assets on line 6a 18, 186.		2	,622.		<u>.</u>
c.3 6	7 د اع	,	- "		,022.		
2018	- 8 9	, <u>=</u>					
		a Gross sales less returns and allowances					
90) 134)		b Less Cost of goods sold .		. <u>.</u>			
		c Gross profit or (loss) (attach schedule)					
MA?	11						
	12	Total. Add lines 1 through 11	5,183.		,183.	2,561.	
1	13	Compensation of officers, directors, trustees, etc	1,850.	_1	,850.		
رسر در	ပ္ကို 14	Other employee salaries and wages				F11/20	
3	15	Pension plans, employee benefits			RE	CEIVED	
100	16						
100	و	b Accounting fees (attach schedule) STMT 2	950.		950	17 2016 NONE	NONE
4		c Other professional fees (attach schedule)	· · · · · · · · · · · · · · · · · · ·	\ <u>-</u>	31 141.4	13	
-		Interest	210.		C	111	
:	18	Depreciation (attach schedule) and depletion.		L	<u> </u>	7	
1	5 20	Occupancy	· · · · · · · · · · · · · · · · · · ·				
<	21	Travel, conferences, and meetings					
3	22	Printing and publications					
3	14 15 16 17 18 19 20 21 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25	Other expenses (attach schedule)					
,	24	Total operating and administrative expenses.			i	-	
3		Add lines 13 through 23	3,010.	2	,800.	NONE	NONE
ć	25	Contributions, gifts, grants paid	5,698.				5,698.
-	26	Total expenses and disbursements. Add lines 24 and 25	8,708.	2	,800.	NONE	5,698.
	27	Subtract line 26 from line 12:					
	1	Excess of revenue over expenses and disbursements	-3,525.				
		Net investment income (if negative, enter -0-)		2	,383.		
		Adjusted net income (if negative, enter -0-).				2,561.	

JSA For Paperwork Reduction Act Notice, see instructions. 5E1410 1 000 GP1770 A491 04/24/2016 07:29:46

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Form 990-PF (2015)

Page 2

	A III	Dalaman Chanto	Attached schedules and amounts in the	Beginning of year	End	of year
<u>ئا</u>	art li	Balance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	ng			
		•	cash investments			
		=				
		· · · · · · · · · · · · · · · · · · ·	otful accounts			
			otful accounts ►			
	_		officers, directors, trustees, and other			
			ach schedule) (see instructions)			
			ceivable (attach schedule)			
			otful accounts			
S			e			
Assets			eferred charges		-	
As			government obligations (attach schedule)			
			stock (attach schedule)			
			bonds (attach schedule)			
	11	Investments - land, building	s, >			
		and equipment basis Less accumulated deprecia				
		(attach schedule)	loans			
	12 13	investments - mortgage Investments - other (atta	ch schedule)	99,497.	95,985	. 109,749
	14	Land, buildings, and	>		30/300	
		equipment basis Less accumulated deprecia	tion		4	
		(attach schedule) Other assets (describe >				
			completed by all filers - see the			
			ege 1, item I)	99,497.	95,985	. 109,749.
_			ccrued expenses	33,137.	23,703	. 100,7110
		• •	•			
ç						
tie						
Ξ			rs, trustees, and other disqualified persons.			
Liabilities			tes payable (attach schedule)			
_	22	Other habilities (describe	· · · · · · · · · · · · · · · · · · ·			
	23	Total liabilities (add line)	s 17 through 22)		NON	
_					NON	
ç			ow SFAS 117, check here . ▶ 4 through 26 and lines 30 and 31.			
če		•	-			
alances						
Ва						-
pu		•				-
Fū			not follow SFAS 117,			
ò		•	plete lines 27 through 31.	99,497.	95,985	
Net Assets or Fund B			ipal, or current funds	33,43/.	73,703	<u>-</u>
se			land, bldg, and equipment fund			
As		•	ated income, endowment, or other funds	00 407	05 005	-
et			balances (see instructions)	99,497.	95,985	<u>-</u>
Z			net assets/fund balances (see	00 407	05 005	
				99,497.	95,985	
	art III		ges in Net Assets or Fund Bala		must save with	T
7			palances at beginning of year - Part		· ·	00 407
_		· -	d on prior year's return)			99,497.
			line 27a			-3,525.
			led in line 2 (itemize) > SEE STA		3	64.
			has 2 (isomics) by CER CER			96,036.
			line 2 (itemize) ► SEE STA		5	51.
<u> 6</u>	rota	i net assets or fund ba	lances at end of year (line 4 minus l	ine 5) - Part II, column (b	o), line 30 6	95,985.

Pa	art IV Capital Gains	and Losses for Tax on Inve	estment Income	•		
		d describe the kind(s) of property sold (e	-	(b) How acquired	(c) Date acquired	(d) Date sold
	2-story bi	rick warehouse; or common stock, 200	shs. MLC Co.)	P - Purchase D - Donation	(mo., day, yr)	(mo , day, yr.)
<u>1a</u>	PUBLICLY TRADED					
_ <u>b</u>	OTHER GAINS AND	LOSSES				
_ <u>c</u>						
<u>d</u>						
<u>e</u>			(10)			<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а	18,317.		15,564.			2,753.
b	-131.					-131.
_ <u>c</u>						
<u>d</u>						
<u>e</u>						
_	Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col. (h) ga	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less t Losses (from co	
а						2,753.
b						-131.
С						
d						
е						
2	Capital gain net income of		gaın, also enter in Part I, line 7			
_	· -	(11)	(loss), enter -0- in Part I, line 7	2		2,622.
3		in or (loss) as defined in sections 1:				
	=	art I, line 8, column (c) (see inst	•			
		ladar Cartina 4040/a) far Badı		3		
		nder Section 4940(e) for Redu				
(FO	r optional use by domestic	private foundations subject to the	section 4940(a) tax on net investing	nent incor	ne.)	
14 ~	antina 4040/d\/2\ annlina	laava thia mant blank				
11 5	ection 4940(d)(2) applies,	leave this part blank.				
Wa	s the foundation liable for t	the section 4942 tax on the distrib	utable amount of any year in the ba	ase nerio	47	Yes X No
		not qualify under section 4940(e). [ado pono		
1	••	ount in each column for each year;		anv entr	ies.	
	(a)	(b)	(c)	,,	(d)	
Ca	Base period years lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
	2014	5,000.	117,164.		•	0.042675
	2013	5,500.	114,366.	-		0.048091
	2012	5,965.	109,577.		•	0.054437
	2011	5,950.	113,526.			0.052411
	2010	5,546.	117,040.			0.047386
2		1)		2		0.245000
3	-	for the 5-year base period - divide	• • •			
	number of years the foun	dation has been in existence if less	than 5 years	3		0.049000
4	Enter the net value of nor	ncharitable-use assets for 2015 fro	m Part X, line 5	4		<u>111,975.</u>
5	Multiply line 4 by line 3.			5		<u>5,487.</u>
_						0.4
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b) .	• • • • • • • • • • • • • • • • • • • •	6		24.
-	Add lines E C			,		E C11
7	Aud lines 5 and 6		• • • • • • • • • • • • • • • • • • • •	7		5,511.
8	Enter qualifying distribution	ons from Part XII, line 4	ii	8		5,698.
•		reater than line 7, check the box i			using a 1% tax	

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	s)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			24.
	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			_
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			<u>24.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		N	ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<u>24.</u>
6	Credits/Payments.			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 277.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		2	<u>77.</u>
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		_	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2	<u>53.</u>
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ 253. Refunded ▶ 11			
	t VII-A Statements Regarding Activities		-	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			٠,,
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			32
	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$			'
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			,
_	foundation managers > \$	_		X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
•	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3		X
4.	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-3 4a		$\frac{\Lambda}{X}$
4a L	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		
5 5	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X
3	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			•
·	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	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 year? If "Yes," complete Part II, col (c), and Part XV	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	TN			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	-		
-	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
			O-PF	2045

Par	t VII-A Statements Regarding Activities (continued)			
	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)	11		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ 1ST SOURCE BANK Telephone no. ▶ (574) 235	-279	0	
	Located at ▶ 100 N MICHIGAN, SOUTH BEND, IN ZIP+4 ▶ 46601			
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			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Terrorization		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		300	
	(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)?			
				9 Y
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	3/ 3	× .	
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2015?	1c		<u></u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	N		
	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			
	6e, Part XIII) for tax year(s) beginning before 20157			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		<u> X</u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
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			
	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	3b		
An	foundation had excess business holdings in 2015.)	4a		<u></u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70		*
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Х
		rm 99	0-PF	

Sa During the year did the foundation pay or incur any amount to (1) Carry on propagands, or otherwise attempt to influence legislation (section 4945(e))?	Par	t VII-B Stateme	ents Regarding Activities f	or Which Form 4	720 May Be Req	uired (continued)		
(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?	5a	During the year did the	foundation pay or incur any amo	unt 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 charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) If any answer is "Yes" to 56.1)-(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)? (6) If "Yes" to go a current notice regarding disaster assistance check here (7) If "Yes" attach the statement required by Regulations section 53.4945-5(d). (8) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (8) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? (9) At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? (1) Tests, did the foundation receive any proceeds or have any net income attributable to the transaction? (1) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (1) List all officers, directors, trustees, foundation managers and their compensation (1) Michigan, South Bend, In Medical and address (1) 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) Prove the provided of the postation of the provided postation of the postation of t		(1) Carry on propagano	da, or otherwise attempt to influe	nce legislation (sectioi	n 4945(e))?	. Yes X No	,	
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 charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) If any answer is "Yes" to 56.1)-(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)? (6) If "Yes" to go a current notice regarding disaster assistance check here (7) If "Yes" attach the statement required by Regulations section 53.4945-5(d). (8) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (8) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? (9) At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? (1) Tests, did the foundation receive any proceeds or have any net income attributable to the transaction? (1) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (1) List all officers, directors, trustees, foundation managers and their compensation (1) Michigan, South Bend, In Medical and address (1) 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) Prove the provided of the postation of the provided postation of the postation of t								
(3) Provide a grant to an individual for travel, study, or other similar purposes?							,	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions), (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		· ·	-				,	
section 4945(d)(4)(A)? (see instructions), (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		· · ·						
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty 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)? Criganizations relying on a current notice regarding disaster assistance (see instructions)? 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? b 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? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Taxific 16b, file Form 8870		•				. l. l l. 12 l	,	
purposes, or for the prevention of cruelty to children or animals?								
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 53.494, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?							,	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 If the answer is "Yes" to question 53.494, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	b	If any answer is "Yes	s" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	n []	
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?		•					1 1	
because it maintained expenditure responsibility for the grant?		Organizations relying o	n a current notice regarding disas	ster assistance check l	here			1
because it maintained expenditure responsibility for the grant?	С	If the answer is "Yes	s" to question 5a(4), does the	foundation claim e	xemption from the t	ax	_	
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?			• "			F"]., []	,	
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 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? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hourse preveek devoted to position TRUSTEE 1. (a) Name and address TRUSTEE 1. (b) Title, and average hourse preveek devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1 - see instructions). (e) Expense account, other allowances employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions t			•	-				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6a	Did the foundation, of	luring the year, receive any fur	nds, directly or indire	ectly, to pay premiur	ms		
If "Yes" to 6b, file Form 8870 Tax any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		on a personal benefit c	ontract?			Yes X No	,	
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	b	Did the foundation, dur	ring the year, pay premiums, direc	tly or indirectly, on a p	personal benefit contra	oct?	. 6b	X
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) Title, and average devoted to position TRUSTEE 1 (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (f) TRUSTEE 1,850000- (g) Title, and average hours per week devoted to position (g) Name and address of each employee paid more than \$50,000 (h) Title, and average hours per week devoted to position (g) Compensation (h) Title, and average hours per week devoted to position (g) Compensation (g) Compensation (h) Contributions to employee benefit plans and deferred compensation (g) Expense account, other allowances (e) Expense account, other allowances		If "Yes" to 6b, file Form	8870					
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 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 (f) to tail, enter -0-) (d) Contributions to employee benefit plans and deferred compensation of enter -0-) (e) Expense account, other allowances	7a	At any time during the	tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	. Yes X No) <u> </u> "	
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 1ST SOURCE BANK 100 N MICHIGAN, SOUTH BEND, IN 46601 1 1,850. Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances (e) Expense account, other allowances (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 (d) Contributions to employee benefit plans and deferred compensation of the allowances (e) Expense account, other allowances	b							
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 IST SOURCE BANK TRUSTEE 100 N MICHIGAN, SOUTH BEND, IN 46601 1 1,850. 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 devoted to position (c) Compensation ((d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account (e) Expense account (e)	Par			rs, Trustees, Fou	ndation Manager	s, Highly Paid Em	ployees,	
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation (a) the raillowances (d) Contributions to employee benefit plans and deferred compensation (a) the raillowances (e) Expense account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (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 (e) Expense account, other allowances (e) Expense account, other allowances	1	List all officers, direc	tors, trustees, foundation ma	anagers and their o	compensation (see	instructions).		
ST SOURCE BANK TRUSTEE 100 N MICHIGAN, SOUTH BEND, IN 46601 1 1,850. -0- -0- -0-				(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e account,
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enternation of five highest-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		-		devoted to position	enter -0-)	and deferred compensation	other and	owances
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enternoon "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances					1 050			•
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances	100 N	MICHIGAN, SOUTH BENI), IN 45601	1	1,850.	-0-		-0-
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances								
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances								
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"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances		Compensation of fi	ve highest-naid employees	lother than thos	e included on line	e 1 - see instruction	ons). If no	ne 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 employee benefit plans and deferred compensation (e) Expense account, other allowances	_		ve ingliest paid employees	(Other than the	- 111010000			, , , , , , , , , , , , , , , , , , ,
(a) Name and address of each employee paid more than \$50,000 library l					(.) ((e) Expens	e account.
	(a)	Name and address of each	employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred	other allo	owances
NONE NONE NONE		· · · · · · · · · · · · · · · · · · ·				-		
	NON		-		NONE	l none l	Ne	ONE
	11011							
								
		··						•
	_			1			_	•
	-				· · · · · · · · · · · · · · · · · · ·			
Total number of other employees paid over \$50,000	Total	number of other emi	ployees paid over \$50,000				N	ONE
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3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
100		NONE
NON	<u>E</u>	NONE
ota	number of others receiving over \$50,000 for professional services	NONE
	IX-A Summary of Direct Charitable Activities	
Lis	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N</u>	ONE	
_		
_		
Z _		
-		
3		
_		
4 -		
-		
Par	IX-B Summary of Program-Related Investments (see instructions)	
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N</u>	ONE	
-		
2		
_		
ΔΙ	other program-related investments. See instructions	
	ONE	
217	<u> </u>	
ota	. Add lines 1 through 3	
		Form 990-PF (201

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	113,680.
b	Average of monthly cash balances	1b	NONE
c	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	113,680.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	113,680.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	1,705.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	111,975.
6	Minimum investment return. Enter 5% of line 5	6	5,599.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found	dations	
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	5,599.
2a	Tax on investment income for 2015 from Part VI, line 5 2a 24.		
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	24.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,575.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	5,575.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		_
	line 1	7	5,575.
Part	XII Qualifying Distributions (see instructions)		
lait	Air Qualitying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,698.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	<u>5,698.</u>
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	24.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<u>5,674.</u>
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	Iculating whether	the foundation

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Part 2	XIII Undistributed Income (see instr	ructions)			
	stributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	e 7			-	5,575.
	distributed income, if any, as of the end of 2015				3,313.
	iter amount for 2014 only			5,697.	
	tal for prior years 20 13 ,20,20		NONE		
	cess distributions carryover, if any, to 2015		NONE		
	om 2010 NONE				
	MONTO				
	om 2011 NONE om 2012 NONE				
	MONT				
		NONE			
	stal of lines 3a through e	NONE			
	e 4 ► \$ 5,698.	:			
	plied to 2014, but not more than line 2a			5,697.	
	i			5,097.	
	plied to undistributed income of prior years	a and a subsection of	NONE		
	ection required - see instructions)		NONE		
	eated as distributions out of corpus (Election quired - see instructions)	NONE		İ	
	í	NOND			1
	plied to 2015 distributable amount	NONB			1.
	maining amount distributed out of corpus	NONE			NONE
	cess distributions carryover applied to 2015 . an amount appears in column (d), the same	NONB		` `	<u>NONE</u>
_	nount must be shown in column (a))	,			
	ter the net total of each column as dicated below:		4	`	•
		NONE			5 2 · 6
	rpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONB			
	or years' undistributed income. Subtract		NONE	*	
c En	e 4b from line 2b	-	NONE	,	*
inc	ome for which a notice of deficiency has				
	en issued, or on which the section 4942(a)		NONE		
	· · · · · · · · · · · · · · · · · · ·		NONE		
	btract line 6c from line 6b. Taxable lount - see instructions		NONE		
	distributed income for 2014. Subtract line		NONE	· -	_
4a	from line 2a. Taxable amount - see				
1115	tructions				
	distributed income for 2015. Subtract lines				
	and 5 from line 1. This amount must be tributed in 2016				5,574.
	nounts treated as distributions out of corpus				<u> </u>
	satisfy requirements imposed by section				
	0(b)(1)(F) or 4942(g)(3) (Election may be		:		
	jured - see instructions)	NONB			
	cess distributions carryover from 2010 not	NOND			
	blied on line 5 or line 7 (see instructions)	NONE			
	cess distributions carryover to 2016.				
	btract lines 7 and 8 from line 6a	NONE			
	alysis of line 9.				
	cess from 2011 NONE				
	cess from 2012 NONE				
	cess from 2013 NONE				
	ess from 2014 NONE				
	tess from 2015 NONE				

Pai	rt XIV Private Ope	erating Foundations	(see instructions ar	nd Part VII-A, question	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private opera	iting	
	foundation, and the ruling	g is effective for 2015, ent	ter the date of the ruling		▶	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 4942()	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 2012	,0,10101
	I or the minimum investment return from Part X for each					
	year listed			_		
b	85% of line 2a					
C	Qualifying distributions from Part					
	XII, line 4 for each year listed .					<u>-</u>
d	Amounts included in line 2c not used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c					
,	alternative test relied upon					
a	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-			=		
_	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
С	Ine 6 for each year listed "Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income					<u> </u>
Par		itary Information (C uring the year - see		only if the foundat	ion had \$5,000 oi	more in assets at
1	Information Regarding	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	List any managers of	-		e than 2% of the tota	l contributions receiv	ed by the foundation
_	before the close of any					ou by the loundation
	N/A					
b	List any managers of	the foundation who	own 10% or more of	the stock of a corpo	oration (or an equally	large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	interest.	
	_					
_	N/A	0 1 1 11 0	0% 0 1 1			
2	Information Regarding					
	Check here ► if t unsolicited requests for					
	other conditions, comp			ints, etc. (see instruct	ions) to maividuals o	r organizations under
а	The name, address, an			person to whom appl	ications should be ad-	dressed
_	SEE STATEMENT 8	·		Programma surrem when		·
Ь	The form in which appl		mitted and informatio	n and materials they s	hould include:	
	SEE ATTACHED ST			•		
C	Any submission deadle		NT 0			
	SEE ATTACHED ST	CATEMENT FOR LI	NE 2			
d	Any restrictions or lu	mitations on awards.	such as by geogra	phical areas, charital	ble fields, kinds of	institutions, or other
-	factors:		, gg-	,		
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2		_	

Form 990-PF (2015)					Page 1
Part XV Supplementary	Information (d	continued)			-
3 Grants and Contribution Recipient Name and address (home of	ns Paid Durin	g the Year or Appro	oved for F	uture Payment	1
Recipient	 	show any relationship to	status of	Purpose of grant or contribution	Amount
Name and address (home of	or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year					
DAVID NEFF		170177	NO.	AGRAL A BARTER	2 040
25431 GRANT ROAD SOUTH BEND IN	1 46619	NONE	NONE	SCHOLARSHIP	2,849.
anonata miliamany					
GEORGIA TILLOTSON	. 46544	NONE	NONE	SCHOLARSHIP	2,849.
702 W. 4TH STREET MISHAWAKA IN	1 40344	MUNE	ANUM	SCHOTTAKSHILA	2,043.
				İ	
			ļ		
				1	
				1	
Total					5,698.
b Approved for future payme					1,000
				1	
				1	
	ļ		1		
Total	l		L	▶ 3b	
10101					

t XVI-A Analysis of Income-Produ	cing Acti	vities			
gross amounts unless otherwise indicated.	Unrela	ited business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemption function income (See instructions.
rogram service revenue					(See mandenons.
<u> </u>					
Fees and contracts from government agencies			-		<u> </u>
Fees and contracts from government agencies Membership dues and assessments					
nterest on savings and temporary cash investments				·	_
Dividends and interest from securities			14	2,561.	
let rental income or (loss) from real estate			_		
Debt-financed property			1		
Not debt-financed property			-		
let rental income or (loss) from personal property.					
Other investment income			18	2,622.	
iain or (loss) from sales of assets other than inventory. let income or (loss) from special events			10	Z, UZZ.	
ret income or (loss) from special events · · · · income or (loss) from sales of inventory					
Other revenue a					
banan Add ani (b) (d) d (-)) 1	_ 400	
tubtotal. Add columns (b), (d), and (e) Lotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities e No. Explain below how each activity	lations.) to the Ac	complishment of E	xempt Purp	ooses	5,1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities	lations.) to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	5,1
t XVI-B Relationship of Activities Replain below how each activity	lations.) to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	5,1
t XVI-B Relationship of Activities Replain below how each activity	lations.) to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	5,1
t XVI-B Relationship of Activities Replain below how each activity	lations.) to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	5,1
t XVI-B Relationship of Activities Replain below how each activity	lations.) to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	5,1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities No. Explain below how each activity	lations.) to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	5, 1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities No. Explain below how each activity	lations.) to the Ac	complishment of E	xempt Purp	ooses of Part XVI-A contribu	5, 1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities No. Explain below how each activity	lations.) to the Ac	complishment of E	xempt Purp in column (e by providing	ooses of Part XVI-A contribu	5,1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities No. Explain below how each activity	lations.) to the Ac	complishment of E	xempt Purp in column (e by providing	ooses of Part XVI-A contribu	5, 1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities No. Explain below how each activity	lations.) to the Ac	complishment of E	xempt Purp in column (e by providing	ooses of Part XVI-A contribu	5, 1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities No. Explain below how each activity	lations.) to the Ac	complishment of E	xempt Purp in column (e by providing	ooses of Part XVI-A contribu	5, 1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities No. Explain below how each activity	lations.) to the Ac	complishment of E	xempt Purp in column (e by providing	ooses of Part XVI-A contribu	5, 1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities No. Explain below how each activity	lations.) to the Ac	complishment of E	xempt Purp in column (e by providing	ooses of Part XVI-A contribu	5, 1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities No. Explain below how each activity	lations.) to the Ac	complishment of E	xempt Purp in column (e by providing	ooses of Part XVI-A contribu	5, 1
t XVI-B Relationship of Activities Replain below how each activity	lations.) to the Ac	complishment of E	xempt Purp in column (e by providing	ooses of Part XVI-A contribu	5, 1
t XVI-B Relationship of Activities Replain below how each activity	lations.) to the Ac	complishment of E	xempt Purp in column (e by providing	ooses of Part XVI-A contribu	5,1
t XVI-B Relationship of Activities Replain below how each activity	lations.) to the Ac	complishment of E	xempt Purp in column (e by providing	ooses of Part XVI-A contribu	5,1
t XVI-B Relationship of Activities Replain below how each activity	lations.) to the Ac	complishment of E	xempt Purp in column (e by providing	ooses of Part XVI-A contribu	5, 1

Part X	(VII	Information R Exempt Organ		ansfers To and Tra	ansactio	ons and	Relation	ships With None	chari	table)
ın	secti	organization direct	ly or indirectly	engage in any of the section 501(c)(3) orga		Yes	No				
			g foundation to	a noncharitable exemp	pt organia	zation of:					ĺ
									1a(1)		X
	-								1a(2)	<u> </u>	Х
		ransactions:	charitable even	npt organization					15/1)		Х
				ole exempt organization					1b(2)		X
•	-			assets					1b(3)		Х
									1b(4)		X
											X
				p or fundraising solicit							X
				sts, other assets, or paid es," complete the folio						fair m	
				ices given by the repo							
				gement, show in colur							
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt organiz	ation	(d) Descri	ption of transi	ers, transactions, and shar	ıng arra	angeme	nts
		·									
				<u>-</u> -							
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de	escrib	•	of the Code (o	filiated with, or related the street of the street than section 501(•	-	Y	es 🔼	☑ No
		(a) Name of organizatio	n	(b) Type of orga	nization			(c) Description of relations	ship		_
		 				<u> </u>					
	_				_ _ _			-			
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	Under	penalties of perjury, I declar	re that I have exam	nined this return, including accordance taxpayer) is based on all information	mpanying sch	nedules and st	atements, and	to the best of my knowledg	e and l	belief, it	is true
Sign		(2)	- AVP	1	ì	^	VP	May the IRS	discus	s this	return
Here		Common Common	2 HAL	04/04/201		H H	<u> </u>	with the pr			below
	Sign	ature of officer or trustee		Date		Title		(see instruction	ns)? <u>X</u>	Yes	No
	L	Print/Type preparer's na	me	Preparer's signature			Date	Check If	PTIN		
Paid -								self-employed			
Prepa		Firm's name ► 1S						Firm's EIN ► 35-	0309	575	
Use C	nly	1	O BOX 1602						 -		
		SO SO	UTH BEND,	IN	466	34		Phone no 574-2	<u> 35-</u> 2	790	

STATEMENT

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

ADJUSTED NET INCOME	100.	228.		. 63	283.	56.	153.	360.	12.	M	140.	757.	280.	2,561.
NET INVESTMENT INCOME	100.	228.	63.			. 26.	153.	360.	12.	9	140.	757.	280.	2,561.
REVENUE AND EXPENSES PER BOOKS	100.	228.	. 693.	63.	283.	. 26.	153.	360.	12.		140.	757.	280.	2,561.
DESCRIPTION	BLACKROCK STRAT INC OPP-INS DODGE & COX INTL STOCK FUND	FEDERATED INST HI YLD BOND FUND	FIDELITY CONTRA FUND #022	CANMARK INTERNATIONAL FU-I	METROPOLITAN WEST TOTAL RETURN BD-I	NEW WORLD FUND-F2	OPPENHEIMER SR FLOAT RATE Y	BOSTON PARTNERS INV ALL CAP VAL INST	T. ROWE PRICE MID-CAP GROWTH FUND	STERLING CAP STR S/C VAL-INS	TEMPLETON GLOBAL BOND FUND-AD	UNITS IN INCOME FUND OF 1ST SOURCE BANK	UNITS IN SHORT TERM INCOME FUND OF 1ST S	TOTAL

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FEES	
ACCOUNTING	
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PART	
990PF,	
FORM	

CHARITABLE PURPOSES	NONE
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	950.
REVENUE AND EXPENSES PER BOOKS	950.
	TOTALS
DESCRIPTION	TAX PREPARATION FEES

0

STATEMENT

FORM 990PF, PART I - TAXES

		REVENUE
		AND
		EXPENSES
DESCRIPTION		PER BOOKS
FOREIGN TAXES		10.
FEDERAL ESTIMATES - PRI	NCIPAL	200.
	TOTALS	210.
	101ALD =	.210. ==========

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OTHER INVESTMENTS	
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MAUDE M, MORAN RELIGIOUS EDUCATION

35-6304819

ENDING FMV	19,550. 11,024.	2,571. 19,902.	_σ			, 15	2,594. 5,411.	9,00	109,749.
ENDING BOOK VALUE	19,764. 11,098.	2,155. 9,781.	492.	,90	6,185. 2,203.	4,	3,164.	11,517. 2,539.	95,985.
COST/ FMV C OR F	000	000	טטט	ບບ	ບ ບ	000	ບ ບ	υυ	TOTALS
DESCRIPTION	1ST SOURCE INCOME FUND 1ST SOURCE SHORT TERM INCOME ROBECO BP A/CAP VALUE	DODGE & COX INTERNATI STOCK FIDELITY CONTRA FUND #022 STEATHON SMATT CAR 1371115	WASATCH LONG SHORT FEDERATED TREASURY OBLIGATIONS	FEDERATED INSTL HI YLD BOND TEMPLETON GLOBAL BOND FUND	NEW WORLD FUND T ROWE PRICE MID CAP GROWTH FD	METROPOLITAN WEST TOTAL RET OPPENHEIMER SR FLOAT	DAKWAKA INIEKNATU BLACKROCK STRAT INC OPP-INS	BOSTON PARTNERS INV ALL CAP VA STERLING CAP STR S/C VAL-INS	

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FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BE	LANCES
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DESCRIPTION	AMOUNT
	-
1/31/15 FEDERATED HI YLD BD FD INCOME	23.
1/2/15 OPPENHEIMER DIV TIMING DIFF	29.
1/2/15 METROPOLITAN WEST TOTAL RETURN	12.
TOTAL	64.

FORM S	990PF,	PART	III	-	OTHER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES	
DESCRI	IPTION											AMOUNT	
1/4/16		POLIT	CAN W	IES'	T TOTA	O INCOME AL RETURN							14. 25. 12.
						TOTA	ΑL						51.

GAINS AND LOSSES FROM PASS-THRU ENTITIES

NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS AND OTHER FIDUCIARIES

COMMON TRUST FUNDS

-41.00

TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)

=========

NET LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS AND OTHER FIDUCIARIES

COMMON TRUST FUNDS

-90.00

TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)

-90.00

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STATEMENT 7

MAUDE M, MORAN RELIGIOUS EDUCATION FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

FIRST UNITED METHODIST CHURCH, MINISTER

ADDRESS:

201 EAST THIRD STREET MISHAWAKA, IN 46544

FORM, INFORMATION AND MATERIALS:

APPLICATION ATTACHED

SUBMISSION DEADLINES:

ANNUALLY BY APRIL 1ST

RESTRICTIONS OR LIMITATIONS ON AWARDS:

RELIGIOUS TRAINING OF FULL-TIME CHRISTIAN WORKERS