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# Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

Fo	r cale	endar year 2015, or tax year beginning	, 2015	, and ending	,	
		POUNDARTON			A Employer identification nul	nber
		FOUNDATION INDIANA AVENUE		-	45-3597029  B Telephone number (see insl	ructions)
		ANAPOLIS, IN 46202			(317) 507-75	
		,			C If exemption application is	nending check here
_	Cha	ali all that apply	Initial return of a form		C in exemption application is	pending, encer here
G	Crie	ck all that apply.	Initial return of a form Amended return	ner public charity	D 1 Foreign organizations, che	ck here
		Address change	Name change		2 Foreign organizations mee	ting the 85% test, check
н	Che		(c)(3) exempt private f	oundation	here and attach computation	on L
••	Γ	Section 4947(a)(1) nonexempt charitable t	rust Other taxable p	1	E If private foundation status	was terminated
1			ounting method X C	ash Accrual	under section 507(b)(1)(A)	, check here
	•		Other (specify)		F If the foundation is in a 60	
	<b>&gt;</b> \$		column (d) must be or	cash basis)	under section 507(b)(1)(B)	, check here
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and	(b) Net investment		(d) Disbursements
		columns (b), (c), and (d) may not neces-	expenses per books	ıncome	income	for charitable purposes
		sarily equal the amounts in column (a) (see instructions) )				(cash basis only)
		1 Contributions, gifts, grants, etc, received (attach schedule)	560,000.			, , , , , , , , , , , , , , , , , , , ,
		2 Ck ► if the foundation is not required to attach Sch B		-		* * *
		3 Interest on savings and temporary cash investments	26.	2(	5. 26.	A B COMMENT CONTRACTOR
		4 Dividends and interest from securities	48,477.	48,47		and the same state of
		5 a Gross rents	30,311.	40,41	7. 40,477.	49, 47
		Net rental income or (loss)		`		FA, 27 51 2 25
	Ŗ į	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all	30,742.		The second of the second	5 11 10 11 11 11 11 11 11 11 11 11 11 11
,	E V	assets on line 6a		30.00	7, '5 55	A STATE OF THE STA
	E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		30,80	2.	
	U	9 Income modifications			53	45
	E	10 a Gross sales less returns and	* * * * * * * * * * * * * * * * * * * *	N N	٠	the standard with the
		allowances h Less Cost of	,	*		
		goods sold				~
		C Gross profit or (loss) (attach schedule).  11 Other income (attach schedule)				, , ,
		SEE STATEMENT 1	549.			, ,
		12 Total Add lines 1 through 11	639,794.	79,30	48,503.	
		13 Compensation of officers, directors, trustees, etc	0.			
		14 Other employee salaries and wages 15 Pension plans, employee benefits				
		15 Pension plans, employee benefits 16 a Legal fees (attach schedule)				
	A D	<b>b</b> Accounting fees (attach sch)	<del>-</del> -		RECEIV	/ED
	Į M	C Other prof fees (attach sch)				
Q.	N – 0	17 Interest			8	SC
e E	T R	18 Taxes (attach schedule)(see instrs) SEE STM 2	142.	142	2. 8 SEP 16	2016 9
ERAT	Ā	19 Depreciation (attach schedule) and depletion				HRS
∍ i N	į	20 Occupancy			OGDEN	UT
$\mathcal{E}$ C	Ė	21 Travel, conferences, and meetings				
N D	E X	22 Printing and publications. 23 Other expenses (attach schedule)				
® D	X P E	Other expenses (attach schedule)  SEE STATEMENT 3	21,272.	21,27	,	
1	N S	24 Total operating and administrative				
	S	expenses. Add lines 13 through 23	21,414.	21,41	<del></del>	
			138,500.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	138,500.
ているとという		26 Total expenses and disbursements. Add lines 24 and 25	159,914.	21,41	4. 0.	138,500.
CTD		27 Subtract line 26 from line 12.			<u> </u>	
		a Excess of revenue over expenses and disbursements	479,880.			!
		b Net investment income (if negative, enter -0-)	413,000.	57,89		
		C Adjusted net income (if negative, enter -0-)			48,503.	
_			<del></del>			

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year			of year		
- ai		(See instructions )		(a) Book Value	(b) Book Valu	ie	(c) Fair Market Value
	1	Cash — non-interest-bearing					
	2	Savings and temporary cash investments	ļ	62,937.	578,4		578,499.
	3	Accounts receivable		, , , , , , , , , , , , , , , , , , , ,	* * * 23 <sup>1</sup> 1,	3 3 3	*
	]	Less allowance for doubtful accounts •					
	4	Pledges receivable		. ` ` %		100	2817 12 55
	ŀ	Less allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
_	7	Other notes and loans receivable (attach sch)					The state of the s
A		Less allowance for doubtful accounts ▶		_			
š	8	Inventories for sale or use					
A S S E T	9	Prepaid expenses and deferred charges					
Ś	10 a	a Investments – U.S. and state government obligations (attach schedule)					
	t	Investments — corporate stock (attach schedule)					
	0	Investments — corporate bonds (attach schedule)					
	11	Investments – land, buildings, and equipment basis			the second	3.14 3.14 3.14	
		Less accumulated depreciation (attach schedule)					
	12	Investments – mortgage loans					
	13	Investments - other (attach schedule)		1,989,618.	1,953,9	36.	1,933,876.
	14	Land, buildings, and equipment basis ►		1 m d 4 d	10 m 8 m	, <u>)</u> , , , ;	The second of
		Less: accumulated depreciation (attach schedule)					
		Other assets (describe	)				
-	<u> </u>	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)		2,052,555.	2,532,4	35.	2,512,375.
Ļ	17	Accounts payable and accrued expenses					
À	18	Grants payable	-				1. 1966年,李朝
В	19	Deferred revenue	-				
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons	s				
ť	21	Mortgages and other notes payable (attach schedule)					
į	22	Other liabilities (describe	'				As a room of section of the
E S	23	Total liabilities (add lines 17 through 22)		0.		0.	*
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 3	n. 🔭				
N F	24	Unrestricted					* 4 1
N F E U T N	25	Temporarily restricted	Ī		•		,
ח	26	Permanently restricted					
A B A L A N		Foundations that do not follow SFAS 117, check her and complete lines 27 through 31.	e <b>-</b> X				
ĒL	27	Capital stock, trust principal, or current funds	_	2,052,555.	2,532,4	35.	
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund	ļ				
O E	29	Retained earnings, accumulated income, endowment, or other funds					
RS	30	Total net assets or fund balances (see instructions)		2,052,555.	2,532,4	35.	
	31	Total liabilities and net assets/fund balances (see instructions)		2,052,555.	2,532,4	35.	
Par	E III	Analysis of Changes in Net Assets or Fund	Balance		····		
	Total	I net assets or fund balances at beginning of year — Professor reported on prior year's return)			gree with	1	2,052,555.
2		r amount from Part I, line 27a				2	479,880.
3		increases not included in line 2 (itemize).				3	477,000.
4		lines 1, 2, and 3				4	2,532,435.
5		ases not included in line 2 (itemize).				5	
		I net assets or fund balances at end of year (line 4 mir	nus line 5)	- Part II, column (b),	ine 30	6	2,532,435.

(a) List and descri	DLOSSES FOR TAX ON INVESTMENT Ube the kind(s) of property sold (e.g., Buse, or common stock, 200 shares M	real estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a SEE STATEMENT 4	-	<del>-</del>	0 00101011	-	
b					
С					
d	<del></del>				
e		(1) (1)	<u> </u>	4-> 0	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or (e) plus (f) n	
a					<del></del>
b					
<u> </u>	<del>-</del>				
d	-	<del></del>			
e Control of control			750		
(i) F.M.V	owing gain in column (h) and owned (i) Adjusted basis	(k) Excess of col (i)		(I) Gains (Col gain minus col. (k), l	
as of 12/31/69	as of 12/31/69	over col (j), if any		nan -0-) or Losses (i	
a					
b					
С				<del>_</del>	
d					<del> </del>
<u>e</u>					
2 Capital gain net income or (i	net capital loss) — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	_ 2		30,802.
	or (loss) as defined in sections 1222(5	·			
If gain, also enter in Part I, I in Part I, line 8	line 8, column (c) (see instructions) I	f (loss), enter -0-	<b>3</b>		0.
Part V Qualification Und	ler Section 4940(e) for Reduce	d Tax on Net Investn	nent Income	•	
If 'Yes,' the foundation does not q	section 4942 tax on the distributable a jualify under section 4940(e) Do not o	complete this part	·	Yes	No
1 Enter the appropriate amount	in each column for each year, see the in	structions before making any	entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use as	sets (co	<b>(d)</b> Distribution (b) divided by	
2014					
2013					
2012					
2011					
2010					
O Takal of long 1 columns (d)					
2 Total of line 1, column (d)			. 2	<del> </del>	
3 Average distribution ratio for number of years the foundat	r the 5-year base period — divide the tion has been in existence if less than	total on line 2 by 5, or by t i 5 years	:he 3		
4 Enter the net value of nonch	naritable-use assets for 2015 from Par	t X, line 5	4		
5 Multiply line 4 by line 3			5		· · · · · · · · · · · · · · · · · · ·
6 Enter 1% of net investment	income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distributions	from Part XII, line 4		8		
If line 8 is equal to or greater t	than line 7, check the box in Part VI, line	1b, and complete that part	using a 1% tax	rate See the	

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	s)								
1 a	Exempt operating foundations described in section 4940(d)(2), check here									
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)									
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1,158.								
	check here ► and enter 1% of Part I, line 27b									
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-).	0.								
3	Add lines 1 and 2	1,158.								
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0.								
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	1,158.								
6	Credits/Payments									
а	2015 estimated tax pmts and 2014 overpayment credited to 2015 6a 1, 400.									
b	Exempt foreign organizations – tax withheld at source	Solar Line & retents nec . Forther								
	Tax paid with application for extension of time to file (Form 8868)	. • • •								
d	Backup withholding erroneously withheld									
7	Total credits and payments Add lines 6a through 6d 7	1,400.								
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached	26.								
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	0.								
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	216.								
11	Enter the amount of line 10 to be Credited to 2016 estimated tax > 216. Refunded > 11	0.								
	t VII-A   Statements Regarding Activities	·								
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes No								
ıa	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 Instructions for the definition)?	1 b X								
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published	1b X								
	or distributed by the foundation in connection with the activities									
c	Did the foundation file Form 1120-POL for this year?	1c X								
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	- 1 3-1 1 1-4								
	(1) On the foundation $\Rightarrow$ 0. (2) On foundation managers $\Rightarrow$ 0.	* \$ 422 12								
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers									
•										
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X								
	If 'Yes,' attach a detailed description of the activities									
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3 X								
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 X 4a X								
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b N/A								
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X								
3	If 'Yes,' attach the statement required by General Instruction T	^								
c	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	. ] ]								
0	By language in the governing instrument, or									
	<ul> <li>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?</li> </ul>	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								
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)									
	IN									
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	9b V								
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8 b 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 X								
		-   ^								
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10 X								
BAA		rm <b>990-PF</b> (2015)								

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Pai	t VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		1	1	x	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person advisory privileges? If 'Yes,' attach statement (see instructions)	on had	12	2	x	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address  N/A	application	n? 1:	3 >	<del></del>	_
14	The books are in care of NASIR BUTT  Telephone	no /	317) 50	)7-7	575	
14	Located at 430 INDIANA AVENUE INDIANAPOLIS IN ZIP + 4 >	46202		71.7.	2/2_	-
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the year	<u>-19202</u> ►  15	N.	/Ā	• [] N/.	 A
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority of	ver a		Ye	s No	,
.0	bank, securities, or other financial account in a foreign country?		16	5	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		,			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Ye	s No	_
1 a	During the year did the foundation (either directly or indirectly)		_	r2, `	1	1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes [}	∐No i			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_,			- 1	
	disqualified person?	Yes 2		*		
	<ul><li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li></ul>	Yes Yes				
	(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)?	Yes	₹ No	遊 藤	1	
		_,				
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination					
	of government service, if terminating within 90 days.)	Yes [	₹ No 🗔			
Ł	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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)		- 15 A		<u> </u>	
		, 	, <u>  1</u>	$\overline{}$	N/A	_
	Organizations relying on a current notice regarding disaster assistance check here	•	J   .		<b>*</b>	1
C	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?		1	c	X	l
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			:   ; ~	-	
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d		Z N		.	i
	and 6e, Part XIII) for tax year(s) beginning before 2015?  If 'Yes,' list the years ► 20 . 20 . 20 . 20	Yes [	<b>∑</b> No			1
	7 7 1 1 1 1			·   . ·	-	1
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942)	a)(2)				1
	all years listed, answer 'No' and attach statement — see instructions ).	.,(L) (O	2	2 b	N/A	
C	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years h  20 , 20 , 20 , 20	ere				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business		_			
	enterprise at any time during the year?	Yes	∑ No			i
t	of Yes, did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation	ı				
	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 foundation had excess business holdings in 2015)		3	3 b	N/A	
A -	Did the foundation invest during the year any amount in a manner that would jeopardize its					_
4 8	charitable purposes?		4	la	X	
	Did the foundation make any investment in a prior year /but offer December 21, 1060) that and			,		
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of					
<del></del>	the tax year beginning in 2015?			b b	X	
BAA			Form	プラリ・ピ!	· (ZUI	<b>)</b>

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Part VII-B   Statements Regarding Activit		1 4720 May Be Req	uired (continue	<u>d)</u>	<del></del>
<ul><li>5 a During the year did the foundation pay or incu</li><li>(1) Carry on propaganda, or otherwise attempt</li></ul>	=	n (section 4945(e))?	Yes	X No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	n 4955), or to carry	☐Yes	X No	
(3) Provide a grant to an individual for travel,	X No	7			
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions	X No				
(5) Provide for any purpose other than religio educational purposes, or for the prevention	X No	54 4			
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53 4945 or in (see instructions)?		5b N/A			
Organizations relying on a current notice rega	irding disaster assistand	ce check here	•	· 🔲	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg.	sibility for the grant?		N/A Yes	No	
<ul> <li>6 a Did the foundation, during the year, receive at on a personal benefit contract?</li> <li>b Did the foundation, during the year, pay prem</li> </ul>			∐Yes	XNo	6b X
If 'Yes' to 6b, file Form 8870	iums, anectry or manec	tily, on a personal bene		_	4 - 4 · ·
7a At any time during the tax year, was the found b if 'Yes,' did the foundation receive any proceed				X No N/A	7 b
Part VIII Information About Officers, D					
and Contractors					
1 List all officers, directors, trustees, foundation					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee bene plans and defer compensation	efit o	Expense account, other allowances
SEE STATEMENT 5					
		0.		0.	0.
2 Compensation of five highest-paid employees (or					
(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 employee bene plans and defer compensation	efit \ o	Expense account, other allowances
NONE					
Total number of other employees paid over \$50,000	)			<b></b>	0
DAA	TEE 403061 10	0/13/16		En	rm 990-PE (2015)

	and Contractors (continued)	· • ·
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
	·	
	·	
		· · · · · · · · · · · · · · · · · · ·
		<del> </del>
Total	number of others receiving over \$50,000 for professional services	0
Pari	Summary of Direct Charitable Activities	
List the	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	THE FOUNDATION DOES NOT DIRECTLY PARTICIPATE IN CHARITABLE ACTIVITIES.  THE ACTIVITIES OF THE DIRECTORS ARE LIMITED TO THE ADMINISTRATION OF	
	GRANTS TO QUALIFIED UNRELATED 501(C)(3) ORGANIZATIONS.	138,500.
2		
3	<del></del>	
4		
-		
Part	Summary of Program-Related Investments (see instructions)	
Desci	ibe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
	<u>N/A</u>	
_		
2		
Allo	ther program-related investments. See instructions	
3		
-		
	Add lines 1 through 3	0.
BAA		Form <b>990-PF</b> (2015)

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Part X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a Average monthly fair market value of securities	1 a	2,114,647.
<b>b</b> Average of monthly cash balances	1 b	41,968.
c Fair market value of all other assets (see instructions)	1 c	- <del></del>
d Total (add lines 1a, b, and c)	1 d	2,156,615.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation) 1 e 0	<del></del>	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	2,156,615.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	32,349.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,124,266.
6 Minimum investment return. Enter 5% of line 5	6	106,213.
Part XI Distributable Amount (see instructions) (Section 4942(J)(3) and (J)(5) private operating and certain foreign organizations check here ► and do not complete this part.)	ating four	ndations
1 Minimum investment return from Part X, line 6	1	106,213.
2a Tax on investment income for 2015 from Part VI, line 5		
<b>b</b> Income tax for 2015 (This does not include the tax from Part VI)	<u></u>	
c Add lines 2a and 2b	2 c	1,158.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	105,055.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	105,055.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	105,055.
Part XII Qualifying Distributions (see Instructions)		-
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		120 500
a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26  b Program-related investments – total from Part IX-B	1 a	138,500.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
	-	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	138,500.
	+	130,300.
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	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	138,500.
<b>Note.</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo qualifies for the section 4940(e) reduction of tax in those years	undation	
PAA	F	orm <b>990-PF</b> (2015)

# Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015
1 Distributable amount for 2015 from Part XI line 7				105,055.
2 Undistributed income, if any, as of the end of 2015				1007000.
a Enter amount for 2014 only			14,888.	1
<b>b</b> Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2015:	, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
<b>a</b> From 2010				
<b>b</b> From 2011				
<b>c</b> From 2012				1
<b>d</b> From 2013		•		ı
<b>e</b> From 2014				ı
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part				ı
XII, line 4 ► \$138,500.			······	1
a Applied to 2014, but not more than line 2a			14,888.	
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
<b>d</b> Applied to 2015 distributable amount				105,055.
e Remaining amount distributed out of corpus	18,557.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
,,,,				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	18,557.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				,
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2014 Subtract line 4a from			_	
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2015 Subtract lines				
4d and 5 from line 1. This amount must be				0
distributed in 2016  7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions)	0			
	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	18,557.			
10 Analysis of line 9				
a Excess from 2011				
<b>b</b> Excess from 2012				
c Excess from 2013				
d Excess from 2014				
<b>e</b> Excess from 2015 18,557.				E 000 DE (0015)

SEE STATEMENT FOR LINE 2A

SEE STATEMENT FOR LINE 2A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to any foundation manager or Purpose of grant or contribution status of **Amount** recipient Name and address (home or business) substantial contributor a Paid during the year NONE 501(C)(PROGRAM FUNDS 7,000. UNIVERSITY OF INDY - DOM. REP. MEDICAL 1400 E. HANNA AVE. INDIANAPOLIS IN 46227 501(C)(PROGRAM FUNDS 5,000. ACHIEVE SERVICES, INC. NONE 1201 89TH AVENUE NE, SUITE 105 BLAINE MN 55434 NONE 501(C)(PROGRAM FUNDS 125,000. LEGACY LEARNING CENTER, INC. 1102 ROOSEVELT AVENUE INDIANAPOLIS IN 46202 ENGINEERS WITHOUT BORDERS NONE 501(C)(PROGRAM FUNDS 1,500. 1031 33RD STREET, STE 210 3) DENVER CO 80205 3 a **Total** 138,500. b Approved for future payment

► 3b

Total

nter gross amounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)	
	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions)	
1 Program service revenue a	<del></del>		code			
b	<del>-  </del>					
С						
d		_				
e						
g Fees and contracts from government agencies	<del></del>				_	
2 Membership dues and assessments			-			
Interest on savings and temporary cash investments		-			2	
4 Dividends and interest from securities					48,47	
Net rental income or (loss) from real estate	, ş 4.»,	大子 はないない 湯	, , <sup>1</sup> , , ,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	整於 持寶典 太郎	
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property 7 Other investment income	ļ		ļ- <del></del>		549	
7 Other investment income 8 Gain or (loss) from sales of assets other than inventory			<del> </del>	44,809.	-14,06	
9 Net income or (loss) from special events.			<del>                                     </del>	44,005.	14,00	
Gross profit or (loss) from sales of inventory						
1 Other revenue	1 1 1 mm	等的缺乏的	ALK S	<b>建筑产业的 动态条件</b>	A STATE OF THE STA	
a						
b						
c						
d		_		<del>-</del>		
2 Subtotal Add columns (b), (d), and (e)				44,809.	34,985	
3 Total. Add line 12, columns (b), (d), and (e)	M. 14.5.	I	2 c c - 2 c c c c c c c c c c c c c c c	13	79,794	
ee worksheet in line 13 instructions to verify calcul	ations)					
art XVI-B Relationship of Activities to t	he Accompl	ishment of Exemp	t Purp	oses		
ine No. Explain below how each activity for which accomplishment of the foundation's exen	h income is rep npt purposes (o	orted in column (e) of P ther than by providing fi	Part XVI- unds for	A contributed important such purposes) (See i	ly to the nstructions )	
N/A						
			•			
11/23						
.,,,,,						

# Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Excilip	Corgain	24110113												
d	id the organizati escribed in secti elating to politica	on 501(c)	of the Code (of	ngage in a ther than so	ny of the	he follow 501(c)(3	ving wit 3) organ	th any o	other organs) or in sec	nization ction 5	27,			Yes	No
a T	ransfers from the	e reporting	g foundation to	a nonchari	itable e	exempt o	organiza	ation of	f				,	-	Ĺ
(1) Cash										1 a (1)		X			
(2	2) Other assets												1 a (2)		X
_	ther transactions												`;		
(1	) Sales of asse	ts to a no	ncharitable exe	mpt organi	zation								1 b (1)		X
(2	Purchases of	assets fro	om a noncharita	able exemp	t organ	nızatıon							1 b (2)		X
(3	B) Rental of facil	lities, equi	ipment, or othe	r assets									1 b (3)		X
(4	l) Reimburseme	ent arrange	ements										1 b (4)		X
(5	<b>i)</b> Loans or loan	guarante	es										1 b (5)		X_
(€	6) Performance	of service	s or membersh	ip or fundra	aising s	solicitati	ons						1 b (6)		<u> </u>
c S	haring of facilitie	es, equipm	nent, mailing lis	sts, other as	ssets, o	or paid e	employ	ees					1 c		X
<b>d</b> If th ar	the answer to a ne goods, other as ny transaction on	iny of the ssets, or se r sharing a	above is 'Yes,' ervices given by arrangement, s	complete to the reporting how in colu	he follo g found ımn <b>(d)</b>	owing so ation If t the vali	hedule the four ue of th	Colum idation ie good	nn <b>(b)</b> shou received les ls, other as	ıld alwa ss than ssets, c	nys show fair marke er service	the fair It value ii s receive	market val a ed.	ue of	
(a) Line	no (b) Amour	nt involved	(c) Name o	of noncharitabl	le exemp	t organizat	tion	(c	) Description	of trans	ers, transa	ctions, and	sharing arrai	ngemen	ts
N/A															
													······································		
		_													
								<u> </u>							
								<u> </u>		<del></del>					
							_	<u> </u>							
				<del></del>											
			<del> </del>					<del> </del>							
			<u> </u>												
de	the foundation di escribed in secti 'Yes,' complete	on 501(c)	of the Code (of	d with, or rel ther than se	lated to ection s	, one or 501(c)(3	more ta )) or in	x-exem section	pt organizat n 527?	tions			Yes	, X	No
	(a) Name of			(b)	Туре	of organ	ızatıon			(c)	Descripti	on of rel	ationship		
N/A	<u> </u>														
	<del></del>										•	_			
												•			
	Under penalties of po	erjury, I decla	are that I have exami	ined this return	i, includin	ng accompa	anying sch	nedules a	nd statements,	, and to t	ne best of m	y knowledg	je and belief, i	t is true	
Sign	Correct, and complete	<i>A</i> •	r or property (editor)	orar tanpayor,	50000	517 GII 11170			oparo. nao an	.y	-9-		May the I	RS disc	uss
Here		Val	Seld.	12.4		41	12/1	<b>∠</b> ▶	TRUSTEE	,			this retur	n with th shown b	he below
	Signature of office	r or trustee	was.	Sun	<u>-                                     </u>	Date	-//(	<del></del>	TRUSTEE Fitle	<u>,                                      </u>			(see inst	[uctions]	}-
		preparer's na	ame	Pren	arer's sig		_		Date		Obs. :	П.	PTIN	Yes	No
					1	. 11	//		/		Check self emr	loved		1202	
Paid	JEREM		OPECK, CPA	1	nuz	4 //v	pl.		8/2	7	self-emp		P00967	303	
Prepa	l l	_	PILE CPAS	TA CO 1	7117.00	2 1000	<del></del>		<del> </del>	F	rırm's ElN	35-0	865680		
Use O	nly Firm's add	_	ONE INDIAN			1200				─┤.	Thomas	/215		2154	ı
<del></del>			INDIANAPOL	IN CT	4020	4-206	00				Phone no	(317			
BAA													Form <b>99</b>	J-YF (	,∠UI5)

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

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

OMB No 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of the organization		Employer identification number
ANAM FOUNDATION		45-3597029
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> trea	ated as a private foundation
	527 political organization	
	327 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	as a private foundation
		as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the G	eneral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the General Rule	e and a Special Rule See instructions.
General Rule		
	90-EZ, or 990-PF that received, during the year, contribu	utions totaling \$5.000 or more (in money or
property) from any one contributor Co	mplete Parts I and II See instructions for determining a	contributor's total contributions
Special Rules		
For an organization described in section sections 509(a)(1) and 170(b)(1)(A)	on 501(c)(3) filing Form 990 or 990-EZ that met the 33-1 )(vi), that checked Schedule A (Form 990 or 990-EZ), Part II	/3% support test of the regulations
received from any one contributor, dur	ing the year, total contributions of the greater of (1) \$5.0	000 or (2) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) For	m 990-EZ, line 1 Complete Parts I and II	
For an organization described in section	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that i	received from any one contributor.
during the year, total contributions of	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that in more than \$1,000 <i>exclusively</i> for religious, charitable, sc	ientific, literary, or educational
purposes, or for the prevention of crue	elty to children or animals. Complete Parts I, II, and III	
Пе	F01(-)(7) (0) (10) films Faure 000 000 F7 that	
	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that r ely for religious, charitable, etc., purposes, but no such c	
\$1,000 If this box is checked, enter hi	ere the total contributions that were received during the	year for an <i>exclusively</i> religious,
	lete any of the parts unless the General Rule applies to	
it received <i>nonexclusively</i> religious, cn	aritable, etc , contributions totaling \$5,000 or more during	ig the year
Caution. An organization that is not cover	ed by the General Rule and/or the Special Rules does no	ot file Schedule B (Form 990, 990-F7, or
990-PF), but it must answer 'No' on Part I	V, line 2, of its Form 990, or check the box on line H of	its Form 990-EZ or on its Form 990-PF,
Part I, line 2, to certify that it does not me	et the filing requirements of Schedule B (Form 990, 990	/-にと, OI ププU-ピア)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

1 of Part I

Page 1 of Employer identification number

ANAM	FOUNDATION	

45-3597029

Feri	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NASIR_BUTT  10759_HICKORY_COURT  CARMEL, IN 46033	\$ 560,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- 1		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
	TEE A07021 10/12/15	Schodula P (Form 99)	0 990-E7 or 990-PE) (2015)

Employer identification number

45-3597029 ANAM FOUNDATION

Ment III	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
	N/A	-						
		. =						
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		-						
<del>-</del> -		1						
	<u> </u>	\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		-	-					
	L	1						
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		-						
	<u> </u>		,					
		\$	 					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		-	1					
		-\$						
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received					
		-						
	<u> </u>	-						
		\$	 					
BAA	Sch	 iedule B (Form 990, 990-E2	 Z, or <del>99</del> 0-PF) (2015					

1 to

of Part III

Employer identification number 45-3597029

	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
		(e) Transfer of gift						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address,	Relationship of transferor to transferee						
	(e) Transfer of gift							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address,		Relationship of transferor to transferee					
	(e) Transfer of gift							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address	Relationship of transferor to transferee						
		(e) Transfer of gift						
	N/A							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
rant iii	or (10) that total more than \$1,000 for the the following line entry. For organizations corcontributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional specifications.	e year from any one contribute  npleting Part III, enter the total o  Enter this information once See i	f exclusively religious, charitable, etc.,					

2015	PAGE 1					
CLIENT 2247	ANAM FOUNDATION	45-3597029				
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME	(A) (B) NET	(C)				
OTHER INVESTMENT INCOME	REVENUE INVESTMENT PER BOOKS INCOME  TOTAL \$ 549. \$ 0.	ADJUSTED NET INCOME				
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES						
FOREIGN TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 142. \$ 142. \$ 142. \$ 0					
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		-				
BANK FEES INVESTMENT ADVISOR FEES MISCELLANEOUS	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 40. \$ 40. 17,341. 17,341. 3,891. 3,891. TOTAL \$ 21,272. \$ 21,272. \$ 0	(D) CHARITABLE PURPOSES . \$ 0.				
STATEMENT 4 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME						
1 2229.654 ABRITRAGE EVI 2 2395.21 DRIEHAUS SELEC	CT CREDIT FUND PURCHASED VARIO FUND INSTITUTIONAL CLASS	D SOLD DUS 12/09/2015 DUS 12/09/2015				
4 5214.546 MAINSTAY HIG	PURCHASED VARIO H YIELD CORP BOND FUND CL I	·				
5 5328.712 OPPENHEIMER 3 6 6033.358 VANGUARD SHO	PURCHASED VARIO INTL BOND CLASS A PURCHASED VARIO RT-TERM BOND PORTFOLIO					
7 5208.825 JANUS FLEXIBI 9 CAPITAL GAIN DIVIDENDS 9 WASH SALE	PURCHASED VARIO LE BOND FUND CLASS T PURCHASED VARIO					

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711	-
Z.U	_

### **FEDERAL STATEMENTS**

PAGE 2

**CLIENT 2247** 

#### **ANAM FOUNDATION**

45-3597029

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART IV, LINE 1
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<u>ITEM</u> - 1 2 3 4 5 6 7	(E) GROSS SALES 20,000. 20,000. 82,648. 29,879. 31,439. 111,652. 55,318.	(F) DEPREC. ALLOWED	(G) COST BASIS 22,449. 23,324. 85,028. 31,808. 33,800. 111,725. 56,869.	(H) GAIN (LOSS) -2,4493,3242,3801,9292,361731,551.	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I)-(J)	(L) GAIN (LOSS) \$ -2,449. -3,324. -2,380. -1,929. -2,361. -73. -1,551.
9	55,318.		56,869.	-1,551.				44,809.
9							TOTAL	\$ 30,802.

#### STATEMENT 5 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AN AVERAGE HO PER WEEK DE	OURS	COMPEN- SATION		CONTRI- BUTION TO EBP & DC	ACCOUNT/
PATRICIA A BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202	TRUSTEE 0	\$	\$	0.	\$ 0.	\$ 0.
DANIEL BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202	TRUSTEE 0			0.	0.	0.
ADAM BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202	TRUSTEE 0			0.	0.	0.
MARIANNE M BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202	TRUSTEE 0			0.	0.	0.
NASIR BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202	TRUSTEE 0			0.	0.	0.
		TOTAL 3	\$	0.	\$ 0.	<u>\$ 0.</u>

#### STATEMENT 6 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME: CARE OF: ANAM FOUNDATION

NASIR BUTT

2015

### **FEDERAL STATEMENTS**

PAGE 3

**CLIENT 2247** 

#### **ANAM FOUNDATION**

45-3597029

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

STREET ADDRESS:

430 INDIANA AVENUE

CITY, STATE, ZIP CODE:

INDIANAPOLIS, IN 46202

TELEPHONE:

317-507-7575

E-MAIL ADDRESS:

NONE

FORM AND CONTENT: SUBMISSION DEADLINES:

NONE

RESTRICTIONS ON AWARDS:

NONE