

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



Form 990-PF

Department of the Treasury Internal Revenue Service

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

Information about Form 990-PF and its separate instructions is at www irs.gov/form990pf Open to Public Inspection

Fo	r cal	endar year 2016 or tax year beginning			and ending		, 20
1	lame	of foundation HAZEL DELL NEFF SM	ELSER SCHOLARSH	IIP FUND		A Employer identif	ication number
	480	030014				31-	0884462
		er and street (or P O box number if mail is not delivere	ed to street address)		Room/suite	B Telephone numb	
	DΛ	. BOX 1602			Ì	67	74-235-2790
_		town, state or province, country, and ZIP or foreign po	netal code			3 /	4-235-2750
Ì	,,,,	town, state or province, country, and all or foreign pe	Javai Couc			C If exemption applica	tion is
	0011	MU DENE THE ACCOL				pending, check here	
		TH BEND, IN 46634					
G	Che	ck all that apply: Initial return	Initial return	•	ublic charity	D 1 Foreign organizat	lions, check here ▶
		Final return	Amended re	turn		2 Foreign organizat 85% test, check h	
_		Address change	Name chang			computation .	
H	Che	ck type of organization: X Section 50°	1(c <u>)(3)</u> exempt private f	oundation		E If private foundation	etatus was terminated
\perp	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr	ivate foundat	ion	1 '	n)(1)(A), check here
1	Fair	market value of all assets at J Acce	ounting method: X C	ash Acc	rual		n a 60-month termination
	end	1	Other (specify)			1	n)(1)(B), check here
		,—	, column (d) must be on ca	sh basis.)		-	· ·
P		Analysis of Revenue and Expenses (Th					(d) Disbursements
	لكمي	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve	I .	(c) Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions))	books	incon	ne	income	purposes (cash basis only)
П	_	 	 	<u></u>			(CEST COSIS CITY)
ļ	1 2	Check frame of the foundation is not required to					-
		attach Sch B		 -			
	3	Interest on savings and temporary cash investments	11 011	ļ	1 011	44 044	OFFICE 1
	4	Dividends and interest from securities	11,911.	ļ <u>1</u>	1,911.	11,911.	STMT 1
١	5a	Gross rents	·	<u> </u>			
	b	Net rental income or (loss)					
익	6a	Net gain or (loss) from sale of assets not on line 10	-1,204			· · · · · · · · · · · · · · · · · · ·	
5	þ	Gross sales price for all 52,622					ļ. <u></u>
Revenue	7	Capital gain net income (from Part IV, line 2) .	·				
Œ	8	Net short-term capital gain					
	9	Income modifications RECEIV	ED				
	10a	Gross sales less returns and allowances A					
	ь	Res Set of goods sold .					
	c'	Gross profit or (loss) (attach schedule) T. 0.3.	17				
-	11	Other-income (attagh schedule)					
	12	Total-Add lines 1 through 11 ,	10,707	1	1,911.	11,911.	
٦	13	Compensation of officers, directors, trustees, etc	5,193		5,193.		
S	14	Other employee salaries and wages N. J. F.	ζ				
ns.	15	Pension plans employee benefits					
xpenses		Legal fees (attach schedule) STMT 2	650		NONE	NONE	NONE
짋	b	Accounting fees (attach schedule) STMT 3	·		1,245.	NONE	
2	C	Other professional fees (attach schedule)			-,	1,011	
ä	17	Interest					
뒶	18	Taxes (attach schedule) (see instructions). 4	48				
اةِ.	10	Depreciation (attach schedule) and depletion.		 			
틩	20	Occupancy					
Ğ	21	• •		 		 	
밀	21	Travel, conferences, and meetings		 		 	
2	22	Printing and publications		 			
<u>ĕ</u> 1	23	Other expenses (attach schedule)		 			
ē	24	Total operating and administrative expenses			c 430	370377	NONE
9	b c 17 18 19 20 21 22 23 24	Add lines 13 through 23		 	6,438.	NONE	
0		Contributions, gifts, grants paid		!	<u> </u>	37011	24,038
4	26	Total expenses and disbursements Add lines 24 and 25	31,174		6,438.	NONE	<u>24,038</u> .
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements		<u> </u>			
	b	Net investment income (if negative, enter -0-)		 	5,473.		
	C	Adjusted net income (if negative, enter -0-).	.	L		11,911	

JSA For Paperwork Reduction Act Notice, see instructions. GP1870 A491 02/27/2017 15:15:57

_	art II	Palance Charte	Attached schedules and amounts in the	Beginning of year	Enc	l of year
	art II	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		g			
	2		ash investments	Į.	13	13.
	3	Accounts receivable ▶_				
		Less. allowance for doubt	ful accounts >			
	4	Pledges receivable ▶				
	ĺ	Less, allowance for doubt	ful accounts >			
	5					
	6	Receivables due from o	fficers, directors, trustees, and other			
		disqualified persons (attac	ch schedule) (see instructions)			
	7		ceivable (attach schedule) 🕨			
ets		Less allowance for doubt	ful accounts >			
	8					
Assets	9	Prepaid expenses and def	ferred charges			
۷	10a		government obligations (attac 6 3 Marul 5	15,716.		
	b	Investments - corporate s	tock (attach schedule) . STMT .6.	446,820.	431,925	<u>457,327</u>
	, C	Investments - corporate b	onds (attach schedule)			
	11	Investments - land, buildings and equipment basis		. 	36	188 189 1
		Less accumulated depreciate (attach schedule)	ion >			
	12	Investments - mortgage lo	oans			
	13 14	Investments - other (attac Land, buildings, and	h schedule)		district of the second control of the second	
	14	equipment basis	>		grant .	
		Less accumulated depreciati (attach schedule)	· · · · · · · · · · · · · · · · · · ·			
	15)			
	16		completed by all filers - see the			
_		instructions. Also, see pag	ge 1, <u>item I) </u>	462,536.	442,122	2. 467,524
	17	• •	crued expenses			
	18		• • • • • • • • • • • • • • • • • • • •			
Liabilities	19					
Ė	20		s, trustees, and other disqualified persons			-
ial	21		es payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lunes	47 Abraugh 22\		NO	
_	23		17 through 22)		NOI	<u>'</u>
S			ow SFAS 117, check here . ▶ I through 26 and lines 30 and 31.			
Se		•	_			
Balances	24					
Ba	25	• •				- The state of the
nd	20	Permanently restricted .	. [17]			- Carallel Carallel
or Fund		Foundations that do n	lete lines 27 through 31.			784.74
ō	27	-	pal, or current funds	462,536.	442,123	
ţ	27 28 29 30 31	· · · · · · · · · · · · · · · · · · ·	and, bldg, and equipment fund	102,330.	112/12/	
SSe	29		ted income, endowment, or other funds			
t A	30		balances (see instructions)	462,536.	442,122	
Vet	31		net assets/fund balances (see	102/330.	112/12	The same
_				462,536.	442,123	2
Ρ	art II		ges in Net Assets or Fund Bala			
			alances at beginning of year - Part		must agree with	
			on prior year's return)			462,536.
2			ine 27a			
3			ed in line 2 (itemize) > SEE STA		3	
4					4	
5		reases not included in		TEMENT 8	5	0.40
_6			lances at end of year (line 4 minus		b), line 30 6	
						Form 990-PF (2016)

Part IV Capital Gair	is and Losses for Tax on Inve	estment Income			
(a) List a	nd describe the kind(s) of property sold (e.g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	brick warehouse, or common stock, 200	shs MLC Co.)	P - Purchase D - Donation	(mo., day, yr)	(mo., day, yr.)
1a PUBLICLY TRADED					
b OTHER GAINS AND	LOSSES				
<u> </u>					
<u> </u>	/// Degreester allowed	(g) Cost or other basis		/b) Coin //o	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) minu	is (g)
a 53,693.		53,826.			-133.
ь -1,071.	 				-1,071.
<u> </u>	 				
<u>d</u>					
Complete only for assets	showing gain in column (h) and owned b	by the foundation on 12/31/69			
	(j) Adjusted basis	(k) Excess of col. (i)		Gains (Col (h) ga (k), but not less to	
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	00	Losses (from co	
a					-133.
b					-1,071.
C				<u> </u>	
d					
е					
2 Canital sain not many	o or (not conited loss) If go	ain, also enter in Part I, line 7			
2 Capital gain net incom	e or (net capital loss) {	oss), enter -0- in Part I, line 7	2		-1,204.
	gain or (loss) as defined in sections				
	Part I, line 8, column (c) (see ins				
			3		
Part V Qualification	Under Section 4940(e) for Red	uced lax on Net Investment in	icome		
	r the section 4942 tax on the distrib		ase perio	d?	Yes X No
	not qualify under section 4940(e).	·		A	
1 Enter the appropriate a	amount in each column for each yea		ig any en	tries.	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra	
Calendar year (or tax year beginning in	24,537.	484,220.		(col (b) divided by	0.050673
2015 2014	24,337.	505,043.			0.030073
2013	24,600.	503,762.			0.048833
2012	24,908.	495,134.			0.050306
2011	24,742.	505,112.			0.048983
		, , , , , , , , , , , , , , , , , , , ,			
2 Total of line 1, column	(d)		2		0.247923
	atio for the 5-year base period - divid				
-	oundation has been in existence if le	· · · · · · · · · · · · · · · · · · ·	3		0.049585
,		, , , , , , , , , , , , , , , , , , , ,			
4 Enter the net value of	noncharitable-use assets for 2016 fr	rom Part X, line 5	4		464,535.
		·			
5 Multiply line 4 by line	3		5		23,034.
6 Enter 1% of net invest	ment income (1% of Part I, line 27b)		6		55.
			_		02 000
7 Add lines 5 and 6			7		23,089.
					24 020
8 Enter qualifying distrib	outions from Part XII, line 4 r greater than line 7, check the box	v in Part VI lime 1h and complete	that par	t using a 10/ 4-	24,038.
Part VI instructions.	greater than line 7, check the box	k in rait vi, line 10, and complete	mar har	rusinga 170 li	17 1016. 366 [
i urt vi mati dottoria.					

Х

Χ

Χ

8b

9

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

	31-0884462		Page 3
Par	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	Ye	s No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
	Website address ►N/A		
14	The books are in care of ▶ 1ST SOURCE BANK, TRUST DEPARTMENT Telephone no. ▶ (574) 235	<u>-2790</u>	
	Located at ► 100 N MICHIGAN STREET, 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		. 1 81 -
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		
	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		
Don	the foreign country	<u> </u>	
L air	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Ye	s No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	27 Table 12-11	
ıa	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?	1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	A Company	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1	
	the benefit or use of a disqualified person)?	ge 🎍	
	(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.)	7.6	* 1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	2 2	Ž Š
	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	外,網	**
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		لتبغاد
_	were not corrected before the first day of the tax year beginning in 2016?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		**1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	* *	1 2 4
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	2	
		1.4	
h	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	X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		7 -
	>		
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 2016 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	1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	7	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3	
	foundation had excess business holdings in 2016)	3b	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	41	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	X

01111	990-PF (2016)		31-08	84462		Page 6			
Par	t VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Req	uired (continued)					
5a	During the year did the foundation pay or incur any amo	unt to							
	(1) Carry on propaganda, or otherwise attempt to influe		4945(e))7	Yes X No	,				
	(2) Influence the outcome of any specific public ele	_							
	directly or indirectly, any voter registration drive?		•		,				
	(3) Provide a grant to an individual for travel, study, or o								
	(4) Provide a grant to an organization other than a	, ,							
	section 4945(d)(4)(A)? (see instructions)								
	(5) Provide for any purpose other than religious, ch				' I	1			
	purposes, or for the prevention of cruelty to children	·	• •						
ь									
b	If any answer is "Yes" to 5a(1)-(5), did any of the								
	Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?								
	Organizations relying on a current notice regarding disas				\sqcup				
С	If the answer is "Yes" to question 5a(4), does the								
	because it maintained expenditure responsibility for the	grant?		. Yes No	•				
	if "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d)							
6a	Did the foundation, during the year, receive any fur								
	on a personal benefit contract?			. Yes X No	•				
b	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a p	personal benefit contra	oct?	6b	X			
	If "Yes" to 6b, file Form 8870								
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	. Yes X No	,				
b	If "Yes," did the foundation receive any proceeds or have								
Par	Information About Officers, Directo	rs, Trustees, Fou	ndation Manager	s, Highly Paid Emp	oloyees,				
1	and Contractors								
	List all officers directors trustees foundation ma	nagers and their o	omnencation Icea	instructions)					
<u> </u>	List all officers, directors, trustees, foundation ma	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Eynens	se account			
•	List all officers, directors, trustees, foundation ma					se account, owances			
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans					
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans					
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation		owances			
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances			
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances			
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances			
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances			
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances			
ST S	(a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	- 0-			
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	- 0-			
ST S	(a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - 0 -	other all	-0-			
ST 8 .0	(a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - ()- (d) Contributions to employee benefit plans and deferred	other all	- 0-			
ST 8 .0	(a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 5,193.	(d) Contributions to employee benefit plans and deferred compensation - () -	other all	owances -0- one, enter			
ST ((a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 5,193. c e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances -0- one, enter se account, owances			
ST ((a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 5,193.	(d) Contributions to employee benefit plans and deferred compensation - ()- (d) Contributions to employee benefit plans and deferred	ons). If no (e) Expens other all	owances -0- one, enter			
ST S .0	(a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 5,193. c e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances -0- one, enter se account, owances			
ST S .0	(a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 5,193. c e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances -0- one, enter se account, owances			
ST S .0	(a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 5,193. c e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances -0- one, enter se account, owances			
ST S .0	(a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 5,193. c e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances -0- one, enter se account, owances			
ST ((a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 5,193. c e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances -0- one, enter se account, owances			
ST 5	(a) Name and address OURCE BANK BOX 1602, SOUTH BEND, IN 46634 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 5,193. c e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances -0- one, enter se account, owances			

NONE Form 990-PF (2016)

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

Form **990-PF** (2016)

3NONE

All other program-related investments. See instructions

9

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreignsee 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	471,609.
b	Average of monthly cash balances	1b	NONE
C	Fair market value of all other assets (see instructions)	1c	NONE
ď	Total (add lines 1a, b, and c)	1d	471,609.
е	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	471,609.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions),	4	7,074.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	464,535.
6	Minimum investment return. Enter 5% of line 5 · · · · · · · · · · · · · · · · · ·	6	23,227.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	· · · · · · · · · · · · · · · · · · ·	1	23,227.
	Minimum investment return from Part X, line 6	-	43,441.
2a	Tax on investment income for 2016 from Part VI, line 5	1	
b	And the text of 20 for time does not morade the text form at the first		55.
	Add lines 2a and 2b	2c	23,172.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	23,172.
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,	_	03 450
	line 1	7	23,172.
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	24,038.
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
þ	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	24,038.
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	55.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	23,983.
•	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.		

Form 990-PF (2016)

	(a)	(b)	(c)	(d)
1 Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
2 Undistributed income, if any, as of the end of 2016				23,172
a Enter amount for 2015 only			24,038.	
b Total for prior years 20 14 ,20 ,20		NONE	24,030.	
3 Excess distributions carryover, if any, to 2016		NONE		
a From 2011 NONE				
b From 2012 NONE				
c From 2013 NONE				
d From 2014 NONE				
e From 2015 NONE				
f Total of lines 3a through e	NONE			
4 Qualifying distributions for 2016 from Part XII,	110112			
line 4. > \$24,038.				
a Applied to 2015, but not more than line 2a			24,038.	
b Applied to undistributed income of prior years			,050.	
(Election required - see instructions)				
c Treated as distributions out of corpus (Election				
required - see instructions)	NONE			
d Applied to 2016 distributable amount				NONE
e Remaining amount distributed out of corpus	NONE			
5 Excess distributions carryover applied to 2016 .	NONE			NON
(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	NONE			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		NONE		
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		NONE		
d Subtract line 6c from line 6b. Taxable			Ì	
amount - see instructions		NONE		
e Undistributed income for 2015 Subtract line 4a from line 2a. Taxable amount - see				
instructions				
f Undistributed income for 2016 Subtract lines				
4d and 5 from line 1. This amount must be				22 170
distributed in 2017				23,172
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be	NONB			
required - see instructions)	NONB			
B Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	NONE			
9 Excess distributions carryover to 2017.	1101111			
Subtract lines 7 and 8 from line 6a	NONB			
D Analysis of line 9				
a Excess from 2012 NONE	1			
b Excess from 2013 NONE				
c Excess from 2014 NONE	Ì			
d Excess from 2015 NONE	į			
e Excess from 2016 NONE	į			

Pai	t XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, question	on 9)	NOT APPLICABLE		
1 a	If the foundation has	received a ruling or determination letter that it is a private operating						
	foundation, and the ruling	g is effective for 2016, en	ter the date of the ruling		▶[
þ	Check box to indicate	whether the foundation	is a private operating	foundation described in	section 4942(j)(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 I or the minimum investment	(a) 2016	(b) 2015	(c) 2014	(d) 2013			
	return from Part X for each							
	year listed							
	85% of line 2a					 		
С	Qualifying distributions from Part XII, line 4 for each year listed .							
d	Amounts included in line 2c not	-				 		
	used directly for active conduct				ı			
e	Oualifying distributions made							
_	directly for active conduct of							
	exempt activities Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the							
а	alternative test relied upon "Assets" alternative test - enter							
	(1) Value of all assets							
	(2) Value of assets qualifying under section							
	4942(j)(3)(B)(i)							
Ь	"Endowment' alternative test-							
	enter 2/3 of minimum invest- ment return shown in Part X,							
	line 6 for each year listed							
C	"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					<u> </u>		
	public and 5 or more							
	exempt organizations as provided in section 4942							
	(j)(3)(B)(m)					 		
	(3) Largest amount of sup- port from an exempt							
	organization	-						
Pa		ntary Information (Complete this part	only if the foundat	tion had \$5,000 o	r more in assets at		
		uring the year - see		,				
1	Information Regarding							
а	List any managers of					ved by the foundation		
	before the close of an	y tax year (but only if tr	ney have contributed i	more than \$5,000). (So	ee section 507(a)(2).)			
	N/A				. <u>.</u>			
b	List any managers of ownership of a partne					y large portion of the		
	ownership of a partne	iship of other entity) o	which the loundation	i ilas a 10 % or greater	interest.			
	NT / 7							
2	N/A Information Regarding	Contribution, Grant.	Gift, Loan, Scholarsh	ip. etc Programs:				
•	<u> </u>	_		•	table organizations	and does not accept		
	Check here ▶ if unsolicited requests f	ine roundation only for funds, If the found	makes contributions ation makes diffs, dr.	nto preselected chari ants, etc. (see instruc	tions) to individuals	or organizations under		
	other conditions, com			amb, dia (ada manda				
a	The name, address, ar	nd telephone number o	or e-mail address of the	e person to whom app	lications should be ac	Idressed:		
	SEE STATEMENT							
b	The form in which app		bmitted and information	on and materials they	should include:			
		TATEMENT FOR L		•				
	Any submission deadl	ines:			·			
•	•	TATEMENT FOR L	INE 2					
	222							
ď	Any restrictions or I	imitations on awards	, such as by geogr	aphical areas, charita	ble fields, kınds of	institutions, or other		
	factors:							
	SEE ATTACHED S	TATEMENT FOR L	INE 2					
JSA						Form 990-PF (2016)		

Form 990-PF (2016)			31 0001101	Page 11
Part XV Supplementary Information	(continued)			· · · · · · · · · · · · · · · · · · ·
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for Fu	uture Payment	
Nema and address (house house)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid during the year				
SEE STATEMENT 16				24,038.
			•	,
- · · · · · · · · · · · · · · · · · · ·		1		
Total		· · · · · · ·	▶ 3a	24,038.
b Approved for future payment				
Total			▶ 3b	
				- 000 PF (0000

Inter gross amounts unless otherwise indicated. In Program service revenue Amount Excluded by section 512, 513, or 514 fel felated or exclusion in the Exclusion code in the
1 Program service revenue Business code Amount Evolusion code Amount See instruct
b c d d e f f f f f f f f f f f f f f f f f
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Interest on savings and temporary cash investments Dividends and interest from securities Interest on savings and temporary cash investments Dividends and interest from securities Interest on savings and temporary cash investments Interest on savings and temporary cash investment interest from securities Interest on savings and temporary cash investment interest from securities Interest on savings and temporary cash investment interest from securities Interest on savings and temporary cash interest on savings and temporar
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate a Debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a b c d e Subtotal Add columns (b), (d), and (e) Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions)
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities
Membership dues and assessments
Interest on savings and temporary cash investments. Dividends and interest from securities Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property ternal income or (loss) from personal property. Other investment income Gain or (loss) from sales of assets other than inventory. Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a
Dividends and interest from securities
Net rental income or (loss) from real estate: a Debt-financed property
a Debt-financed property
b Not debt-financed property
Net rental income or (loss) from personal property. Other investment income
Other investment income
Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a b Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ew worksheet in line 13 instructions to verify calculations.) Relationship of Activities to the Accomplishment of Exempt Purposes ine No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions to verify calculations) accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions to verify calculations) accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions to verify calculations)
Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a
Gross profit or (loss) from sales of inventory. Other revenue a b c d e Subtotal Add columns (b), (d), and (e)
Other revenue a
b c d d le Subtotal Add columns (b), (d), and (e)
c d e Subtotal Add columns (b), (d), and (e)
Subtotal Add columns (b), (d), and (e)
Subtotal Add columns (b), (d), and (e)
Subtotal Add columns (b), (d), and (e)
Total. Add line 12, columns (b), (d), and (e)
rt XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions)
accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instruc
NOT APPLICABLE

JSA 6E1492 1 000

<u>Part</u>	XVII	Information R Exempt Organ		sfers To and Transa	ctions and	Relations	hips With None	chari [.]	table)
1 [Did the			gage in any of the follow	wing with any	other organ	ization described		Yes	No
				ction 501(c)(3) organizat				}		
		ations?								ĺ
a ¯	Transfe	rs from the reporting	g foundation to a	noncharitable exempt org	ganization of:					
((1) Cas	h						1a(1)		_X_
								1a(2)	L	_X
		ransactions:								
				organization						<u> X</u>
				exempt organization					<u> </u>	X
				ssets					_	X
				• • • • • • • • • • • • • • • • • • • •						X
		_							_	X
				or fundraising solicitation					_	X
				other assets, or paid emp						
				' complete the following s given by the reporting						
				s given by the reporting ment, show in column (e						
(a) Lin	-	(b) Amount involved		charitable exempt organization			rs, transactions, and sha		_	
(0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	-	(b) Amount involves	(c) IABILIE OLLION	chantable exempt organization	(u) Desci	ipaon or transie	is, transactions, and sna	mig arra	ingeme	1112
	— -									
										
										
										
										_
				·						
				-						
										
										
		- · · · · · · · · · · · · · · · · · · ·								
				·			· · · · · · · · · · · · · · · · · · ·			
				ated with, or related to,						
				er than section 501(c)(3))	or in section	527?		Y	es 🔼	रो No
b l	f "Yes,	complete the follow								
		(a) Name of organization	n	(b) Type of organization	n (Description of relation	ship		
										_
										
	Under	manufacture of account 1 deals		Lebra satura vastudina			at - book of our branded		ف گورام ا	10. \$5110
				this return, including accompanyi ayer) is based on all information of w			the pest of my knowled	ge and i	Dellet, It	is true
Sign		h MI CAN VOLLA	hall	10/1/2017			May the IR	S discus	ss this	return
lere	12	mangeme	rouse	1911001	OFFIC	ER		reparer_	7 F	below
••••	1	ature of officer or trustee		Date /	Title		(see instructio	ns)? [Yes [N ₀
	SH	ARON BUSENBAR		Dramawar		I D-4-		DTIN		
aid		Print/Type preparer's na	me	Preparer's signature		Date	Cueck "	PTIN		
rep	210-					1	self-employed			
-		Firm's name					Firm's EIN			
Jse	Only	Firm's address								
							Phone no			
							Fo	rm 99	0-PF	(2016)

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

4
Ч
0
0
\sim
0
Ö
œ
4
•

FUND
SCHOLARSHIP
SMELSER
NEFF
DELL
ZEL

FORM 990PF, PART I - LEGAL FEES			
	O EVVENTIRE		
	AND	NET	ADJUSTED
DESCRIPTION	EXPENSES PER BOOKS	INCOME	NET INCOME
į			
LEGAL FEES	.059		

NONE

NONE

NONE

650.

TOTALS

CHARITABLE PURPOSES

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	NONE
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	1,245.
REVENUE AND EXPENSES PER BOOKS	1,245.
	TOTALS
DESCRIPTION	TAX PREPARATION FEES

FORM 990PF, PART I - TAXES

	REVENUE AND EXPENSES
DESCRIPTION	PER BOOKS
FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	37. 11.
TOTALS	48.

Ŋ

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

HAZEL DELL NEFF SMELSER SCHOLARSHIP FUND

ENDING FMV	10,184.
ENDING BOOK VALUE	10,184.
BEGINNING BOOK VALUE	15,716. 15,716. ==========
	TOTALS
DESCRIPTION	FEDERATED TREASURY OBLIG MMF

9

HAZEL DELL NEFF SMELSER SCHOLARSHIP FUND

FORM 990PF, PART II - CORPORATE STOCK	13 13 13 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18

ENDING FMV	16,290. 51,884. 52,783. 14,603. 7,427. 10,928. 8,556. 16,764. 62,433. 7,848. 15,601. 12,759. 100,418.
ENDING BOOK VALUE	17,371. 42,295. 37,641. 15,077. 7,880. 8,721. 5,862. 17,412. 62,928. 7,000. 15,000. 15,000. 13,000.
BEGINNING BOOK VALUE	18,643. 47,633. 30,861. 16,192. 16,957. 80,843. 15,890. 10,870. 5,862. 30,154. 63,931. 5,000. 446,820.
	TOTALS
DESCRIPTION	DODGE & COX INTERNAT'L STOCK F FIDELITY CONTRA FUND #022 BOSTON PARTNERS INV NEW WORLD FUND OPPENHEIMER SR FLOAT RATE METROPOLITAN WEST T/R BOND TEMPLETON GLOBAL BOND FUND T ROWE PRICE MID CAP GROWTH SPDR S&P DIVIDEND ETF BLACKROCK STRAT INC OPP VANGUARD S/T INVT GR-ADM STERLING CAP STR S/C VAL-INS FEDERATED INST HI YLD BOND WASATCH 1ST SOURCE INCOME FUND INCOME FUND

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION	AMOUNT
DIFFERENCE DUE TO ROUNDING 2016 BLACKROCK TIMING DIFFERENCE 2016 METROPOLITAN TIMING DIFFERENCE 2016 OPPENHEIMER TIMING DIFFERENCE 2016 VANGUARD TIMING DIFFERENCE	3. 62. 136. 75. 119.
TOTAL	395.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES -------

DESCRIPTION	AMOUNT
2017 BLACKROCK TIMING DIFFERENCE 2017 FEDERATED TIMING DIFFERENCE	42.
2017 FEDERATED TIMING DIFFERENCE 2017 METROPOLITAN TIMING DIFFERENCE 2017 TEMPLETON TIMING DIFFERENCE	74. 127. 99.
TOTAL	342.

GAINS AND LOSSES FROM PASS-THRU ENTITIES

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

COMMON TRUST FUNDS

-30.00

TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)

-30.00 =========

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

COMMON TRUST FUNDS

-1,041.00

TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)

-1,041.00

===========

RECIPIENT NAME:

1ST SOURCE BANK, TRUST DEPARTMENT

ADDRESS:

P O BOX 1602

SOUTH BEND, IN 46634

FORM, INFORMATION AND MATERIALS: SEE ATTACHED

SUBMISSION DEADLINES:

MARCH 11

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SEE ATTACHED INFORMATION

HAZEL DELL NEFF SMELSER SCHOLARSHIP FUND 31-0884462 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _______ RECIPIENT NAME: SALVADOR PEREZ-LOPEZ & INDIANA UNIVERSITY SOUTH BEND ADDRESS: 122 WEST SOUTH STREET BREMEN, IN 46506 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 2,000. RECIPIENT NAME: SARAH A. ZAKOWSKI ADDRESS: 24340 ROOSEVELT ROAD SOUTH BEND, IN 46614 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 2,000. RECIPIENT NAME: ZACHARY T. TIBBS & INDIANA WESLEYAN UNIVERSITY ADDRESS: 565 THORN ROAD WALKERTON, IN 46574 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE 2,000. AMOUNT OF GRANT PAID

HAZEL DELL NEFF SMELSER SCHOLARSHIP FUND 31-0884462 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: WILLIAM HOUSER ADDRESS: 1208 SYCAMORE STREET PLYMOUTH, IN 46563 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATION FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 2,500. RECIPIENT NAME: ABIGAIL HOUSER ADDRESS: 31267 LEEPER ROAD NORTH LIBERTY, IN 46554 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE 100. AMOUNT OF GRANT PAID RECIPIENT NAME: ISABELLA R. GRIFFIN ADDRESS: 19036 GLENDALE AVENUE SOUTH BEND, IN 46637 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE 1,000. AMOUNT OF GRANT PAID

HAZEL DELL NEFF SMELSER SCHOLARSHIP FUND 31-0884462 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: AUBREY HOUSER ADDRESS: 31267 LEEPER ROAD NORTH LIBERTY, IN 46554 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 100. RECIPIENT NAME: SARAH E. TANNER ADDRESS: 13281 SOUTH MICHIGAN RD. PLYMOUTH, IN 46563 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 2,500. RECIPIENT NAME: HANNAH MCGINNISS ADDRESS: 52100 COVERED WAGON TRAIL GRANGER, IN 46530 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 650. HAZEL DELL NEFF SMELSER SCHOLARSHIP FUND 31-0884462 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CARLY J. GETTINGER ADDRESS: 3246 7TH ROAD BREMEN, IN 46506 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 3,138. RECIPIENT NAME: SHYANNA N. JIMENEZ ADDRESS: 226 N. BOWEN AVENUE BREMEN, IN 46506 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 1,500. RECIPIENT NAME: HALEY A. JOHNSON ADDRESS: 1101 S. 26TH STREET SOUTH BEND, IN 46615 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE 1,000. AMOUNT OF GRANT PAID

HAZEL DELL NEFF SMELSER SCHOLARSHIP FUND 31-0884462 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: CAITLYN L. PERRY ADDRESS: 57566 CHAMBERLAIN DRIVE SOUTH BEND, IN 46619 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE 1,000. AMOUNT OF GRANT PAID RECIPIENT NAME: PETER RUTKOWSKI ADDRESS: 50735 PICKETT RIDGE COURT GRANGER, IN 46530 RELATIONSHIP: NONE PURPOSE OF GRANT: SCHOLARSHIP FOUNDATION STATUS OF RECIPIENT: NONE 350. AMOUNT OF GRANT PAID RECIPIENT NAME: MORGAN A. KOCHANOWSKI ADDRESS: 59924 VALLEY VIEW TRAIL OSCEOLA, IN 46561 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE 1,000. AMOUNT OF GRANT PAID

GP1870 A491 02/27/2017 15:15:57

HAZEL DELL NEFF SMELSER SCHOLARSHIP FUND 31-0884462 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: JORDAN MEADWAY ADDRESS: 722 EAST LAPORTE STREET PLYMOUTH, IN 46563 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 350. RECIPIENT NAME: KEVIN DEHNING ADDRESS: 422 9TH STREET LOGANSPORT, IN 46947 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 2,500. RECIPIENT NAME: ISRAEL MARTINEZ ADDRESS: 412 N. CENTER STREET PLYMOUTH, IN 46563 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE 350. AMOUNT OF GRANT PAID 24,038. TOTAL GRANTS PAID: