			(and prox		siness Inc der section			111	OMB N	0 1545-0687
Internal		For cale	ndar year 2016 or other tax yea	- ar beginning _	, 2016	, and endl	ng,	20 [20	016
	ment of the Treasury	▶ Int	formation about Form 990-	T and its in	structions is availa	able at ww	w.irs.gov/form9	90t.	·	~
A	I Revenue Service	▶ Do	not enter SSN numbers on this	s form as It m	ay be made public i	f your orga	nization is a 501			rblic Inspection for Organizations Only
	Check box if address changed		Name of organization (C	check box if na	me changed and see	einstruction	s)		oyer identific oyees' trust, see	ation number instructions)
	mpt under section		CHRISTEL DEHAAN	FAMILY	FOUNDATION	, INC.		j		
X	501(C)(3)	Print	Number, street, and room or su	uite no If a P C	box, see instruction	ıs		35-1	939960	
Ш	408(e) 220(e)	Type								ss activity codes
	408A530(a)		10 W. MARKET ST	REET, ST	E 1990			(366)	nstructions)	
	529(a)]	City or town, state or province	, country, and	ZIP or foreign postal	code				
	k value of all assets nd of year	<u></u>	INDIANAPOLIS, I	N 46204				5259	90	
<i>a</i> (0	nu or year	F Gro	up exemption number (See i	nstructions)	<u> </u>					
3	8,594,775.	G Che	ck organization type 🕨 🕽	501(c) cc	rporation	501(c) trust	401(a)	trust	Other trust
H De	escribe the organiz	ation's p	rimary unrelated business ac	tivity PA	RTNERSHIP :	INVEST	MENT			
I Du	iring the tax year,	was the	corporation a subsidiary in a	an affiliated (group or a parent-s	ubsidiary d	ontrolled group?		▶ ∟	Yes X No
			identifying number of the pa	rent corporat	on ►					
J Th	e books are in care	e of ▶ S	JOE SCHNEIDER		· · · · · · · · · · · · · · · · · · ·	Telephon	e number ▶ 31	7-464	-2010	
			or Business Income		(A) Incom	ne	(B) Expe	ses		(C) Net
1a	Gross receipts or	sales		Ì						
b				lance ▶ 1c						
2	Cost of goods so	d (Sched	ule A, line 7)	2	<u> </u>				<u> </u>	
3			2 from line 1c				 -		1	
4a	Capital gain net ii	ncome (a	ttach Schedule D)	4a			 			
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 479	97) 4b	<u> </u>	-104.				-104.
C	Capital loss dedu	ction for t	rusts	4c	<u> </u>					
5	Income (loss) from	partnership	ps and S corporations (attach stat	tement) 5	-12	,688.	ATCH 1		<u> </u>	-12,688.
6	Rent income (Sch	edule C)		6	<u> </u>					
7	Unrelated debt-fir	nanced in	come (Schedule E)	7	ļ				<u> </u>	
8	interest, annuities, roya	Ities, and rer	nts from controlled organizations (Sch	nedule F) 8					ļ.,	
9	investment income of a	section 50	1(c)(7), (9), or (17) organization (Schi	edule G) 9	ļ				 	
			ncome (Schedule I)							
			lule J)		ļ					
			tions, attach schedule)							
13	Total Combine III	nes 3 thre	ough 12] 13		,792.				-12,792.
Par			Taken Elsewhere (See					Except	for contril	outions,
			be directly connected							
			directors, and trustees (Sche-							
15	Salaries and wage	es			• • • • • • • • •			15		
16	Repairs and main	tenance		• • • • • •			<u> </u>			
17	Bad debts,					REC	EINED.	ا 17		
10	interest (attach so	medule)				- to-locate		剪 <u>18</u>		
19	Chartable senter	S				1.MOV	® 6 ·2017· ·	() 19 () 20		2,517.
			See instructions for limitation					图 20		
			4562),				DEN, UT			
						20		22t		
			compensation plans							
			compensation plans							
			3							
			Schedule I)							 -
			chedule J)							730.
			s 14 through 28							3,247.
,			le income before net ope							-16,039.
			on (limited to the amount on	-						10,039.
30	THE CODE ALTHU 105									-16,039.
30 31			s income before executive do	Ulletion City				32	t	
30 31 32	Unrelated busines		e income before specific de ally \$1,000, but see line 33			-		20		
30 31 32 33	Unrelated busines Specific deduction	n (Gener	ally \$1,000, but see line 33	instructions	or exceptions)				-	
30 31 32 33	Unrelated business Specific deduction Unrelated business	n (Gener ess taxa	ally \$1,000, but see line 33 ble income Subtract line	instructions to 33 from It	for exceptions) . , ne 32 If line 3	3 is grea	iter than line 3	32,	T	1,000.
30 31 32 33 34	Unrelated business Specific deduction Unrelated business enter the smaller of	n (Gener ess taxa of zero or ion Act N	ally \$1,000, but see line 33	instructions to 33 from It	for exceptions) . , ne 32 If line 3	3 is grea	iter than line 3	32,		1,000. -16,039. m 990-T (2016)

TREASURER

Title

Date

ILLINOIS STREET, INDIANAPOLIS,

Form	9	90)-T	(2	01	6

P01279475

317.383.4000

the IRS discuss this return

with the preparer shown below

PTIN

(see instructions)? X Yes

Firm's EIN ▶44 - 0160260

Check

Phone no

self-employed

11/15/2017

IN 46204

Here

Paid

Preparer

Use Only

JOE SCHNEIDER

Print/Type preparer's name

NICOLE B FÍSHBACK

Firm's address ▶ 201 N.

▶ BKD, LLP

Signature of officer

Firm's name

b Other costs (attach schedule) . 4b	Page
2 Purchases	
3 Cost of labor	
4a Additional section 263A costs (attach schedule)	
(attach schedule) 4a	
4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 1 Description of debt-financed property 2 Description of debt-financed property 2 Description of debt-financed property 3 Description 4 Description of debt-financed property 4 Description	
to the organization? Concept Co	'es No
(see instructions) Description of property 1) 2) 3) 4) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (b) From real and personal property exceeds 50% or if the rent is based on profit or income) (c) Total income. Add totals of columns 2(a) and 2(b) Enter ere and on page 1, Part I, line 6, column (A) ▶ (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ (c) Total income. Add totals of column (A) ▶ (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ (c) Total income to allocable debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deduct (attach schedule)	_[_
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property (a) Straight line depreciation (b) Other deduct (attach schedule) (attach schedule) (attach schedule) (attach schedule)	.0
(attach schedule) (attach schedule) (2)	
2)	;)
	
3)	
4)	
4 Amount of average adjusted basis of or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 7. Gross income reportable (column 6 x total of other property (attach schedule) 7. Gross income reportable (column 6 x total of other property (attach schedule)	olumns
%	
2) %	
3) %	
4) %	
Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column Part I, line 7, column	

Form **990-T** (2016)

Schedule F - Interest, Ann	arabo, rroyarabo		pt Controlled Or			10110 (000	- moti dotto	,,,,,	
Name of controlled organization	2 Employer identification numb	er 3. Ne	t unrelated income) (see instructions)	4. Total	otal of specified included i		of column 4 that is d in the controlling tion's gross income		6. Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organi	zations								
7 Taxable Income	8. Net unrelated in (loss) (see instruc		Total of specific payments mad		includ	ort of column led in the co zation's gros	ntrolling		Deductions directly inected with income in column 10
(1)									
(2)							_		
(3)									
(4)									
Totals				▶ ′) Orga	Enter Part	columns 5 a here and on I, line 8, colui	page 1, mn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	income	3 Dedu directly co (attach so	nnected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)									
(4)		 							
Totals ▶ Schedule I - Exploited Ex	Enter here and Part I, line 9, c	olumn (A)	er Than Adver	ising Ir	come (see instru	ictions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	es 4 Net inco from unrela or business 2 minus co 1 If a gain,	me (loss) ited trade (column olumn 3) compute	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)					l				
(2)					-				+
(3)					 		 		
(4)	 				 				
•	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pag line 10, col	rtl,				<u> </u>		Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J - Advertising I	ncome (see instr								
Part I Income From Per	riodicals Report	ed on a Co	nsolidated Ba	sis					
1. Name of periodical	2 Gross advertising income	3 Direct advertising c	gain or (lo costs 2 minus of a gain, co	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)									
(2)	1								
(3)									
(4)									
Totals (carry to Part II, line (5))					<u> </u>				Form 990-T (2016

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)					1	
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶			<u> </u>			<u></u>

Schedule K - Compensation of Officers, D	irectors, and Trustees (see ins	ructions)	
1 Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)	-	%	
Total Enter here and on page 1. Part II. line 14			

Form **990-T** (2016)

SCHEDULE D (Form 1120)

Degartment of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-HC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs gov/form1120.

OMB No 1545-0123

Name					Employ	er Identification number
CHR	ISTEL DEHAAN FAMILY FOUNDATION, I	INC.		l l	:	35-1939960
Part			ne Year or Less			
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Fon 8949, Part I, line column (g)	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.			(8)		137
16	Totals for all transactions reported on Form(s) 8949 with Box A checked				•	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					-2,425.
					T^{-}	
4	Short-term capital gain from installment sales from f	Form 6252, line 26 or 3	37		4	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss) Combine lines 1	la through 6 in column	ı h		7	-2,425.
Part						<u> </u>
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part II, lin column (g)	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
- 8a	whole dollars Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.			Column (g)		the result was column (g)
86	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					-2,252.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 3	37		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Pari	Net long-term capital gain or (loss) Combine lines 8	a through 14 in colum	nh		15	-2,252.
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capit	tal loss (line 15)		16	
17	Net capital gain. Enter excess of net long-term capit				17_	
18	Add lines 16 and 17 Enter here and on Form 1120, the corporation has qualified timber gain, also complete it losses exceed gains, see Capital losses in the	ete Part IV	· ·		18	

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2016

Form 8949

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer Identification number

CHRISTEL DEHAAN FAMILY FOUNDATION, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term Part I transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions (B) Short-term transactions	reported on F	orm(s) 1099	-B showing basis	was reported t wasn't reporte	to the IRS (se ed to the IRS	e Note above)	
X (C) Short-term transactions	not reported	to you on For	m 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if a lift you enter a conter a conter a conter a conter a content the separate the separate and	(h) Gain or (loss) Subtract column (e)	
(Example 100 sh XÝZ Ćo)	(Mo , day, yr)	disposed of (Mo , day, уг)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
PASSTHROUGH FROM EAGLE K-1	VAR	VAR					-2,377
PASSTHROUGH FROM NTPEF IV K-1	VAR	VAR					- 57
PASSTHROUGH FROM NTPEF VI K-1	VAR	VAR					9
,							
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above	here and inclusion checked), line	lude on your					-2.425
above is checked), or line 3 (if Box C ab							-2,42

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2016)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

CHRISTEL DEHAAN FAMILY FOUNDATION, INC.

35-1939960

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired		(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if if you enter an enter a co	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)			in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PASSTHROUGH FROM EAGLE K-1	VAR	VAR					-5,090
PASSTHROUGH FROM NTPEF IV K-1	VAR	VAR				<u></u> .	2,838
						<u></u>	
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box above is checked).	here and inclu- is checked), line	de on your 9 (if Box E					-2,252

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

JSA 6X2616 2 000 Form 8949 (2016)

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES INVESTMENT MANAGEMENT FEES

635.

95.

PART II - LINE 28 - OTHER DEDUCTIONS

730.

·	
ATTACHMENT	1

FORM 990T - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS

NORTHERN TRUST PRIVATE EQUITY FUND IV	5,036.
NORTHERN TRUST PRIVATE EQUITY FUND V	-137.
NORTHERN TRUST PRIVATE EQUITY FUND VI	-695.
EAGLE INCOME APPRECIATION II	-3,941.
PESO FUND, LP	-60.
ABERDEEN ENERGY & RESOURCES PARTNERS III, LP	-12,891.
INCOME (LOSS) FROM PARTNERSHIPS	-12,688.

CHRISTEL DEHAAN FAMILY FOUNDATION, INC. EIN 35-1939960 YEAR END. 12/31/2016 NOL ATTACHMENT

Form 990-T, Part II, Line 31 - Net Operating Loss.

Year End	Generated	Utilized	Balance
12/31/2016	(16,039)	-	(16,039)