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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
 Information about Form 990 PF and its separate instructions is at www irs gov/form990pf and ending

OMB No 1545-0052

For	calei	ndar year 2016 or tax year beginning	·	, and ending	_		
Nas	nė o	foundation			A Employer identification number		
V	ΑN	RIPER-WOODARD FAMILY F	35~1939970				
Nun	nber a	and street (or P.O. box number if mail is not delivered to street	Room/suite	B Telephone number			
_1	06	0 NORTH CAPITOL AVENUE			(317) 488-	7373	
		own, state or province, country, and ZIP or foreign p	oostal code		C if exemption application is p	ending check here	
_		IANAPOLIS, IN 46204	Initial satura of a fi	ar mar aublia abasib.	D 1 Foreign organizations	chock hara	
til	леск	all that apply Initial return Final return	Amended return	ormer public charity	D 1 Foreign organizations	s, check here	
		Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test	
H (neck	type of organization X Section 501(c)(3) ex			E If private foundation sta		
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)		
I Fa	ır ma	arket value of all assets at end of year J Account	ing method X Cash	Accrual	F. If the foundation is in a l	60 month termination	
•			ther (specify)		under section 507(b)(1)	(B), check here 🕨 🗀	
<u></u>		1,611,382. (Part I, colu	ımn (d) must be on cash .				
iŖā	ırt'l	Analysis of Revenue and Expenses (The total of amounts in columns (b) (c) and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Dispuisemen s for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received	487,021.		PERNALLE I	理証といれる。	
	2	Check I il the loundation is not required to attach Sch. B	Brank Cill		CARREL TENENT	ESTELL SINES	
	3	Interest on savings and temporary cash investments	05.488	05 488			
	4	Dividends and interest from securities	25,177.	25,177.	<u>-</u>	STATEMENT	
		Gross rents	Second Section 19	In the little de Weet for ed	WAR ELECTRONIA SA		
		Net rental income or (loss)		Principal Control of the Control of		HATEL TOTAL TOTAL	
ue	o a h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 446,524.	ALEA FREE TELEP		S QUE	ACTUAL PROPERTY.	
Revenue	7	Capital gain net income (from Part IV line 2)	自己任职制工作。3.15 自	60,972.			
æ		Net short term capital gain	正 中他上海产药	BLIM BA Mad III	181	とこの。理論とは	
	9	Income modifications	13. 14. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	LINEEDWAR	MAY O.		
	10a	Gross sales less returns and allowances	## 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L. F. Med. William	[] [基] [基] [基] [基] [基] [基] [基] [基] [基] [2017: 19 20	
		Less Cost of goods sold	THE 1995 - 1995	CAT. DATE	POCH		
		Gross profit or (loss)		医二次 不是	-Saile M		
	11 12	Other income Total Add lines 1 through 11	573,170.	86,149.		PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PR	
—	13	Compensation of officers directors trustees etc	0.	0.		0.	
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits				<u>-</u>	
Expenses	16a	Legal tees					
per		Accounting tees STMT 2	6,500.	6,500. 12,212.		0.	
		Other professional fees STMT 3	12,212.	12,212.			
Operating and Administrative		Interest Taxes	-	<u> </u>		··	
str	19	Depreciation and depletion				题。22.17.12.14.50m	
Ē	20	Occupancy					
Ad	21	Travel, conferences, and meetings					
and	22	Printing and publications					
μĝ	23	Other expenses					
rati	24		10 710	10 710		0	
obe		expenses Add lines 13 through 23	18,712.	18,712.	The Edition of the Color	0. 65,196.	
_		Contributions, gifts, grants paid Total expenses and disbursements	03,130.		Brichmann Trans Landering	05,1500	
	40	Add lines 24 and 25	83,908.	18,712.		65,196.	
	27	Subtract line 26 from line 12	面外 清洁 身質	IF THE PARTY	MANUTURE STATE		
		Excess of revenue over expenses and disbursements	489,262.			A THE STATE OF THE PARTY OF THE	
	b	Net investment income (if negative enter 0)	图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	67,437.	Takted white I S	ET THE TABLE	
	c	Adjusted net income (if negative enter 0)	KETTATE & COM	[6] 第二十四三十四三十四三十四三十四三十四三十四三十四三十四三十四三十四三十四三十四三十	N/A	TALLY TO SELECT	

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F	orm 9	90-PF (2016) VAN RIPER-WOODARD FAMIL			-1939970 Page 2
П	Parl	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	4	of year
_	<u> </u>		(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing Savings and temporary cash investments	5,636.	27,538.	27,538.
		Accounts receivable			
	"	Less: allowance for doubtful accounts			
	4	Pledges receivable			-
	'	Less: allowance for doubtful accounts	**************************************		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	· · · · · · · · · · · · · · · · · · ·	,	
	-	Less: allowance for doubtful accounts			
ξ	8	Inventories for sale or use			_
Assets	9	Prepaid expenses and deferred charges			
⋖	10:	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	(: Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other STMT 4	778,054.	1,245,414.	1,583,844.
	14	Land, buildings, and equipment basis		·	
		Less accumulated depreciation			
	1	Other assets (describe		- ·	ļ
	'6	Total assets (to be completed by all filers - see the	702 (00	1 070 050	1 (11 202
_	17	Instructions. Also, see page 1, item I) Accounts payable and accrued expenses	783,690.	1,272,952.	1,611,382.
	18	· · · · · · · · · · · · · · · · · · ·			() · · · · · · · · · · · · · · · · · ·
رب د	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons	- · - ·		-
Liabilities	21	Mortgages and other notes payable			ţ
ت		Other liabilities (describe)			
			.,		
	23	Total liabilities (add lines 17 through 22)	0.	0.	1
		Foundations that follow SFAS 117, check here			*** T
, 0		and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted			
	25	Temporarily restricted			
Ä	26	Permanently restricted			
Š	l	Foundations that do not follow SFAS 117, check here			
ř	Í	and complete lines 27 through 31.			
Net Assets or Fund Ba		Capital stock, trust principal, or current funds	792,760.	792,760.	
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
¥	29	Retained earnings, accumulated income, endowment, or other funds	-9,070.	480,192.	- 54 - 1,14.1 + A
ž	30	Total net assets or fund balances	783,690.	1,272,952.	653 500 V A
	١.,	Total Habilities and an Armada Monda balance	702 600	1 070 050	*
_		Total liabilities and net assets/fund balances	783,690.	1,272,952.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	20		
		t agree with end-of-year figure reported on prior year's return)	J U		783,690.
		amount from Part I, line 27a	1 2	489,262.	
		increases not included in line 2 (itemize)		$\frac{2}{3}$	0.
		nes 1, 2, and 3		4	1,272,952.
		ases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,272,952.
			· · · · · · · · · · · · · · · · · · ·		Form 990-PF (2016)

	Calcillar year (or tax year beginning iii)			(cor. (b) divided by cor. (c))		
_	2015 56,659. 1,017,505.				.055684	
_	2014 55,876. 1,080,545.				.051711	
	2013 59,851. 1,001,000.				.059791	
	2012	52,193.	884,773.		.058990	
_	2011	44,368.	882,560.		.050272	
	Total of line 1, column (d)			2	.276448	
3	Average distribution ratio for the 5-year bas the foundation has been in existence if less	3	.055290			
4	Enter the net value of noncharitable-use as:	4	1,232,235			
5	Multiply line 4 by line 3	5	68,130.			
6	Enter 1% of net investment income (1% of	6	674.			
7	Add lines 5 and 6	7	68,804			
A	Enter qualifying distributions from Part XII	8	65.196.			

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

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See the Part VI instructions.

Form 990-PF (2016) VAN RIPER-WOODARD FAMILY FOUNDATION, INC Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	35-	193	9970	ıctio	Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	340	1	1113616	10110	113/
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	:	İ			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			1 3	49.
of Part I, line 27b	i i	 		-, -	***
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		ĺ			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	ļ			0.
3 Add lines 1 and 2	3	 		1.3	49.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	†			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1		1.3	49.
6 Credits/Payments:	<u>-</u>	 			
a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 1, 459.		7			
b Exempt foreign organizations - tax withheld at source 6b					
c Tax paid with application for extension of time to file (Form 8868)	,				
d Backup withholding erroneously withheld		l			
7 Total credits and payments. Add lines 6a through 6d	7			1.4	59.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	 		- , -	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	-			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1	10.
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax 110 • Refunded	11				0.
Part VII-A Statements Regarding Activities		1			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ID.			Yes	No
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)	?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish			* , 1		 -
distributed by the foundation in connection with the activities					, ,
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					<u> </u>
(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •			٠ * ا		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					,
managers. \blacktriangleright \$ 0.			1		
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	ī				1 }
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	ه منجم	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
If "Yes," attach the statement required by General Instruction T					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
By language in the governing instrument, or			1 1		
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV			7	Х	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)					
IN					. 1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	dar			1	
year 2016 or the taxable year beginning in 2016 (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 \$5	TMT	5	10	Х	
		Fo	rm 990	-PF	(2016)

3b

4a

N/A

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contir	nued)					
5a During the year did the foundation pay or incur any amount to:								
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗓 No					
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir							
any voter registration drive?		Y	es X No					
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?	Y	es 🗶 No					
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		Į.					
4945(d)(4)(A)? (see instructions)		Y	es 🗶 No					
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t	for						
the prevention of cruelty to children or animals?								
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	in Regulations						
section 53.4945 or in a current notice regarding disaster assistance (see instri		•	N/A	5b				
Organizations relying on a current notice regarding disaster assistance check here								
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption is		ined						
expenditure responsibility for the grant?			es 🔲 No					
If "Yes," attach the statement required by Regulations section 53 494		•, ••						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to								
a personal benefit contract?	pay premiums on	□ v	es 🗓 No	1 1 1				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	narcanal hanafit contract?	¹		6b X				
If "Yes" to 6b, file Form 8870	Dersonal Denem Contract?		<u></u> ⊢					
7a At any time during the tax year, was the foundation a party to a prohibited tax:	shelter transaction?		es X No					
b if "Yes," did the foundation receive any proceeds or have any net income attrib		T		7b				
				70				
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	inagers, r iigni	У					
List all officers, directors, trustees, foundation managers and their	compensation							
The second of the second of the second of the second secon		(c) Compensation	(d) Contributions to	(a) Expense				
(a) Name and address	(b) Title, and average hours per week devoted	(if not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other				
TURNER J.R. WOODARD	to position	enter -0-)	compensation	allowances				
1060 NORTH CAPITOL AVENUE	DIRECTOR							
INDIANAPOLIS, IN 46204	1		ا م					
	2.00	0.	0.	0.				
EDNA VAN RIPER	DIRECTOR							
1060 NORTH CAPITOL AVENUE	1 00		ا م ا	_				
INDIANAPOLIS, IN 46204	1.00	0.	0.	0.				
			!					
	1							
` <u> </u>								
			ł					
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	1 /20:					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other				
	devoted to position	(c) compensation	and deterred compensation	allowances				
NONE			-					
	1							
	1							
								
	1							
		<u> </u>						
	1	1						
		 	 					
· · · · · · · · · · · · · · · · · · ·	1							
otal number of other employees paid over \$50,000	L,,,,,,,,,,,	L	<u> </u>	0				
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			i Uliffi	220-11 (2010)				

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Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	undation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none	e. enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		D
Partix=A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan	of statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research paper		Expenses
1 N/A		
2		
3		
4		
RantiX:B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		0.

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Œ	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions)
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	1,234,000.
b	Average of monthly cash balances	15	1,234,000.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	1,251,000.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,251,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	18,765.
— ₅ –	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,232,235.
6	Minimum investment return. Enter 5% of line 5	6	61,612.
(R	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	61,612.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,349.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	60,263.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	60,263.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	60,263.
_	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		CF 10C
a		1a	65,196.
_	Program-related investments - total from Part IX-B	1b	<u> </u>
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	,, (,,, , , , , , , , , , ,	3a	
b	Cash distribution test (attach the required schedule)	3b	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	65,196.
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	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	65,196.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b)	(c)	(d)
1 Distributable amount for 2016 from Part XI,	Оограз	Years prior to 2015	2015	2016
line /				
2 Undistributed income, if any, as of the end of 2016				60,263
a Enter amount for 2015 only	1			00,203
b Total for prior years:				5.
<u> </u>	1			<u> </u>
3 Excess distributions carryover, if any, to 2016	.	0	.]	1
a From 2011	`			
b From 2012	-		İ	
c From 2013	-1 ~ ~ 1		* - *	
dFrom 2014	-			
eFrom 2015 5, 456	-{		1	,
f Total of lines 3a through e			ł	i .
4 Qualifying distributions for 2016 from	5,456.			j
Part XII, line 4: ►\$ 65,196.	1			
a Applied to 2015, but not more than line 2a	4 1		j	
b Applied to undistributed income of prior	ļL		0	-
years (Election required - see instructions)	1			+
c Treated as distributions out of corpus		0.		1
(Election required - see instructions)				
d Applied to 2016 distributable amount	0.			•
e Remaining amount distributed out of corpus				
5 Excess distributions com-	4,933.			60,263.
(If an amount appears in column (d), the same amount must be shown in column (a).	0.			
6 Enter the net total of each column as				0.
indicated below;			*	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		i		
b Prior years' undistributed income. Subtract	10,389.		- •	
fine 4b from line 2b				
c Enter the amount of prior years'	·	0.	•	
undistributed income for which a potion of				
GOIGIGIDA HAS DEED ISSUED OF OR PRIPAR	ľ		,	
the section 4942(a) tax has been previously assessed	{			
d Subtract line 6c from line 6b. Taxable				∤
amount - see instructions				
e Undistributed income for 2015. Subtract line		0.		
4a from line 2a. Taxable amount - see instr.	, ,,			
f Undistributed income for 2016. Subtract			^	}
lines 4d and 5 from line 1. The			0.	
lines 4d and 5 from line 1. This amount must be distributed in 2017	,	}	· }	
7 Amounts treated as distributions out of	·		i	
Corpus to cate the control of				0.
corpus to satisfy requirements imposed by		ì		
section 170(b)(1)(F) or 4942(g)(3) (Election	[{
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7			1	
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	10,389.	Į		
O Analysis of line 9:				
a Excess from 2012	[1		
b Excess from 2013	1		1	1
c Excess from 2014			I	
dExcess from 2015 5, 456.			1	
e Excess from 2016 4,933.		ľ	j	}
3581 11-23-16		<u>-</u>]

		FAMILY FOUN			939970 Page 10
Private Operating F			A, question 9)	<u> N/A</u>	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	•	-	▶		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		<u>.</u>
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c			i		
3 Complete 3a, b, or c for the		<u> </u>			
alternative test relied upon:					1
a "Assets" alternative test - enter; (1) Value of all assets		(
(2) Value of assets qualifying				-	
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter	ļ				
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed	<u> </u>				
c "Support" alternative test - enter:		(ļ	Į.	
 Total support other than gross investment income (interest, 					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)				1	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	_	than 2% of the total cont	ributions received by th	ne foundation before the clo	se of any tax
year (but only if they have contributed in	iore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation (or an equally large por	tion of the ownership of a p	partnership or
other entity) of which the foundation has				. ,	•
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan	Scholarship, etc., Pr	ograms:		
Check here ▶ ☐ If the foundation o				not accept unsolicited regi	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone numl	<u> </u>		·		
	317-488-737		cations should be addr	0350u,	
·	INDIANAPOLI				
b The form in which applications should b					
	e submitted and imornia	tion and materials they si	iodia include.		
c Any submission deadlines:					
d Any restrictions or limitations are	auch as his annual in	ologoo oberitable fall	lundo of metal-trans	r other feeters	
d Any restrictions or limitations on awards	, such as by geographic	ai areas, charitable fields,	kinds of institutions, o	outer factors:	

35-1939970 Page 11

PartXV Supplementary Information		_	· · · · · · · · · · · · · · · · · · ·	
3 Grants and Contributions Paid During the	Year or Approved for Future If recipient is an individual,	Payment T	T	
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	тебрия		
COLLEGE MENTORS OF KIDS! INC.	NONE	501 (C) (3)	DONATION	
212 WEST 10TH ST, SUITE B260	NO.	001 (0) (0)		
INDIANAPOLIS, IN 46202				2,500
CONQUER PARALYSIS NOW A/K/A (TRAVIS	NONE	501 (C) (3)	DONATION	
ROY FOUNDATION)		(3, (3,		
P O BOX 961209 BOSTON, MA 02196				1,50
INDIANA FOREST ALLIANCE 2123 NORTH MERIDIAN ST.	NONE	501 (C) (3)	DONATION	
INDIANAPOLIS, IN 46202		_		1,550
INDIANAPOLIS SYMPHONY ORCHESTRA	NONE	501 (C) (3)	DONATION	
45 MONUMENT CIRCLE				
INDIANAPOLIS, IN 46204			<u> </u>	6,000
INDIANA LANDMARKS	NONE	501 (C) (3)	DONATION	
1201 CENTRAL AVENUE INDIANAPOLIS, IN 46202				1,00
	NTINUATION SHE	er(s)	▶ 3a	65,19
b Approved for future payment				
NONE				
Total			▶ 3b	

Part XVI-A	Analysis of I	ncome-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
<u> </u>	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion code	Amount	function income
a					
b	-				
C	-				
d					
e					
f	-		1		
g Fees and contracts from government agencies	-				
2 Membership dues and assessments	~ 		T		
3 Interest on savings and temporary cash					
investments			1		
4 Dividends and interest from securities			14	25,177.	
5 Net rental income or (loss) from real estate:	- 4		~	** *	\$. 40 5 m
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	1 1		í	<u> </u>	
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	60,9 <u>72</u> .	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b					
C					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)		() .	86,149.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	86,149.
(See worksheet in line 13 instructions to verify calculations.))				

Relationship of Activities to the Accomplishment of Exempt Purposes

623621 11-23-	Form QQ	0-PF (2016)
Line No. ▼	the foundation's exempt purposes (other than by providing funds for such purposes).	

Use Only

| Firm's address | 12900 N MERIDIAN ST, STE 125 | Phone no. 317 843-5715 | Form 990-PF (2016)

ner than taxpayer) is bas

reparer's signature

Date

Sign Here

Paid

Preparer

CPA

alties of perjury, I declare that I have exami

JAMES E. WEAVER

Firm's name ► SLATTERY & HOLMAN,

ature of officer or trustee

Print/Type preparer's name

ed this return

May the IHS discuss this return with the preparer shown below (see instr.)?

X Yes

P00102166

Firm's EIN ▶ 35-1518557

Check if

self- employed

ncluding accompanying schedules and statements, and the best of my knowledge

Date

12/2012

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, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

35-1939970 VAN RIPER-WOODARD FAMILY FOUNDATION, Organization type (check one) Filers of: Section: Form 990 or 990-FZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number VAN RIPER-WOODARD FAMILY FOUNDATION, INC 35-1939970 Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 VAN RIPER CHARITABLE REMAINDER TRUST Person Payroll 1060 NORTH CAPITOL, C-200 487,021. Noncash (Complete Part II for -INDI-ANAPOLIS,--IN-46204 noncash contributions) (d) (a) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions**

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Person Payroll Noncash (Complete Part II for noncash contributions)

623452 10-18-16

Employer identification number

VAN RIPER-WOODARD FAMILY FOUNDATION, INC

35-1939970

	Noncash Property (See instructions) Use duplicate copies of Pa	art 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	
1	NASDAQ LISTED SECURITIES			
		s487,021.	08/02/16	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\ \\$		
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-		\ \\$		
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		 	,	

hedule B	(Form 990, 990-EZ, or 990-PF) (2016)		Partition Number
	PER-WOODARD FAMILY FO	OUNDATION, INC	35-1939970
anii ,	the year from any one contributor. Compl	ete columns (a) through (e) and the following i	ction 501(c)(7), (8), or (10) that total more than \$1,000 t ine entry. For organizations
	completing Part III, enter the total of exclusively rel Use duplicate copies of Part III if addr	igious, charitable, etc., contributions of \$1,000 or less for	w the year (Enter this info once) > \$
a) No.			T
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
:			
		_	
		(e) Transfer of gift	
_	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
] -			
-			
a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) turpose of gift	(c) Ose of gift	(a) Description of now girt is not
:		-	
-			
-		(e) Transfer of gift	
-	Transferee's name, address		Relationship of transferor to transferee
-	Transferee's name, address		Relationship of transferor to transferee
	Transferee's name, address		Relationship of transferor to transferee
- - - -	Transferee's name, address		Relationship of transferor to transferee
rom	Transferee's name, address (b) Purpose of gift		Relationship of transferor to transferee (d) Description of how gift is held
i) No.		s, and ZIP + 4	
rom		s, and ZIP + 4	
rom		(c) Use of gift	
rom		s, and ZIP + 4	
rom		(c) Use of gift (e) Transfer of gift	
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
om art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
om art I	(b) Purpose of gift Transferee's name, address	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
rom	(b) Purpose of gift Transferee's name, address	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
om art I	(b) Purpose of gift Transferee's name, address	(c) Use of gift (e) Transfer of gift s, and ZIP + 4 (c) Use of gift	(d) Description of how gift is held Relationship of transferor to transferee
om art I	(b) Purpose of gift Transferee's name, address	(c) Use of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee

623454 10-18-16

VAN RIPER-WOODARD FAMILY FOUNDATION, INC 35-1939970

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				<u> </u>
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
				ļ
INDY PUBLIC SAFETY FOUNDATION	NONE	501 (C) (3)	DONATION	
200 E WASHINGTN ST		1		5 000
INDIANAPOLIS, IN 46204		 		5,000
INDIANAPOLIS MUSEUM OF ART	NONE	501 (C) (3)	DONATION	
400-michigan-road]	_			
INDIANAPOLIS, IN 46204			 	5,000.
HEARTLAND FILM FESTIVAL	NONE	501 (C) (3)	DONATION	
1043 VIRGINIA AVE. #2 INDIANAPOLIS, IN 46203				5,000
INDY JAZZ FOUNDATION	NONE	501 (C)(3)	DONATION	
P O BOX 20857		}		ļ
INDIANAPOLIS, IN 46220	 			5,000.
CENTRAL INDIANA COMMUNITY FOUNDATION	NONE	501 (C) (3)	DONATION	ļ
615 N ALABAMA S # 19 INDIANAPOLIS, IN 46204		ì	1	5,000
				3,000
KEEP INDIANAPOLIS BEAUTIFUL	NONE	501 (C) (3)	DONATION	
10290 FLETCHER AVENUE	10.12	501 (6) (3)		
INDIANAPOLIS, IN 46203				2,076
ARTS COUNCIL OF INDIANPOLIS INC	NONE	501 (C) (3)	DONATION	
024 N PENN INDIANAPOLIS, IN 46204				5,000
				1
ARTOMOBILIA	NONE	501 (C) (3)	DONATION	
0 WEST MAIN ST		1		
ARMEL, NJ 46032	<u> </u>		 	2,250
ETHODIST HEALTH FOUNDATION	NONE	501 (C) (3)	DONATION	ļ
800 NORTH CAPITOL AVENUE NDIANAPOLIS, IN 46202				3,000
NDIANA RACING MEMORIAL ASSOCIATION	NONE	501 (C) (3)	DONATION	
O BOX 40098		Ì	1	
NDIANAPOLIS, IN 46040	<u> </u>	<u> </u>	<u> </u>	1,600
Total from continuation sheets				52,646

VAN RIPER-WOODARD FAMILY FOUNDATION, INC 35-1939970

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.	Foundation	Durnoon of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NPR FOUNDATION	NONE	501 (C) (3)	DONATION	
P O BOX 791490	HOME	Por (c) (3)	POMATION	
BALTIMORE, MD 21279	-	 		2,000
INDIANA HISTORICAL SOCIETY	NONE	501 (C) (3)	DONATION	
450-N-OHIO-ST				1,000
VARIOUS 501(C3) ORGANIZATIONS NONE EXCEEDING \$250	NONE	501 (C) (3)	DONATION	
1060 N CAPITAL INDIANAPOLIS, IN 46204		ļ		1,320
INDIANA LANDMARKS / BOYLE FOUNDATION 1201 CENTRAL AVENUE	NONE	501 (C) (3)	DONATION	
INDIANAPOLIS, IN 46202				1,000
WFYI FOUNDATION, INC. 1630 NORTH MERIDIAN STREET	NONE	501 (C) (3)	DONATION	
INDIANAPOLIS, IN 46202				6,200
UNIVERSITY CLUB FOUNDATION 970 N DELAWARE ST	NONE	501 (C) (3)	DONATION	
INDIANAPOLIS, IN 46202				1,200
INDIANAPOLIS GARDEN CLUB P O BOX 90227	NONE	501 (C) (3)	DONATION	
INDIANAPOLIS, IN 46290				1,000
······································				
Total from continuation sheets		<u> </u>		

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM S	SECURITI	ES S'	PATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVEN	NE'	(B) T INVEST- NT INCOME	(C) ADJUST NET INC	
MISCELLANEOUS	9	•	0.	9.	9.		
NBI - DIVIDENDS & INTEREST	25,168	•	0. 25,	,168.	25,168.		
TO-PART-I,-LINE-4	25 , 177	•	0. 25,	,177.	25,177.		
FORM 990-PF		A COOVENIES.	NG PREG			DA MEMENTO	
FORM 990-PF	 	ACCOUNTI	NG FEES		S'.	PATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) DJUSTED T INCOME	(D) CHARITA PURPOS	
ACCOUNTING FEES		6,500.	6,5	500.			0.
TO FORM 990-PF, PG 1	, LN 16B	6,500.	6,5	500.			0.
FORM 990-PF	0'	THER PROFES	SIONAL FEE	SS	S	PATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) DJUSTED T INCOME	(D) CHARITA PURPOS	
INVESTMENT MANAGEMEN MISCELLANEOUS LEGAL EXPENSES	T FEES	10,812. 1,000. 400.		312. 000. 100.			0. 0. 0.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	4
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET	r
LISTED SECURITIES	COST	1,245,414.	1,583,84	14.
TOTAL TO FORM 990-PF, PART I	I, LINE 13	1,245,414.	1,583,844.	
	F SUBSTANTIAL CONTRIE PART VII-A, LINE 10	BUTORS	STATEMENT	5
NAME OF CONTRIBUTOR	ADDRESS			
VAN RIPER CHARITABLE REMAIND TGRUST	ER 1060 N CAPITO	OL AVE, C-200		
	INDIANAPOLIS	TN 46204		