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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation SALIN FOUNDATION INC		A Employer identification number 35-2047694	
Number and street (or P.O. box number if mail is not delivered to street address) 10587 COPPERGATE DRIVE		Room/suite	B Telephone number (see instructions) (317) 532-2260
City or town, state or province, country, and ZIP or foreign postal code CARMEL, IN 460329204		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,698,480	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	62,191			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	11,090	11,090		
	4 Dividends and interest from securities	47,836	47,836		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		1,609		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	34,613	6,251	28,362	
	12 Total. Add lines 1 through 11	155,730	66,786	28,362	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,470	2,470		
	c Other professional fees (attach schedule)	3,280			3,280
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	470	470		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	658			658
	22 Printing and publications				
	23 Other expenses (attach schedule)	4,814		970	3,844
	24 Total operating and administrative expenses. Add lines 13 through 23	11,692	2,940	970	7,782
	25 Contributions, gifts, grants paid	235,061			235,061
	26 Total expenses and disbursements. Add lines 24 and 25	246,753	2,940	970	242,843
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-91,023			
	b Net investment income (if negative, enter -0-)		63,846		
	c Adjusted net income (if negative, enter -0-)			27,392	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	6,878	45,287	45,287		
	2	Savings and temporary cash investments	423,311	535,022	535,022		
	3	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 (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)	1,813,351	1,572,885	2,118,171		
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,243,540	2,153,194	2,698,480			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)		0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds	2,243,540	2,153,194			
	30	Total net assets or fund balances (see instructions)	2,243,540	2,153,194			
31	Total liabilities and net assets/fund balances (see instructions) .	2,243,540	2,153,194				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,243,540
2	Enter amount from Part I, line 27a	2	-91,023
3	Other increases not included in line 2 (itemize) ▶ _____	3	4,805
4	Add lines 1, 2, and 3	4	2,157,322
5	Decreases not included in line 2 (itemize) ▶ _____	5	4,128
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,153,194

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a 200 SHS BAXALTA INC	P	2013-06-07	2016-04-14
b 100000 SHS FED HOME LN BK	P	2012-01-18	2016-12-09
c 28 SHS HALYARD HEALTH	P	2012-11-07	2016-04-13
d 50000 SHS TOWER BANK CD 3%	P	2010-02-16	2016-02-26
e 83000 SHS TOWER BANK CD 3%	P	2011-12-27	2016-02-26

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 8,170	0	6,448	1,722
b 100,000	0	100,217	-217
c 873	0	769	104
d 50,000	0	50,000	0
e 83,000	0	83,000	0

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a 0	0	0	1,722
b 0	0	0	-217
c 0	0	0	104
d 0	0	0	0
e 0	0	0	0

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	1,609
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	172,782	2,640,808	0 065428
2014	172,110	2,601,746	0 066152
2013	150,170	2,406,314	0 062407
2012	49,570	1,877,854	0 026397
2011	25,270	1,033,235	0 024457

2 Total of line 1, column (d)	2	0 244841
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 048968
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	2,646,008
5 Multiply line 4 by line 3	5	129,570
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	638
7 Add lines 5 and 6	7	130,208
8 Enter qualifying distributions from Part XII, line 4	8	242,843

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 See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	638
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	638
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	638
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1,700
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	1,700
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	7
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	1,055
11	Enter the amount of line 10 to be Credited to 2017 estimated tax <input type="checkbox"/> 800 Refunded <input type="checkbox"/>	11	255

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> _____		
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? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► SHERRI FRITSCH Telephone no ► (317) 532-2260			

Located at **►** 10578 COPPERGATE DRIVE CARMEL IN ZIP+4 **►** 46032

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b		No
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SCHOLARSHIP AWARDS THROUGH SCHOLARSHIP AMERICA SCHOLARSHIP AMERICA AWARDED 14 SCHOLARSHIPSTO INDIVIDUAL STUDENTS DURING 2016	28,000
2 SCHOLARSHIP AWARDS TO 8 DEPENDENTS OF EMPLOYEES OFSALIN BANK	16,000
3 DONATIONS TO 1 LOCAL CHURCH AND 5 LOCAL CULTURALORGANIZATIONS TO HELP PROVIDE CULTURAL AND RELIGIOUSAWARENESS AND EDUCATION	118,000
4 LOCAL OUTREACH ACTIVITIES INCLUDING DONATIONS TO 1UNIVERSITY TO ENCOURAGE FAITH-BASED EDUCATION IN INDIANA	73,061

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	2,181,054
b	Average of monthly cash balances.	1b	505,249
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,686,303
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	2,686,303
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	40,295
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,646,008
6	Minimum investment return. Enter 5% of line 5.	6	132,300

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	132,300
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	638
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	638
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	131,662
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	131,662
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	131,662

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	242,843
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	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	242,843
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	638
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	242,205

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				131,662
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				18,212
e From 2015.				43,908
f Total of lines 3a through e.	62,120			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 242,843				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2016 distributable amount.				131,662
e Remaining amount distributed out of corpus	111,181			
5 Excess distributions carryover applied to 2016 (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	173,301			
b Prior years' undistributed income Subtract line 4b from line 2b				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
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 distributed in 2017				0
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 required - see instructions).				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	173,301			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				18,212
d Excess from 2015.				43,908
e Excess from 2016.				111,181

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
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					

3 Complete 3a, b, or c for the alternative test relied upon

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 2/3 of minimum investment 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 public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NA

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NA

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

SHERRI FRITSCH
10587 COPPERGATE DRIVE
CARMEL, IN 46032
(317) 532-2260

b The form in which applications should be submitted and information and materials they should include

SEE ATTACHED

c Any submission deadlines

SEE ATTACHED

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

MUST BE RESIDENT WITHIN STATE OF INDIANA

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	235,061
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					11,090
4 Dividends and interest from securities.					47,836
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).					58,926
13 Total. Add line 12, columns (b), (d), and (e).					58,926

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
--	--	------------	-----------

1a(1)	No
-------	----

1a(1)		No
1a(2)		No

1b(1)		No
--------------	--	-----------

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
-----------	--	-----------

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

* * * * *

2017-04-03

* * * * *

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KENT J SHIPLEY CPA JD		2017-05-12		
	Firm's name ▶ SHIPLEY & WALL AN ASSOCIATION OF PC'S				Firm's EIN ▶
	Firm's address ▶ 8465 KEYSTONE CROSSING DR STE 160 INDIANAPOLIS, IN 46240				Phone no (317) 255-0777

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
WILLIAM N SALIN SR 8455 KEYSTONE CROSSING DR INDIANAPOLIS, IN 46240	PRESIDENT 3 00	0	0	0
SHERRI FRITSCH 10587 COPPERGATE DR CARMEL, IN 46032				
WILLIAM N SALIN II 8455 KEYSTONE CROSSING DR INDIANAPOLIS, IN 46240	DIRECTOR 1 00	0	0	0
M JANE SALIN 8455 KEYSTONE CROSSING DR INDIANAPOLIS, IN 46240				
SUSIE MCCLAIN 8455 KEYSTONE CROSSING DR INDIANAPOLIS, IN 46240	DIRECTOR 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SCHOLARSHIP AMERICA PO BOX 297 ST PETE, MN 56082		501C3	EDUCATION	28,000
INDIANAPOLIS ZOO 1201 W WASHINGTON ST INDIANAPOLIS, IN 46222		501C3	DONATIONCHARITABLE	5,000
ANDERSON UNIVERSITY 1100 E 5TH ST ANDERSON, IN 46012		501C3	DONATIONCHARITABLE	10,000
INDIANAPOLIS SYMPHONY ORCHESTRA 32 E WASHINGTON ST STE 600 INDIANAPOLIS, IN 46204		501C3	DONATIONCHARITABLE	5,000
ST LUKE UNITED METHODIST CHURCH 100 W 86TH ST INDIANAPOLIS, IN 46260		501C3	DONATIONCHARITABLE	101,000
EITELJORG MUSEUM 500 W WASHINGTON ST INDIANAPOLIS, IN 46204		501C3	DONATIONCHARIATABLE	5,000
SARAH BOURNIQUE 1206 HOLMAN DRIVE MARION, IN 46952		I	SCHOLARSHIP	2,000
SHELBY LANNAN 11943 N SHELBY 700 W NEW PALESTINE, IN 46163		I	SCHOLARSHIP	2,000
KAYLEE AVALLE PO BOX 477 WALTON, IN 46994		I	SCHOLARSHIP	2,000
CREWMEMBER FAMILY ASSIST 8455 KEYSTONE CROSSING DR INDIANAPOLIS, IN 46240		NC	SCHOLARSHIP	8,211
THE SALVATION ARMY 1357 W 86TH STREET INDIANAPOLIS, IN 46260		501C3	DONATIONCHARITABLE	7,250
INDIANAPOLIS MUSEUM OF ART 4000 MICHIGAN ROAD INDIANAPOLIS, IN 46208		501C3	DONATIONCHARITABLE	1,500
NORTH NAPLES UMC 6000 GOODLETTE ROAD N NAPLES, FL 34109		501C3	DONATIONCHARITABLE	2,000
FT WAYNE PHILHARMONIC 4901 FULLER DRIVE FORT WAYNE, IN 46835		501C3	DONATIONSCHARITABLE	500
IU FOUNDATION 1500 N STATE ROAD 46 BYPASS BLOOMINGTON, IN 47408		501C3	DONATIONCHARITABLE	1,100
Total ► 3a				235,061

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ST VINCENT FOUNDATION 8402 HARCOURT RD INDIANAPOLIS, IN 46260		501C3	DONATIONCHARITABLE	7,500
EMILY VARANKA 13698 STONE HAVEN DR CARMEL, IN 46033		I	SCHOLARSHIPS	2,000
ATALIA DERRICK 7027 CHADWICK DR FORT WAYNE, IN 46816		I	SCHOLARSHIPS	2,000
GARRETT BELDEN 5871 TRAVIS ROAD GREENWOOD, IN 46143		I	SCHOLARSHIPS	2,000
ELIJAH DAVIS 327 WHISPERING WILLOW CT NOBLESVILLE, IN 46060		I	SCHOLARSHIPS	2,000
BAILEY LANNAN 11943 N SHELBY 700 W NEW PALESTINE, IN 46163		I	SCHOLARSHIPS	2,000
CROSSROADS OF AMERICA COUNCIL 7125 FALL CREEK ROAD N INDIANAPOLIS, IN 46256		501C3	DONATIONCHARITABLE	5,000
IN DONOR NETWORK FOUNDATION 3760 GUION RD INDIANAPOLIS, IN 46222		501C3	DONATIONCHARITABLE	1,000
THE GARDEN 100 W 86TH STREET INDIANAPOLIS, IN 46260		501C3	DONATIONCHARITABLE	5,000
SALIN FOUND COMMUNITY SCHLRSP 8455 KEYSTONE CROSSING INDIANAPOLIS, IN 46240		501C3	SCHOLARSHIP	2,000
THE LEAGUE CLUB 5051 CASTELLO DR 240 NAPLES, FL 34103		501C3	DONATIONCHARITABLE	2,500
HABITAT FOR HUMANITY 3135 N MERIDIAN ST INDIANAPOLIS, IN 46208		501C3	DONATIONCHARITABLE	1,000
MAYO CLINIC 8091 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260		501C3	DONATIONCHARITABLE	10,000
CONSERVANCY OF SW FLORIDA 1495 SMITH PRESERVE WAY NAPLES, FL 34102		501C3	DONATIONCHARITABLE	1,500
ROCK STEADY BOXING 6847 HILLSDALE CT INDIANAPOLIS, IN 46250		501C3	DONATIONCHARITABLE	2,000
Total ► 3a				235,061

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GOODWILL INDUSTRIES FOUNDATION 1635 W MICHIGAN ST INDIANAPOLIS, IN 46222		501C3	DONATIONCHARITABLE	2,000
UNITED METHODIST WOMEN 475 RIVERSIDE DR 15TH FLOOR NEW YORK, NY 10115		501C3	DONATIONCHARITABLE	5,000
Total				235,061
3a				

TY 2016 Accounting Fees Schedule**Name:** SALIN FOUNDATION INC**EIN:** 35-2047694

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
KENT J SHIPLEY TAX RETURNS	2,470	2,470		

TY 2016 Investments Corporate Stock Schedule**Name:** SALIN FOUNDATION INC**EIN:** 35-2047694

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INVESTMENTS	1,572,885	2,118,171

TY 2016 Other Decreases Schedule**Name:** SALIN FOUNDATION INC**EIN:** 35-2047694

Description	Amount
ADJUSTMENT FOR 2016 ACTIVITY	1,485
2015 FEDERAL TAXES PAID	942
2016 ESTIMATED FEDERAL TAXES	1,700
ROUNDING	1

TY 2016 Other Expenses Schedule**Name:** SALIN FOUNDATION INC**EIN:** 35-2047694**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SERVICES	950		950	
SILENT AUCTION PURCHASES	3,844			3,844
1099 PREPARATION	20		20	

TY 2016 Other Income Schedule**Name:** SALIN FOUNDATION INC**EIN:** 35-2047694**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
S-T CAP GAIN DIVIDEND	159	159	
L-T CAP GAIN DIVIDEND	6,092	6,092	
AUCTION PROCEEDS	28,362		28,362

TY 2016 Other Increases Schedule**Name:** SALIN FOUNDATION INC**EIN:** 35-2047694

Description	Amount
ACTIVITY TAXED IN PRIOR YEAR	3,196
CAPITAL GAINS	1,609

TY 2016 Other Professional Fees Schedule**Name:** SALIN FOUNDATION INC**EIN:** 35-2047694

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SCHOLARSHIP AMERICA SCHOLARSHIP MANAGEMENT	3,280			3,280

TY 2016 Taxes Schedule**Name:** SALIN FOUNDATION INC**EIN:** 35-2047694

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX	470	470		

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	Name of the organization SALIN FOUNDATION INC	Employer identification number 35-2047694

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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 33¹/₃% 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, charitable, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SALIN FOUNDATION INC	Employer identification number 35-2047694
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM N SALIN SR 8455 KEYSTONE CROSSING DR INDIANAPOLIS, IN 46240	\$ 14,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Employer identification number

35-2047694

Part II	Noncash Property
----------------	-------------------------

(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.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.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization SALIN FOUNDATION INC	Employer identification number 35-2047694
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
-----------------	--

(a) No. 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, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Salin Foundation, Inc. has established a scholarship program to assist high school seniors in select Indiana communities who plan to continue education in college or vocational school programs. Scholarships are offered each year for full-time study at any accredited institution of the student's choice.

This scholarship program is administered by Scholarship Management Services, a department of Citizens' Scholarship Foundation of America, Inc. (CSFA). CSFA is a national nonprofit educational support and student aid service organization that seeks to involve and assist the private sector in expanding educational opportunities and encouraging educational achievement. Awards are granted without regard to race, color, creed, religion, age, gender, disability, or national origin.

ELIGIBILITY

Applicants to the Salin Foundation Community Scholarship Program must be -

- High school seniors with a minimum GPA of 3.0 on a 4.0 scale or its equivalent, in one of the following high schools:

Columbus, Indiana	Columbus East High School
	Columbus North High School
Delphi, Indiana	Delphi Community High School
Edinburgh, Indiana	Edinburgh Community High School
Flora, Indiana	Carroll Consolidated School Corporation
Ft. Wayne, Indiana	Carroll High School
	Northrop High School
	Snider High School
	Southside High School
	Wayne High School
Kokomo, Indiana	Kokomo High School
	Northwestern High School
Lafayette, Indiana	Jefferson High School
	McCurcheon High School
Logansport, Indiana	Logansport Community High School

Least Western High School

Peru, Indiana	Peru High School
Russiaville, Indiana	Western School Corporation
Walton, Indiana	Lewis Cass Junior/Senior High School

- Planning to enroll in a full-time* course of study at an accredited two- or four-year college, university, or vocational-technical school.
- Full-time study is defined as full-time enrollment for the entire upcoming academic year.

AWARDS

Awards of \$1,000 each will be granted. One award will go to a high school senior in each of the listed high schools.

Awards are for undergraduate study only.

APPLICATION

Interested students must complete the attached application and mail it along with a current, complete official transcript of grades to CSFA postmarked no later than April 15. On-line transcripts and grade reports are not acceptable.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. All information received is considered confidential and is reviewed only by CSFA.

SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, goals and aspirations stated in the application, and an unusual personal or family circumstance, and an outside appraisal. Financial need will be considered. Preference will be given to applicants demonstrating need within each school.

Section of the application are located on the reverse side of this brochure.

The number of awards granted to males & females will be direct proportion to the number of applicants for each group.

Selection of recipients is made by CSFA. No instance does any officer or employee of CSFA, Inc. play a part in the selection. Applicants agree to accept the decision of CSFA as final.

Applicants will be notified by late May. No applicants to the program will be selected as recipients.

PAYMENT OF SCHOLARSHIPS

CSFA processes scholarship payments on behalf of Salin Foundation Inc. Payments are made in equal installments on August 15 and December 30. Checks are mailed to each recipient's home address and are made payable jointly to the student and the school and must be endorsed by both.

OBLIGATIONS

Recipients have no obligation to Salin Foundation, Inc. They are, however, required to supply CSFA with complete transcripts and to notify CSFA of any changes of address, school enrollment, or other relevant information.

REVISIONS

Salin Foundation, Inc. reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

Salin Foundation Community
Scholarship Program
Scholarship Management Services, CSFA
1505 Riverview Road, P. O. Box 297
St. Peter, MN 56082

Telephone: (507) 931-1682

ATTACHMENT



**SCHOLARSHIP
MANAGEMENT
SERVICES**

**ATTACHMENT
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A program of Citizens' Scholarship Foundation® of America

Salin Foundation Community Scholarship Program
Program Description

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AWARDS

The program will utilize standard CSFA recipient selection procedures including the consideration of past academic performance and future potential, leadership and participation in school and community activities, work experience, statement of career and educational aspirations and goals, unusual personal or family circumstances, and an outside appraisal.

The authorized distribution for new awards is \$20,000. Awards of \$1,000 each will be granted. One award will go to each of the listed high schools.

Financial need will be considered. Preference will be given to applicants demonstrating need within each school.

The number of awards granted to males and females will be in direct proportion to the number of applicants for each group.

Awards are not renewable.

Awards are for undergraduate study only.

2/2/01

Salin Bank

Crewmember Dependent Child Tuition Assistance Program

The Program

Salin Bank has established the Salin Bank Crewmember Dependent Child Tuition Assistance Program to assist crewmembers' children who plan to pursue postsecondary education in college and vocational programs. Awards are granted without regard to any legally protected characteristic.

Eligibility

Full-time and part-time crewmembers of Salin Bank are eligible to apply for tuition assistance for their dependent* children. Executive Vice President's or above are not eligible for the program.

**Dependent children are defined as natural and legally adopted children or stepchildren, age 24 and under, living in the crewmember's household or primarily supported by the crewmember.*

Crewmembers' children must be high school seniors or graduates who plan to enroll or students already enrolled in a full-time undergraduate course of study at an accredited two- or four-year college, university or vocational-technical school in the state of Indiana.

Participants must have a 3.00 or higher grade point average on a 4.0 scale (or its equivalent).

Amount of Awards

Up to \$20,000 will be distributed annually. Individual awards may vary from year to year depending on the number of participants. Financial need will not be considered.

- Each eligible student will receive education assistance of up to \$2,000 annually for tuition, fees, and required books and supplies. If more than ten eligible students apply for assistance and have expenses exceeding \$2,000 for approved costs, the award distribution will be divided equally among all recipients. The decision regarding award amounts is based on eligibility and the number of applicants.
- Awards will not exceed the cost of tuition, fees, books and supplies.
- Awards are not renewable. Students may reapply if they continue to meet eligibility requirements.
- Awards are available for undergraduate study only.
- Awards are not taxable to the parent crewmember of Salin Bank.
- Students may receive education assistance a maximum of four annual awards.

Application

Interested crewmembers must complete the Crewmember Dependent Child Tuition Assistance Application and submit it to Human Resources no later than June 30. Information provided is considered confidential and is reviewed only by Human Resources. Crewmembers will be notified of the amount of tuition assistance in July. A separate application must be submitted for each child eligible to participate in the tuition assistance program. The program will be open for applications only once each year.

Payment

Payment for fall 2015 will be issued August 7 following submission of fall proof of enrollment. Spring 2016 checks will be issued December 24 following submission of spring proof of enrollment. Awards are processed through accounts payable to the dependent. Education assistance awards are not taxable to the parent crewmember of Salin Bank.

Additional Information

Questions regarding the tuition assistance program should be directed to:

Human Resources

Robin Walker, Executive Vice President, Director of Administration and Retail Banking
Sherry Duncan, Human Resources Generalist
Emily Huddleston, Human Resources Generalist

317-452-8012
317-452-8013
317-452-8016
