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

OMB No 1545-0052

2016

Department of the Treasury Internal Revenue Service

SCANNED MAY 25 2017

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.

Open to Public Inspection

| FOIC | alendar year 2016 or tax year beginning | , 2016 | , and ending | , , , , , , , , , , , , , , , , , , , | |
|-------------|--|---|---------------------------|--|---|
| THE 540 | J E FEHSENFELD FAMILY FOUNDA | ATION INC | | A Employer identification nu 35-2091086 Telephone number (see ins | |
| | IANAPOLIS, IN 46268 | | <u> </u> | 317-695-8659 | tructions) |
| <u>-</u> | heck all that apply Initial return | | | If exemption application is | pending, check here |
| G C | heck all that apply Initial return Final return | Initial return of a forrAmended return | mer public charity | 1 Foreign organizations, che | ck here |
| H C | Address change heck type of organization X Section 50 | Name change 1(c)(3) exempt private f | foundation | 2 Foreign organizations mee here and attach computati | ting the 85% test, check on |
| | Section 4947(a)(1) nonexempt charitable | trust Other taxable | private foundation | E If private foundation statu | s was terminated |
| 1 Fa | | counting method X C Other (specify) | ash Accrual | RECEIVED |), check here |
| > | \$ 945,510. (Part I | column (d) must be or | n cash basis) | If the foundation is in a 80 under section 507(b)(1,)(8 | Figure termination), check here |
| Pari | 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 | | Disbursements for charitable purposes (cash basis only) |
| | 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check I if the foundation is not required to attach Sch. B | 616,500. | | | |
| | 3 Interest on savings and temporary cash investments | 3,084. | 3,084 | . 3,084. | , |
| | 4 Dividends and interest from securities 5 a Gross rents | 26,361. | 26,361 | . 26,361. | |
| _ | b Net rental income or (loss) | | | | |
| R E V | 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a | | | | |
| E N | 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain | | | | <u> </u> |
| Ü | 9 Income modifications | - | | | |
| _ | 10 a Gross sales less returns and allowances | | | | |
| | b Less Cost of goods sold | | | | 1 |
| | C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule). | | | | |
| | 12 7.11 | | | | |
| | 12 Total Add lines 1 through 11 13 Compensation of officers, directors trustees, etc. | 645,945. | 29,445 | . 29,445. | |
| | 14 Other employee salaries and wages | | | | |
| А | 15 Pension plans, employee benefits 16a Legal fees (attach schedule) | 1 | | | |
| D | D According lees (attach sch) | 2,974. | 565 | | 2,409. |
| 0 1 | c Other professional fees (attach sch) SEE ST 2 | 10,683. | | | 10,683. |
| O P E R A T | 18 Taxes (attach schedule)(see instrs) SEE STM 3 | 615. | | | C1.F |
| R A A | 19 Depreciation (attach schedule) and depletion | 010. | | | 615. |
| N V | 20 Occupancy 21 Travel, conferences and meetings | | | | |
| _ | 22 Printing and publications | 42,402. | | | 42,402. |
| AND ENSES | 23 Other expenses (attach schedule) SEE STATEMENT 4 | 100 | | | |
| N S | 24 Total operating and administrative | 198. | | - | 198. |
| Š | expenses Add lines 13 through 23 25 Contributions, grifts, grants paid PART XV | 56,872. | 565 | | 56,307. |
| | 26 Total expenses and disbursements | 640,500. | | | 56,307. 640,500. |
| | Add lines 24 and 25 27 Subtract line 26 from line 12. | 697,372. | 565. | 0. | 696,807. |
| | a Excess of revenue over expenses and disbursements | F1 405 | | | |
| | b Net investment income (if negative enter -0-) | -51,427. | 28,880. | | |
| DAA - | C Adjusted net income (if negative, enter -0). | | 20,000. | 29,445. | |
| BAA F | or Paperwork Reduction Act Notice, see instr | ructions. | TEEA0504L 12/16/ | | Form 990-PF (2016) |

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Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

793,089.

6

| | Losses for Tax on Investment | | | | (4) 5 |
|---|--|---|--|---|-------------|
| (a) List and describ 2-story brick ware | How acquired - Purchase - Donation | (C) Date acquired (mo day, yr) | (d) Date sold (mo , day, yr) | | |
| 1a N/A | | | | | |
| b | | | | | |
| С | | | | | L |
| d | | | | | |
| <u>e</u> | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (e) plus (f) m | |
| a | | | | | |
| b | | | | | |
| C | | | | · | |
| d | | | | | |
| <u>e</u> | | 10/21/60 | | · | |
| | owing gain in column (h) and owned by | | | (I) Gains (Col ain minus col (k), b | |
| (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 | | an -0-) or Losses (fr | |
| а | | · | | | |
| b | | · · · | | | |
| С | | | | | |
| d | | | | | |
| <u>e</u> | | | | , | |
| 2 Capital gain net income or (r | net capital loss) | enter in Part I, line 7 er -0- in Part I, line 7 | 2 | | |
| 3 Net short-term capital gain o | r (loss) as defined in sections 1222(5) | and (6) | <u> </u> | | |
| If gain, also enter in Part I li | ine 8, column (c) (see instructions) If | (loss) enter -0 | | } | |
| in Part I, line 8. | me o, column (c) (see instructions) in | (1033); eriter -0- | 3 | | |
| Part V Qualification Und | er Section 4940(e) for Reduced | Tax on Net Investment | Income | <u> </u> | |
| (For optional use by domestic private | foundations subject to the section 4940(a | a) tax on net investment income |) | | |
| If section 4940(d)(2) applies, leave | a this part blank | | | | |
| ii section 4340(a)(2) applies, leave | e this part blank | | | | |
| | section 4942 tax on the distributable an | • • | period? | ∐Yes | X No |
| If 'Yes,' the foundation does not qualify | ualify under section 4940(e) Do not co | implete this part | | | |
| 1 Enter the appropriate amount i | n each column for each year, see the inst | ructions before making any entr | ies | | |
| (a) Base period years Calendar year (or tax year beginning in) | Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | | (d) Distribution (col (b) divided | |
| 2015 | 754,489. | 716,0 | 80. | | 1.053638 |
| 2014 | 647,062. | 728,7 | | | 0.88795 |
| 2013 | 630,135. | 674,5 | | | 0.934149 |
| 2012 | 644,208. | 688,4 | | | 0.935684 |
| 2011 | 346,617. | 623,4 | | | 0.555990 |
| | | ===: | | | |
| 2 Total of line 1, column (d) | | | 2 | | 4.367418 |
| 3 Average distribution ratio for number of years the foundate | the 5-year base period — divide the to ion has been in existence if less than \$ | otal on line 2 by 5, or by the 5 years | 3_ | <u></u> | 0.873484 |
| 4 Enter the net value of nonch | aritable-use assets for 2016 from Part | X, line 5 | 4 | | 730,598 |
| 5 Multiply line 4 by line 3 | | | 5 | | |
| | income (1% of Part I, line 27b) | | 6 | | 638,166 |
| | income (1 /0 of Fall I, line 2/0) | | | | 289 |
| 7 Add lines 5 and 6 | | | 7 | | 638,455 |
| 8 Enter qualifying distributions | · | the and complete that not | 8 1% tay r | ato. Soc the | 696,807 |
| Part VI instructions | han line 7, check the box in Part VI, line 1 | io, and complete that part using | a 1% (ax r | ale. See the | |

| | 35-ZU91080 | | | age 4 |
|--------|--|--------|----------|------------------|
| Par | <u> </u> | ns) | | |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here | | | |
| _ | Date of ruling or determination letter (attach copy of letter if necessary – see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, | | | 289. |
| | check here X and enter 1% of Part I, line 27b | | | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | | ^ |
| • | foundations only Others enter -0-) Add lines 1 and 2 | | | $\frac{0.}{200}$ |
| 3 | | | | 289. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | | 0. |
| 5 6 | Credits/Payments | | | 289. |
| | 2016 estimated tax pmts and 2015 overpayment credited to 2016 6a 86. | | | ļ |
| | Exempt foreign organizations — tax withheld at source 6b | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6 c | | | _ |
| | Backup withholding erroneously withheld 6 d | | - | |
| | Total credits and payments Add lines 6a through 6d | | | 86. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | | | 00. |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 203. |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | 200. |
| 11 | | | | |
| _ | t VII-A Statements Regarding Activities | | | |
| | | T | Yes | No |
| ıa | 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? | 1 a | | Х |
| + | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes | | | , |
| • | (see Instructions for the definition)? | 1 b | | X_ |
| | If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | | | |
| | Did the foundation file Form 1120-POL for this year? | 10 | | X |
| C | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ►\$ 0 (2) On foundation managers ►\$ 0 | | | ' |
| е | (1) On the foundation | - | | |
| | foundation managers >\$0. | | | , , |
| 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 | | ļ | |
| | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | 3 | <u> </u> | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4 a | | Х |
| | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | 4 5 | N | /A |
| 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 | | ļ | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | ,,,, | [- ', | " |
| | By language in the governing instrument, or | | ľ | |
| | 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 | ļ |
| / | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV | 7 | X | |
| 88 | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | |
| | IN | | | |
| t | of 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 <i>General Instruction G? If 'No,' attach explanation</i> . | 81 | X | <u> </u> |
| 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)? If 'Yes,' complete Part XIV | 9 | <u> </u> | X |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | 10 | | x |
| BAA | F | orm 99 | 0-PF (| |

3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
 b If 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purcha or disqualified persons after May 26, 1969. (2) the lapse of the 5-year period (or let).

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).

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

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3 b

4 a

N/A

Yes X No

| , , | | | |
|---|--|--|--|
| FAMILY FOUNDAT | CION INC | 35-209 | 1086 Page 6 |
| | 4/20 May Be Requ | iirea (continuea) | |
| any amount to | (anation 4045(a))? | □ vas [V] | No. |
| | | [ies [V] | |
| ic election (see section | 4955), or to carry | ☐ Yes XI | No l |
| | urnoses? | | 1 1 1 |
| | | | |
|) | | Yes X | No |
| n of cruelty to children o | or animals? | Yes X | No |
| a current notice regard | ing disaster assistance | otions | 5 b N/A |
| rding disaster assistance | e check here | ▶ [] | |
| sibility for the grant? | | N/A Yes | No |
| | | 5 – – | |
| | | ∐ les [∆ | [|
| ums, directly or indirect | ily, on a personal bene | fit contract? | 6 b X |
| | | 🗀 . 🗔 | |
| dation a party to a prohi | bited tax shelter transa | | |
| ds or have any net inco | me attributable to the t | ransaction / N | 17 +1 |
| | | | .mpioyees, |
| n managers and their o | compensation (see inst | | т |
| (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account other allowances |
| | | | |
| | | | |
| | 0. | 0. | 0 |
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| Alicentation and the second control and | en line 1 con instructio | anc) If none enter 'NONE | |
| | on me 1 - see msudede | (d)Contributions to | |
| (b) Title, and average hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | (e) Expense account other allowances |
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| 00 | | | |
| | 12/16/16 | | Form 990-PF (2016) |
| | rany amount to to influence legislation of the transaction fail to a current notice regard ruling disaster assistance the foundation claim exemply funds, directly or indirect dation a party to a prohibited or have any net incompared to position of the transactions fail to a current notice regard ruling disaster assistance the foundation claim exemply funds, directly or indirect dation a party to a prohibited or have any net incompared to position of the transaction of the prohibited of the pro | to influence legislation (section 4945(e))? In election (see section 4955), or to carry the drive? In celection (see section 4955), or to carry study, or other similar purposes? In a charitable, etc., organization described In of cruelty to children or animals? In the transactions fail to qualify under the except a current notice regarding disaster assistance required disaster assistance check here the foundation claim exemption from the sibility for the grant? In the transactions of all to qualify under the except a current notice regarding disaster assistance check here the foundation claim exemption from the sibility for the grant? In the transactions of a 4945–5(d) and funds, directly or indirectly, on a personal beneficiation a party to a prohibited tax shelter transaction and the prohibited tax shelter transaction and the prohibited tax shelter transaction for the lateraction and the prohibited tax shelter transaction for the prohibited tax shelter transaction and the prohibited tax shelter transaction for the lateraction and the prohibited tax shelter transaction for the prohibited for the prohibited tax shelter transaction for the prohibited for the prohi | es for Which Form 4720 May Be Required (continued) any amount to to influence legislation (section 4945(e))? In election (see section 4955), or to carry fron drive? It to influence legislation (section 4945(e))? In election (see section 4955), or to carry fron drive? In election (see section 4955), or to carry fron drive? In election (see section 4955), or to carry fron drive? In election (see section 4955), or to carry fron drive? In election (see section 4955), or to carry fron drive? In election (see section 4955), or to carry fron drive? In election (see section 4955), or to carry fron drive? In election (see section 4955), or to carry fron drive? In election (see section 4955), or to carry fron drive? In election (see section 4955), or to carry fron of cruelty to children or animals? In elections a charitable, scientific, literary, or fron of cruelty to children or animals? In elections a current notice regarding disaster assistance In elections and the foundation from the subtility for the grant? In election (see instruction) In election (see instr |

| Form 990-PF (2016) THE J E FEHSENFELD FAMILY FOUNDATION INC 35-20 | 91086 Page 7 |
|--|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued) | Employees, |
| 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 | |
| | |
| | |
| | |
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| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | C |
| 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 THE FOUNDATION DOES NOT DIRECTLY PARTICIPATE IN CHARITABLE ACTIVITIES. THE ACTIVITIES OF THE DIRECTORS ARE LIMITED TO THE ADMINISTRATION OF GRANTS TO QUALIFIED UNRELATED 501(C)(3) ORGANIZATIONS. | - |
| 2 | |
| | - |
| | |
| 3 | _ |
| | - |
| 1 | |
| | - |
| | - |
| 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 | + |
| BAA | Form 990-PF (2016) |

| 1-61 | see instructions.) | eigii | iouridations, |
|--------|--|---------------------------------------|---------------------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. | | |
| | Average monthly fair market value of securities | 1 a | 697,600. |
| | Average of monthly cash balances | 1 b | 44,124. |
| | Fair market value of all other assets (see instructions) | 1 c | |
| | Total (add lines 1a, b, and c) | 1 d | 741,724. |
| • | Reduction claimed for blockage or other factors reported on lines 1a and | . 1 | |
| • | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 741,724. |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 11,126. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 730,598. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 36,530. |
| Pai | t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations and certain foreign organizations check here ► ☐ and do not complete this part.) | ting f | oundations |
| 1 | Minimum investment return from Part X, line 6 | 1 | 36,530. |
| 2 a | Tax on investment income for 2016 from Part VI, line 5 | | |
| Ł | Income tax for 2016 (This does not include the tax from Part VI) | , , | |
| | Add lines 2a and 2b | 2 c | 289. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 36,241. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 36,241. |
| 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 | 36,241. |
| Par | t XII Qualifying Distributions (see instructions) | · · · · · · · · · · · · · · · · · · · | |
| 1 a | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 696,807. |
| t | Program-related investments — total from Part IX-B | 1 b | |
| 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 Suitability test (prior IRS approval required) | 3 a | |
| b | Cash distribution test (attach the required schedule) | 3 b | ··· · · · · · · · · · · · · · · · · · |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 696,807. |
| 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 | 289. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 696,518. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years | ndation | |
| DAA | | | E 000 DE (0015) |

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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 | | | | 36,241. |
| 2 Undistributed income, if any, as of the end of 2016 | | | | 30,211. |
| a Enter amount for 2015 only | | | 0. | |
| b Total for prior years: 20, 20, 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2016 | | | | |
| a From 2011 315, 766. | | | | • |
| b From 2012 610,146. | | | | |
| c From 2013 597, 041. | | | | ! |
| d From 2014 611, 491. | | | | |
| e From 2015 719, 513. | | | | į. |
| f Total of lines 3a through e | 2,853,957. | | | |
| 4 Qualifying distributions for 2016 from Part | | | | |
| XII, line 4 ► \$ 696,807. | | | | |
| a Applied to 2015, but not more than line 2a | | | 0. | |
| Applied to undistributed income of prior years (Election required — see instructions) | | 0. | | ! |
| c Treated as distributions out of corpus | | | | 1 |
| (Election required — see instructions) | 0. | | | |
| d Applied to 2016 distributable amount | | | | 36,241. |
| e Remaining amount distributed out of corpus | 660,566. | | | |
| 5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the | 0. | | | 0. |
| same amount must be shown in column (a)) | | | | : |
| | | | | ; |
| 6 Enter the net total of each column as | | | | 1 1 1 |
| indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 3,514,523. | | · =: | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | - | |
| c Enter the amount of prior years' undistributed | | | | |
| income for which a notice of deficiency has been issued, or on which the section 4942(a) | | | | ; |
| tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount — see instructions | | 0. | | |
| e Undistributed income for 2015 Subtract line 4a from | | | | |
| line 2a Taxable amount — see instructions | | | 0. | |
| Charles to be add an area of a 2010. Continued lance | | | | |
| 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) | 0. | | | |
| 8 Excess distributions carryover from 2011 not | 215 566 | | | |
| applied on line 5 or line 7 (see instructions). | 315,766. | | | |
| 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a | 3,198,757. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2012 610, 146. | | | | |
| b Excess from 2013 597, 041. | _ | | | |
| c Excess from 2014 611, 491. |] | | | |
| d Excess from 2015 719,513. | _ | | | |
| e Excess from 2016 660, 566. | | | | 5 000 PF (0016) |

BAA

Form **990-PF** (2016)

| Part V. Private Operating Foundat | | | t VII-A guestion | 35-209108 | N/A | | | |
|--|----------------------|-----------------------|-------------------------|------------------------|------------|--|--|--|
| 1a If the foundation has received a ruling or dete is effective for 2016, enter the date of the | mination letter that | | · | | N/A | | | |
| b Check box to indicate whether the foundation | • | erating foundation d | lescribed in section | 4942(j)(3) or | 4942(j)(5) | | | |
| 2a Enter the lesser of the adjusted net | Tax year | erating loundation of | Prior 3 years | | | | | |
| income from Part I or the minimum investment return from Part X for each year listed | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total | | | |
| 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 | | | | | | | | |
| 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 | foundation had | l \$5,000 or more | e in | | | |
| assets at any time during th 1 Information Regarding Foundation Management | | istructions.) | | | | | | |
| a List any managers of the foundation who have | | han 2% of the total c | ontributions received | by the foundation hef | ore the | | | |
| close of any tax year (but only if they have NONE | contributed more | than \$5,000) (See | section 507(d)(2)) | -, | | | | |
| b List any managers of the foundation who own | | | | e portion of the owner | ship of | | | |
| a partnership or other entity) of which the NONE | foundation has a 1 | 10% or greater inter | est | | | | | |
| 2 Information Regarding Contribution, Grant, 0 | Sift. Loan, Scholars | hip. etc Programs: | | | | | | |
| Check here ► ☐ If the foundation only ma | • | • • • | le organizations and o | does not accept unso | licited | | | |
| requests for funds. If the foundation makes gr complete items 2a, b, c, and d | | • | | · | | | | |
| a The name, address, and telephone number or | e-mail address of t | he person to whom a | pplications should be | addressed | | | | |
| | | | | | | | | |
| | | | | | | | | |
| SEE STATEMENT 9 b The form in which applications should be s | submitted and info | rmation and materia | als they should undu | | | | | |
| • | submitted and imo | imation and materia | als they should fricid | lue | | | | |
| SEE STATEMENT FOR LINE 2A c Any submission deadlines | | | | | | | | |
| • | | | | | | | | |
| SEE STATEMENT FOR LINE 2A d Any restrictions or limitations on awards, s | uch as by geograp | phical areas, charita | ible fields, kinds of i | institutions, or other | factors | | | |
| · | - 3 - 1 | • | | | | | | |
| SEE STATEMENT FOR LINE 2A | | · | | <u> </u> | | | | |

| 3 Grants and Cont | 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | | |
|--------------------------------------|--|--|----------------------|----------------------------------|----------|--|--|--|--|
| R | decipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount | | | | |
| | ess (home or business) | or substantial contributor | recipient | | | | | | |
| a Paid during the y SEE STATEMENT | | | | | | | | | |
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| | | | | | | | | | |
| Total | | <u> </u> | | ▶ 3a | 640,500. | | | | |
| b Approved for fut | ure navment | | - | T | 040,300. | | | | |
| •• | | | | | | | | | |
| | | | 5 P | | | | | | |
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| | | | | | | | | | |
| Total | | L | | ► 3b | | | | | |

| inter gross amounts unless otherwise indicated | | I business income | Excluded by | section 512, 513, or 514 | (e) |
|--|--|--|-----------------------|--------------------------|--|
| Program service revenue | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | Related or exempt function income (See instructions) |
| a | | | code | | |
| ab | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | 1 | | 1 | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | · · · · · · · · · · · · · · · · · · · | 14 | 3,084. | |
| 4 Dividends and interest from securities | | | 14 | 26,361. | |
| 5 Net rental income or (loss) from real estate | 3 () | | 14 | 20,301. | |
| 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 | | . | | | |
| Of Gross profit or (loss) from sales of inventory | + | | | | |
| 1 Other revenue | - | | | | |
| | | | ++- | | |
| a | | | + | | |
| b | | | | | |
| C | | ······································ | | | |
| d | | | | | |
| e | | | | 00.445 | |
| 12 Subtatal Add salumas (b) (d) and (a) | 1 4 1 | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | · | | | 29,445. | 00 445 |
| 13 Total. Add line 12, columns (b), (d), and (e) | L | | <u> </u> | 29,445.] 13 | 29,445 |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculated | ations) | hment of Evemn | at Purnose | 13 . | 29,445 |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calcula art XVI-B Relationship of Activities to the | ations) e Accomplis | . | | 13 _. s | |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calcula art XVI-B Relationship of Activities to the | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exem | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities to the Line No. Explain below how each activity for which | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated worksheet in line 13 instructions to verify calculated with the land of the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated worksheet in line 13 instructions to verify calculated with the land of the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exem | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exem | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
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| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exem | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exem | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exem | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exem | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated with the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated worksheet in line 13 instructions to verify calculated with the land of the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular art XVI-B. Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exem | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated worksheet in line 13 instructions to verify calculated with the land of the line No. Explain below how each activity for which accomplishment of the foundation's exemption. | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular art XVI-B. Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exem | e Accomplis | orted in column (e) | of Part XVI-A | s contributed importa | ntly to the |

| Part XVII | Information Regarding | Transfers To and T | ransactions | and Relationships | With Noncharitable |
|-----------|-----------------------|--------------------|-------------|-------------------|--------------------|
| | Exempt Organizations | | | | |

| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 50(0 of the Code (other than section 50(0 other assets) 1 a (0) 1 a (1) 1 a (1) 1 a (1) 1 a (2) 1 a (2) 1 a (3) 1 a (3) 1 a (3) 1 a (3) 1 a (4) 1 a (3) 1 a (4) 1 a (6) 1 a (7) 1 a (7) 1 a (7) 1 a (8) 1 a (8) 1 a (8) 1 a (8) 1 a (9) 1 a (9) 1 a (1) 1 a (1 | | | zempi Organ | IIZations | | | | | | | | |
|--|--------------------------|--------------------------------|--|--|---|--|--|---|---|------------------------------------|----------|-------------|
| (i) Cash (2) Other assets b Other transactions (ii) Sales of assets to a nonchantable exempt organization (iii) Sales of assets from a nonchantable exempt organization (iii) Sales of assets from a nonchantable exempt organization (iii) The (2) Purchases of assets from a nonchantable exempt organization (iii) Rental of facilities, equipment, or other assets (iii) Sales of assets from a nonchantable exempt organization (iii) Loans or loan guarantees (iii) Loans or loans guarantees (iii) Loans or loan guarantees (iii) Loans or loans guarantees (iii) Lo | de | escribed | l ın section 501(d | c) of the Code (of | ngage in any o ther than section | f the following wi on 501(c)(3) orga | th any oth nizations) | ner organization or in section 5 | n 527, | | Yes | No |
| (i) Cash (2) Other assets b Other transactions (ii) Sales of assets to a nonchantable exempt organization (iii) Sales of assets from a nonchantable exempt organization (iii) Sales of assets from a nonchantable exempt organization (iii) The (2) Purchases of assets from a nonchantable exempt organization (iii) Rental of facilities, equipment, or other assets (iii) Sales of assets from a nonchantable exempt organization (iii) Loans or loan guarantees (iii) Loans or loans guarantees (iii) Loans or loan guarantees (iii) Loans or loans guarantees (iii) Lo | a Tra | ansfers | from the reports | ing foundation to | a noncharitable | e exempt organiz | ation of | | | | | |
| (2) Purchases of assets to a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Sales of assets from a noncharitable exempt organization (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (1) If the answer to any of the above is "Ves," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement. Solicy the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement. Solicy the value of the goods, other assets, or service received (a) June to (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangement organization or property of the Code (other than section 501(c) of the Code (other than | | | • | | | | | | | 1 a (1) | | X |
| b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Enformance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (1) Ib (9) (2) Ib (9) (3) Name of organization fundation of sharing arrangement, show in column (4) the value of the goods, other assets, or services received (2) Ib (9) Ib (| | - | | | | | | | | <u> </u> | | X |
| (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Exhange of facilities, equipment, imaling lists, other assets, or paid employees (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (1) Ib (9) (1) Performance of services or membership or fundraising solicitations (1) Ib (9) (1) Performance of services or membership or fundraising solicitations (1) Ib (9) (1) Performance of services or membership or fundraising solicitations (2) Ib (9) (3) Line no line of services or services of services or services of services or services of services or services o | | • | | | | | | | | | | |
| (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations (7) Loans or loan quarantees (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) It be goods, other assets, or paid employees (9) It be answer to any of the above is "Yes," complete the following schedule Column (9) should always show the fair market value of the goods, other assets, or services received any transaction or sharing arrangement, show in column (9) the value of the goods, other assets, or services received (9) Line to (9) Amount involved (10) Amount involved | - | | | oncharitable eve | mnt organizatio | nn. | | | | 16(1) | | X |
| (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Loans or loan guarantees (8) Performance of services or membership or fundraising solicitations (8) Loans or loan guarantees (9) Life of Services or membership or fundraising solicitations (9) Life of Services or demonstration or sharing arrangement, mailing lists, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services received (a) Line to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement organization in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X bit if Yes; Complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Library organization (b) Type of organization (c) Description of relationship N/A Library organization (c) Description of relationship Library organization (c) Description of relationship N/A L | | • | | | | | | | | | | X |
| (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or membership or fundraising solicitations (8) Loans or loan guarantees (9) Performance of services given by the reporting foundation of lithe foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation of the foundation received less than fair market value of any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (8) Amount modived (9) Amount modived (1) Description of transfers, transactions, and sharing arrangement (1) Description of transfers, transactions, and sharing arrangement (1) Description of transfers, transactions, and sharing arrangement (2) Description of transfers, transactions, and sharing arrangement (3) Loans of the collection of transfers, transactions, and sharing arrangement (4) Description of transfers, transactions, and sharing arrangement (6) Description of transfers, transactions, and sharing arrangement (6) Description of transfers, transactions, and sharing arrangement (8) Name of organization (9) Description of parangement (1) Pyes, "complete the following schedule (1) Name of organization (1) Type of organization (2) Description of relationship (3) Description of relationship (4) Description of relationship (5) Type of organization (6) Description of relationship (7) Pyes X Type of the collection of transfers transactions and the first transactions and the first transactions and transactions and transactions and transactions and transactions and transactions and transactions are transactions and transactions and transactions are transactions and transactions and transactions are transactions. The collection of transac | | • | | | | janization | | | | | | - <u>X</u> |
| (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Description of facilities, equipment, mailing lists, other assets, or paid employees (8) It is answer to any of the above is "Yes," complete the following schedule: Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received lists than fair market value of the goods, other assets, or services received (a) time of (b) Amount involved (a) In in (b) Amount involved (b) Name of ronchantable exempt organization (c) Name of morchantable exempt organization (d) Description of transfers, transactions, and sharing alrangement organization of the goods, other assets, or services received organization of the goods, other assets, or services received (a) In the goods, other assets, or services received organizations, and sharing alrangement organization of the goods, other assets, or services received organizations, and sharing alrangement organization of the goods, other assets, or services received organizations, and sharing alrangement organizations or market value of the goods, other assets, or services received organizations, and sharing alrangement organizations, and sharing alrangement organizations of the goods, other assets, or services received organizations or market value of the goods, other assets, or services received organizations, and sharing alrangement organizations or market value of the goods, other assets, or services received organizations or market value of the goods, other assets, or services received organizations or market value of the goods, other assets, or services received organizations or services received or structure organizations or services received or services received organ | | • | | • | er assets | | | | | | | <u> </u> |
| (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is 'Yes,' complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services received any name of the property of the value of the goods, other assets, transactors, and sharing arrangement of the value of the goods, other assets, transactors, and sharing arrangement of the value of the goods, other assets, transactors, and sharing arrangement of the value of the goods, other assets, transactors, and sharing arrangement of the value of the goods, other assets, transactors, and sharing arrangement of the value of the goods, other assets, or services given and the value of the goods, other assets, or services given and the value of the goods, other assets, or services precised and the value of the goods, other assets, or services given and the value of the goods, other assets, or services given and the goods, other assets, or | | • | | • | | | | | | | | |
| d if the answer to any of the above or "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services received. (a) Lie no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement N/A 2 a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(d)) or in section 527? Yes X | | • | • | | | | | | | | | X |
| d if the answer to any of the above is "Yes," complete the following schedule: d if the answer to any of the above is "Yes," complete the following schedule: d if the answer to any of the above is "Yes," complete the following schedule: any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (d) Description of transfers, transactions, and sharing arrangement (e) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (e) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (e) Description of transfers, transactions, and sharing arrangement (f) Type of organization of present that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and betief, it is true oracle, and complete Destartion of presper (other than taxpayer) is based on all information of which preparer than the preparer shown cover, and complete Destartion of preparer (other than taxpayer) is based on all information of which preparer than the preparer shown cover, and complete Destartion of preparer (other than taxpayer) is based on all information of which preparer than the preparer shown cover, and complete Destartion of preparer (other than taxpayer) is based on all information of which preparer than the preparer shown cover and complete Destartion of preparer (other than taxpayer) is based on all information of which preparer than the preparer shown cover and the prepar | ٠. | • | | | • | • | | | | | | X |
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| Signature of officer or trustee Print/Type preparer's name ROBERT E. PECK, CPA Firm's name Preparer See instructions IX Yes Preparer Preparer's signature Preparer Firm's name PILE CPAS Firm's address ONE INDIANA SQ, SUITE 1200 | | Under per correct, | enalties of perjury, I de and complete Declara | eclare that I have examition of preparer (other | nined this return, inc than taxpayer) is ba | luding accompanying s ased on all information | of which pre | parer has any knowl | the best of my kno ledge | May the this retu | IRS disc | uss |
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| Paid Preparer Use Only ROBERT E. PECK, CPA PILE CPAS ONE INDIANA SQ, SUITE 1200 Citet Self-employed P00263149 Firm's name PILE CPAS Firm's address ONE INDIANA SQ, SUITE 1200 | | Signat | | | - A | Date | Tit | | | 1 1 DTIN | Yes | No |
| Preparer Use Only Firm's address Firm's EIN 35-0865680 | | | | | Prepar r | s signature | n.h | 1 - | _ | ا "لـ | | |
| Use Only Firm's address ONE INDIANA SQ, SUITE 1200 | Paid | | ROBERT E. | | | 100 | W" | 5-2-17 | | | 3149 | |
| | repa | rer | Firm's name | PILE CPAS | <i>,</i> , | | | | Firm's EIN 🟲 3 | <u>5-0865680</u> | | |
| TNDTANAPOLIS IN 46204-2066 Phone no (317) 269-3454 | Jse O | nly | Firm's address | ONE INDIA | NA SQ, SUI | TE 1200 | | | | | | |
| | | | <u> </u> | INDIANAPOI | LIS, IN 46 | 204-2066 | | | Phone no (| 317) 269- | 3454 | |
| BAA Form 990-PF | BAA | | | | | | | | | Form 99 | 0-PF | (2016) |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

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

| Name of the organization | | Employer identification number |
|--|--|---|
| THE J E FEHSENFELD FAMILY FOU | NDATION INC | 35-2091086 |
| Organization type (check one) | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a | private foundation |
| | 527 political organization | |
| | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a prival | ate foundation |
| | 501(c)(3) taxable private foundation | |
| | | |
| Check if your organization is covered by the Genera | Rule or a Special Rule. | |
| Note. Only a section 501(c)(7), (8), or (10) orga | anization can check boxes for both the General Rule and a S | Special Rule See instructions |
| General Rule | | |
| X For an organization filing Form 990, 990-Ez property) from any one contributor Complete | Z, or 990-PF that received, during the year, contributions tot te Parts I and II See instructions for determining a contribu- | aling \$5,000 or more (in money or itor's total contributions |
| Special Rules | | |
| For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi). | (1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, the year, total contributions of the greater of (1) \$5,000 or (20-EZ, line 1 Complete Parts I and II | 16a, or 16b, and that |
| during the year, total contributions of more | 1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, locklidren or animals. Complete Parts I, II, and III | from any one contributor, iterary, or educational |
| during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete all | of (c)(7), (8), or (10) filing Form 990 or 990-EZ that received or religious, charitable, etc., purposes, but no such contributine total contributions that were received during the year for my of the parts unless the General Rule applies to this organole, etc., contributions totaling \$5,000 or more during the year. | ions totaled more than an <i>exclusively</i> religious, nization beca <u>u</u> se |
| 990-PF), but it must answer 'No' on Part IV, lir | the General Rule and/or the Special Rules doesn't file Sche ne 2, of its Form 990, or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 99 | 990-EZ or on its Form 990-PF, |

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

| | B.(Form 990, 990-EZ, or 990-PF) (2016) | Page | 1 of 1 of Part |
|-------------------------|---|-------------------------------|--|
| Name of org ਧਾਪਦਾਂ ਜ | anization E FEHSENFELD FAMILY FOUNDATION INC | ' ' | r identification number 091086 |
| | Contributors (see instructions). Use duplicate copies of Part I if additional space | | 091000 |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | THE HERITAGE GROUP | _ | Person X Payroll |
| | PO BOX 68123 | \$616 <u>,</u> 500. | |
| | INDIANAPOLIS, IN 46268 | _ | (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$\$ | Person Payroll Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - - | Person Payroll Noncash Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - - | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$\$ | Person Payroli Omnocash Complete Part II for noncash contributions) |
| BAA | TEEA0702L 08/09/16 | Schedule B (Form 99 | 0, 990-EZ, or 990-PF) (2016) |

of Part II

Name of organization

Employer identification number

THE J E FEHSENFELD FAMILY FOUNDATION INC 35-2091086 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| N/A | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (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 |
| | | | |
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BAA

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

| Schedu <u>le</u> B | 3 (Form 990, 990-EZ, or 990-PF) (2016) | | Page | 1 to 1 of Part III | | |
|---------------------------|--|--|---|------------------------------------|--|--|
| Name of organ | | | | Employer identification number | | |
| | E FEHSENFELD FAMILY FOUNDATION | | | 35-2091086 | | |
| | Exclusively religious, charitable, etc. or (10) that total more than \$1,000 for the the following line entry. For organizations com contributions of \$1,000 or less for the year. (En Use duplicate copies of Part III if additional spanning to the second se | year from any one contributor pleting Part III, enter the total of inter this information once. See in | r. Complete columns (a) <i>exclusively</i> religious, | through (e) and | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | Desc | (d) ription of how gift is held | | |
| | N/A | | | | | |
| | Transferee's name, address, | (e) Transfer of gift and ZIP + 4 | Relationship of | transferor to transferee | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | Desc | (d) ription of how gift is held | | |
| | | | | | | |
| | Transferee's name, address, | (e) Transfer of gift and ZIP + 4 | Relationship of transferor to transferee | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | Desc | (d) ription of how gift is held | | |
| | | | | | | |
| | Transferee's name, address, | (e) Transfer of gift and ZIP + 4 | Relationship of | transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | Desc | (d) ription of how gift is held | | |
| - - | | (e) Transfer of gift | | | | |
| | Transferee's name, address, | | Relationship of | transferor to transferee | | |

| 2016 | FEDERAL STATEMENTS | PAGE 1 |
|--|--|--|
| CLIENT 1703 | THE JE FEHSENFELD FAMILY FOUNDATION INC | 35-209108 |
| STATEMENT 1 FORM 990-PF, PART I, LINE ACCOUNTING FEES | 16B | |
| ACCOUNTING FEES | | (D) HARITABLE PURPOSES 2,409. 2,409. |
| STATEMENT 2 FORM 990-PF, PART I, LINE OTHER PROFESSIONAL FEE | 16C ES | |
| CONSULTANTS | | (D) HARITABLE PURPOSES 10,683. 10,683. |
| STATEMENT 3 FORM 990-PF, PART I, LINE TAXES | 18 | |
| FEDERAL TAX FOREIGN TAX | | (D) HARITABLE PURPOSES 500. 115. 615. |
| STATEMENT 4 FORM 990-PF, PART I, LINE OTHER EXPENSES | 23 | |
| OFFICE EXPENSE | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED (C) PER BOOKS INCOME NET INCOME **TOTAL** \$ 198. \$ 0. \$ 0. \$ | (D) HARITABLE PURPOSES 198. 198. |

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CLIENT 1703

THE JEFEHSENFELD FAMILY FOUNDATION INC

35-2091086

STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

| CORPORATE STOCKS | VALUATION METHOD | BOOK VALUE | FAIR MARKETVALUE |
|---|---|--|--------------------------------|
| VANGUARD STRATEGIC EQUITY FUND VANGUARD EXPLORER FUND TOTAL INTL STOCK IX ADMIRAL TOTAL STOCK MKT IDX ADM WINDSOR II FUND ADM VANGUARD US GROWTH FUND ADMIRAL | COST COST COST COST COST COST TOTAL | \$ 35,430. 27,418. 44,280. 57,062. 86,678. 57,655. \$ 308,523. | 36,740. 55,477. 108,578. |

STATEMENT 6 FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BONDS

| CORPORATE BONDS | VALUATION METHOD | BOOK VALUE | FAIR MARKETVALUE |
|---|--|---|---|
| VANGUARD PRIME MONEY MARKET FUND VANGUARD HIGH YIELD CORPORATE FUND VANGUARD LONG-TERM BOND INDEX FUND VANGUARD SHORT-TERM CORPORATE FUND INTER-TERM INVEST-GR ADM SHORT-TERM BOND INDEX FUND ADM | COST COST COST COST COST COST | \$ 0. 38,557. 36,185. 41,765. 77,486. 36,121. | 35,388. 44,539. 42,037. 78,413. 38,056. |
| | TOTAL | \$ 230,114. | \$ 238,433. |

STATEMENT 7 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

| OTHER_INVESTMENTS | VALUATION <u>METHOD</u> | BOOK VALUE | FA | IR MARKET VALUE |
|--|----------------------------|---------------------------|----|---------------------|
| OTHER THARSTHENTS | | | | |
| THE HERITAGE GROUP INVESTMENT CO., LLC FEDERAL MONEY MARKET FUND | COST COST | \$ 203,984. 29,247. | \$ | 203,984. 29,247. |
| | TOTAL | \$ 233,231. | \$ | 233,231. |

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FEDERAL STATEMENTS

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CLIENT 1703

THE JE FEHSENFELD FAMILY FOUNDATION INC

35-2091086

STATEMENT 8 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|-------------------|-------|----------------------------------|------------------------------|
| SHANNON BURNS 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | PRESIDENT 0 | | | 0. : | |
| NANCY SMITH 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| DEBRA ANN BAKER 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | SECRETARY 0 | | 0. | 0. | 0. |
| ROBIN FEHSENFELD 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| JUDEE FEHSENFELD 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | VICE PRESIDENT 0 | | 0. | 0. | 0. |
| STEVE STUK 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| ASHLEE FEHSENFELD 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| SARAH IMMEKUS 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| JASON IMMEKUS 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| | TOTAL | \$ | 0. \$ | 0. | \$ 0. |

STATEMENT 9 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

N/A

NAME:

THE J E FEHSENFELD FAMILY FOUNDATION INC

CARE OF:

DEBRA BAKER

5400 W 86TH STREET

STREET ADDRESS: CITY, STATE, ZIP CODE: TELEPHONE:

INDIANAPOLIS, IN 46268

E-MAIL ADDRESS:

FORM AND CONTENT:

NONE

SUBMISSION DEADLINES:

NONE

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FEDERAL STATEMENTS

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CLIENT 1703

THE JE FEHSENFELD FAMILY FOUNDATION INC

35-2091086

STATEMENT 9 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

RESTRICTIONS ON AWARDS:

NONE

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|---|-----------------------|---------------------------|---------------------|---------------|
| GLEANERS FOOD BANK 3737 WALDEMERE AVENUE INDIANAPOLIS IN 46241 | NONE | 501 (C) (3) | UNRESTRICTED | \$ 11,000. |
| INDIANAPOLIS ART CENTER 820 E 67TH ST INDIANAPOLIS IN 46220 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| CINCINNATI YOUTH COLABORATION 301 OAK STREET CINCINNATI OH 45219 | NONE | 501 (C) (3) | UNRESTRICTED | 15,000. |
| RILEY CHILDRENS FOUNDATION 30 S. MERIDIAN, STE. 200 INDIANAPOLIS IN 46204 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| DUCKS UNLIMITED 193 BUSINESS PARK DRIVE, STE. E RIDGELAND MS 39157 | NONE | 501(C)(3) | UNRESTRICTED | 11,000. |
| LOOKING GLASS YOUTH & FAMILY SERVICES 72-B CENTENNIAL LOOP #2 EUGENE OR 97401 | NONE | 501 (C) (3) | UNRESTRICTED | 15,000. |
| RESIDENCE XII 12029 113TH AVENUE NE KIRKLAND WA 98034 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| ST. ELIZABETH'S HOME 2500 CHURCHMAN AVENUE INDIANAPOLIS IN 46203 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| THE VILLAGES 3833 NORTH MERIDIAN STREET INDIANAPOLIS IN 46208 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| WAYSIDE WAIFS 3901 MARTHA TRUMAN RD KANSAS CITY MO 64137 | NONE | 501 (C) (3) | UNRESTRICTED | 5,000. |

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CLIENT 1703

THE JE FEHSENFELD FAMILY FOUNDATION INC

35-2091086

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|---|-----------------------|---------------------------|------------------|---------------|
| POWERFUL VOICES 1620 18TH AVENUE #100 SEATTLE WA 98122 | NONE | 501 (C) (3) | UNRESTRICTED | \$ 10,000. |
| IMPACT NORTHWEST P.O. BOX 33530 PORTLAND OR 97292 | NONE | 501 (C) (3) | UNRESTRICTED | 30,000. |
| ANTHONY MUNOZ FOUNDATION 8919 ROSSASH ROAD CINCINNATI OH 45236 | NONE | 501 (C) (3) | UNRESTRICTED | 15,000. |
| DAYSPRING CENTER PO BOX 44105 INDIANAPOLIS IN 46244 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| A CHILD'S HOPE 2430 E. KEMPER ROAD CINCINNATI OH 45241 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| TEAM CHILD 1225 S. WELLER ST., STE. 420 SEATTLE WA 98144 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| COMMUNITY VETERINARY CENTER 470 HIGHWAY 99 EUGENE OR 97402 | NONE | 501 (C) (3) | UNRESTRICTED | 3,000. |
| ALWAYS ONE PO BOX 364 KOKOMO IN 46903 | NONE | 501(C)(3) | UNRESTRICTED | 2,000. |
| CITY YEAR SEATTLE 2203 23RD AVENUE SOUTH SEATTLE WA 98144 | NONE | 501(C)(3) | UNRESTRICTED | 10,000. |
| HERRON HIGH SCHOOL 735 W. NEW YORK STREET INDIANAPOLIS IN 46202 | NONE | 501(C)(3) | UNRESTRICTED | 10,000. |
| ERUPTION CHURCH 675 WALNUT STREET NOBLESVILLE IN 46060 | NONE | 501(C)(3) | UNRESTRICTED | 3,000. |
| ESCAPE PO BOX 78488 INDIANAPOLIS IN 46268 | NONE | 501(C)(3) | UNRESTRICTED | 15,000. |

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THE J E FEHSENFELD FAMILY FOUNDATION INC

35-2091086

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|---------------------|------------|
| BOYS & GIRLS CLUB OF EMERALD VALLEY 1545 WEST 22ND AVENUE EUGENE OR 94705 | NONE | 501 (C) (3) | UNRESTRICTED | \$ 15,000. |
| CHICAGO FREEDOM SCHOOL 719 S STATE STREET CHICAGO IL 60605 | NONE | 501 (C) (3) | UNRESTRICTED | 25,000. |
| CHILDREN'S BUREAU 1575 DR MARTIN LUTHER JR STREET INDIANAPOLIS IN 46202 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| CRU 100 LAKE HART DRIVE ORLANDO FL 32832 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| CYSTIC FIBROSIS FOUNDATION 2701 NW VAUGHN STREET #203 PORTLAND OR 97210 | NONE | 501 (C) (3) | UNRESTRICTED | 16,000. |
| DOCTORS WITHOUT BORDERS PO BOX 5022 HAGERSTOWN MD 21741 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| DOERNBECHER CHILDREN'S HOSPITAL FOUNDAT 1121 SW SALMON STREET, SUITE 100 PORTLAND OR 97205 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| FEED NORTHLAND KIDS 1055 BROADWAY, SUITE 130 KANSAS CITY MO 64105 | NONE | 501 (C) (3) | UNRESTRICTED | 15,000. |
| FREEDOM INTERNATIONAL PO BOX 92 NOBLESVILLE IN 46061 | NONE | 501 (C) (3) | UNRESTRICTED | 6,000. |
| GREEN URBAN LUNCH BOX 340 E 400 S, SUITE 50 SALT LAKE CITY UT 84111 | NONE | 501 (C) (3) | UNRESTRICTED | 2,000. |
| HOOSIER SOCIAL FUND 2226 S SWEETBRIAR CIRCLE BLOOMINGTON IN 47401 | NONE | 501 (C) (3) | UNRESTRICTED | 2,000. |
| INDY YOGA MOVEMENT 13243 DUMBARTON CARMEL IN 46032 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |

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THE JE FEHSENFELD FAMILY FOUNDATION INC

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| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|---|-----------------------|---------------------------|---------------------|---------------|
| LEGAL PREP CHARTER ACADEMY 4319 W WASHINGTON BOULEVARD CHICAGO IL 60624 | NONE | 501 (C) (3) | UNRESTRICTED | \$ 10,000. |
| SECOND HELPINGS 1121 SOUTHEASTERN AVENUE INDIANAPOLIS IN 46205 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| SHELTERING WINDS PO BOX 92 DANVILLE IN 46122 | NONE | 501 (C) (3) | UNRESTRICTED | 16,000. |
| SPECIAL OLYMPICS 1001 DIAMOND RIDGE, SUITE 800 JEFFERSON CITY MO 65109 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| TEEN LIVING PROGRAM 162 W HUBBARD, SUITE 400 CHICAGO IL 60654 | NONE | 501 (C) (3) | UNRESTRICTED | 25,000. |
| FORD WILSON RACE OF CHAMPIONS 4800 W 96TH STREET INDIANAPOLIS IN 46268 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| UNITED WAY OF KING COUNTY 720 2ND AVE SEATTLE WA 98104 | NONE | 501 (C) (3) | UNRESTRCITED | 10,000. |
| SYNERGY SERVICES INC 400 E 6TH STREET PARKVILLE MO 64152 | NONE | 501 (C) (3) | UNRESTRICTED | 15,000. |
| THE GROUNDWORK PROJECT 100 23RD AVE S SEATTLE WA 98144 | NONE | 501(C)(3) | UNRESTRICTED | 25,000. |
| THE MOCKINGBIRD SOCIETY 2100 24TH AVENUE S SUITE 240 SEATTLE WA 98144 | NONE | 501 (C) (3) | UNRESTRICTED | 50,000. |
| 8TH DAY CENTER FOR JUSTICE | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| ACLU FOUNDATION P O BOX 40585 PORTLAND OR 97240 | NONE | 501 (C) (3) | UNRESTRICTED | 2,000. |

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THE JEFEHSENFELD FAMILY FOUNDATION INC

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| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|---|-----------------------|---------------------------|------------------|-----------|
| YMCA OF GREATER INDIANAPOLIS 6981 W COUNTY ROAD 650 N ST PAUL IN 47272 | NONE | 501 (C) (3) | UNRESTRICTED | \$ 1,000. |
| ACLU FOUNDATION 125 BROAD STREET 18TH FLOOR NEW YORK NY 10004 | NONE | 501(C)(3) | UNRESTRICTED | 1,000. |
| ATD 4TH WORLD | NONE | 501 (C) (3) | UNRESTRICTED | 12,000. |
| DIMENSION EDUCATIONAL RESEARCH FOUNDAT | NONE | 501 (C) (3) | UNRESTRICTED | 9,000. |
| ECHO PO BOX 2077 ATASCADERO CA 93423 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| GLOBAL HEALTHWORKS 40 E 10TH STREET, SUITE 1W NEW YORK NY 10003 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| GSD RESCUE INDY, INC | NONE | 501 (C) (3) | UNRESTRICTED | 2,000. |
| GULB 340 E 400 S SALT LAKE CITY UT 84111 | NONE | 501 (C) (3) | UNRESTRICTED | 14,000. |
| LEUKEMIA SOCIETY 9075 N MERIDIAN STREET, SUITE 150 INDIANAPOLIS IN 46260 | | 501 (C) (3) | UNRESTRICTED | 11,000. |
| LIGHTHOUSE MINISTRIES 401 E MCMILLAN STREET CINCINNATI OH 45206 | NONE | 501 (C) (3) | UNRESTRICTED | 25,000. |
| MICHAEL J FOX PO BOX 5014 HAGGERSTOWN MD 21741 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| PAWS & THINK 1346 DELAWARE STREET INDIANAPOLIS IN 46202 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| PEACE LEARNING CENTER 6040 DELONG ROAD INDIANAPOLIS IN 46254 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| PLANNED PARENTHOOD 1100 VERMONT AVENUE, NW WASHINGTON DC 20005 | NONE | 501 (C) (3) | UNRESTRICTED | 2,000. |

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THE JE FEHSENFELD FAMILY FOUNDATION INC

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STATEMENT 10 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | A | MOUNT |
|---|-----------------------|---------------------------|---------------------|----|---------|
| PROJECT HOME INDY PO BOX 44146 INDIANAPOLIS IN 46244 | NONE | 501 (C) (3) | UNRESTRICTED | \$ | 10,000. |
| SCHOOL ON WHEELS OF INDIANAPOLIS 2605 E 62ND STREET, #2005 INDIANAPOLIS IN 46220 | NONE | 501 (C) (3) | UNRESTRICTED . | | 2,000. |
| SMART 101 SW MARKET STREET PORTLAND OR 97201 | NONE | 501 (C) (3) | UNRESTRICTED | | 2,000. |
| TRADERS POINT CHRISTIAN CHURCH PO BOX 5100 ZIONSVILLE IN 46077 | NONE | 501 (C) (3) | UNRESTRICTED | | 500. |
| US FRIENDS DSWT 25283 CABOT ROAD, SUITE 101 LAGUNA HILLS CA 92653 | NONE | 501 (C) (3) | UNRESTRICTED | | 10,000. |
| UNION CHAPEL PTA 7100 NW HAMPTON ROAD KANSAS CITY MO 64152 | NONE | 501 (C) (3) | UNRESTRICTED | | 1,000. |
| WITH, INC. 122 W. GLENWOOD AVENUE KNOXVILLE TN 37917 | NONE | 501 (C) (3) | UNRESTRICTED | | 1,000. |

TOTAL \$ 640,500.