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## Form 990-PF

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.

2016

Department of the Treasury

OMB No 1545-0052

<u> </u>	ternar	Revenue Service   Information about Form	990-PF and its separai	te instructions is at i	www.irs.g	ov/tormssupt Ci	en to Public Inspection
		endar year 2016 or tax year beginning		, 2016, and	ending		, 20
		of foundation UNITED RELIGIOUS CO	MM ST JOS CO	IRREV TR		A Employer identifi	cation number
		352016				35-	6218103
Ī	Numb	er and street (or P O box number if mail is not delivered	to street address)	Room	n/suite	B Telephone numbe	r (see instructions)
						ŀ	
_		. BOX 1602				57	<u>4-235-2790</u>
(	City or	town, state or province, country, and ZIP or foreign post	al code				
						C If exemption applicat pending, check here.	
_	SOU	TH BEND, IN 46634					
_		ck all that apply. Initial return	Initial return	of a former public	charity	D 1 Foreign organizati	ons, check here
		Final return	Amended re	eturn	•	2 Foreign organizati	ons meeting the
_		Address change	Name chang	ge .		85% test, check he computation	
Н	Che		c)(3) exempt private	foundation		}	
Γ	_	ection 4947(a)(1) nonexempt charitable trust		rivate foundation		E If private foundation under section 507(b)	_
ī			unting method X C			1	a 60-month termination
		<del></del>	her (specify)			1	(1)(B), check here
			olumn (d) must be on ca	ash basis )			
		Analysis of Revenue and Expenses (The			$\neg  au$	·	(d) Disbursements
_		total of amounts in columns (b), (c), and (d)	(a) Revenue and 'expenses per	(b) Net investmer	nt   1	(c) Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions) )	books	income		income	purposes (cash basis only)
_	1	Contributions gifts, grants, etc., received (attach schedule)		<del>                                     </del>			(200. 223/0 0/1/)
	2	Check if the foundation is not required to					
	ì	attach Sch B		<del> </del>			
	3	Interest on savings and temporary cash investments-	9,402	9,4	02	9,402.	STMT 1
	4	Dividends and interest from securities	3,402	7,41	04.	7,402.	DIMIT T
	5a	Gross rents		<del> </del>			
	Ь	Net rental income or (loss)	10 (40	<del> </del>			
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	10,640	<del>\</del>	-+-	<del></del>	
le l	-	assets on line 6a	<del></del>	10.5	40		<del></del>
è	7	Capital gain net income (from Part IV, line 2) .		10,6	40.		
_	8	Net short-term capital gain		<del> </del>			
	9 10a	Income modifications		<del> </del>			
		and allowances	/EU	<del> </del>	-+-		
	l	Less Cost of goods sold		<del> </del>		<del></del>	
	C	Gross profil of lips ( ettach schedule)	.'17	<del> </del>			
	11	Other income (attach schedule)		+	42	0.400	<del></del>
_	12		20,042	20,0		9,402.	<del></del>
s	13	Comp Setton of officers, directors, trustees, etc	5,137	5,1	٠/ ١	<del></del>	
enses	14	Other employee salaries and wages	<del>-,</del>	<del> </del>	<del> </del>		<del></del>
	15	Pension plans, employee benefits	1	<del> </del>			<del></del>
滋	16a	regal loes (attache schedule)		<del> </del>	-	37037	17037
and Administrative Exp	Ь	Accounting fees (attach schedule) STMT 2	1,100	1,1	<u> </u>	NONE	<u>NON</u> E
⋛	C	Other professional fees (attach schedule)		<del>                                     </del>			<del></del>
Ħ	17	Interest				· · · · · · · · · · · · · · · · · · ·	
nis	18	Taxes (attach schedule) (see instructions). 3.	53	<del> </del>			
Ē	19	Depreciation (attach schedule) and depletion .		ļ. <u> </u>			
B	20	Occupancy		<u> </u>			
ğ	21	Travel, conferences, and meetings					<b></b>
ä	22	Printing and publications		ļ			
bu 0	23 24 25	Other expenses (attach schedule)					
atij	24	Total operating and administrative expenses.					
ě	}	Add lines 13 through 23	6,290	6,2	37.	NONE	NON E
Ö	25	Contributions, gifts, grants paid	27,600				27,600.
_	26	Total expenses and disbursements Add lines 24 and 25	20.000				27,600.
_	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-13,848				
	Ь	Net investment income (if negative, enter -0-)		13,8	05.		
	c	Adjusted net income (if negative, enter -0-).				9,402.	

JSA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2016)

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SCANNED OCT 0 4 2017

Þ	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
		- Dalalice Silects	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing		33	. 33
	2	Savings and temporary	cash investments			
	3	Accounts receivable				
		Less allowance for dou	btful accounts ▶			
	4	Pledges receivable ▶_	<del></del>			
		Less allowance for dou	btful accounts ▶			
I	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (att	tach schedule) (see instructions)			
			eceivable (attach schedule) 🕨			
		Less: allowance for dou	btful accounts ▶			
ts	8	Inventories for sale or u	se			
Assets	9	Prepaid expenses and d	leferred charges			
۷	10a	Investments - U S. and state	e government obligations (attack CMI)ul4	13,184.	2,882	. 2,882
	b	Investments - corporate	stock (attach schedule)			
	11 <sup>C</sup>	Investments - land, building and equipment basis	<u> </u>			atternity in the second
	40	Less accumulated deprect (attach schedule)				
	12 13	Investments - mortgage	loans	445,237.	441,722	491,782
	14	Land, buildings, and	<b>&gt;</b>	3.00		
		equipment basis Less accumulated deprecia	ation			
		(attach schedule) Other assets (describe	<b>&gt;</b>			
			completed by all filers - see the			
			rage 1, item I)		444.637	. 494,697
$\neg$			accrued expenses		1111001	743.00
S				1		
Liabilities			ors, trustees, and other disqualified persons.			
Ē			otes payable (attach schedule)			
2			e >)			
		Other habilities (describ	,			
	23	Total liabilities (add line	es 17 through 22)		NON]	
			low SFAS 117, check here . ▶		210211	
es			24 through 26 and lines 30 and 31.			
Ü	24	Unrestricted				
Balances				<del></del>		
8		•				
			not follow SFAS 117, ►X		<del> </del>	
띡			plete lines 27 through 31.			
0	27		cipal, or current funds	458,421.	444,637	
ets	28		r land, bldg , and equipment fund			
SS	29	• • •	lated income, endowment, or other funds			
t A		•	d balances (see instructions)	458,421.	444,637	
2	31		net assets/fund balances (see			
		instructions)		458,421.	444,637	
Р			nges in Net Assets or Fund Bala			
			balances at beginning of year - Part		must agree with	
			d on prior year's return)			458,421.
2			line 27a			-13,848.
			ded in line 2 (itemize) ► SEE STA		3	388.
					4	444,961.
			n line 2 (ıtemıze) ▶ SEE STA		5_	324.
			alances at end of year (line 4 minus		o), line 30 6	444,637.
						Form 990-PF (2016)

Part IV	Capital Gains	and Losses for Tax on Inve	estment Income			1 age
	(a) List and	describe the kind(s) of property sold (each warehouse, or common stock, 200	e g , real estate,	(b) How acquired P - Purchase D Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a PUBLIC	CLY TRADED	SECURITIES		D Donation		
b						
С				<del></del> _		
<u>d</u>				·		
е	<del></del>	<del></del>	()()		<u> </u>	<del></del>
(e) Gross	sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	s (g)
<u>a</u>	221,776.		211,136.			10,640.
<u>b</u>						
<u> </u>	— <del></del>				- <del></del> -	<del></del>
<u>d</u>		<del></del>				
Complete	only for assets sh	owing gain in column (h) and owned b	by the foundation on 12/31/69			
	only for assets sit		<del>'</del>		Gains (Col (h) ga (k), but not less t	
(ı) 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	001	Losses (from col	
a						10,640.
	·					
c						
d						
e						
3 Net sho	- rt-term capital ga			2		10,640.
Part I, II			4	2		
			uced Tax on Net Investment In	come		
Was the foun	dation liable for t	leave this part blank.  The section 4942 tax on the distribution of qualify under section 4940(e).	outable amount of any year in the bi	ase perio	d <sup>7</sup>	Yes X No
			r, see the instructions before makir	ng any en	tries.	
	(a) eriod years tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (co) (b) divided by	
	015	27,600.	514,913.		<del></del>	0.053601
2	014	27,600.	536,037.			0.051489
	013	27,600.	520,308.	-		0.053046
2	012	28,800.	493,199.			0.058394
2	011	151,004.	565,107.			0.267213
						0.483743
_			e the total on line 2 by 5, or by the ss than 5 years	3		0.096749
4 Enter th	e net value of no	ncharitable-use assets for 2016 fr	om Part X, line 5	4		492,835.
5 Multiply	line 4 by line 3.			5		47,681.
6 Enter 1	% of net investme	ent income (1% of Part I, line 27b)		6	<del> </del>	138.
7 Add line	es 5 and 6			7	<del> </del>	47,819.
If line 8	ualifying distribut i is equal to or g nstructions.	ions from Part XII, line 4 greater than line 7, check the box	c in Part VI, line 1b, and complete	that par	t using a 1% ta	27,600. ex rate. See t

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see in:	struc		ige 4
	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2	76.
	here 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-) 2			
3	Add lines 1 and 2		2	<del>76.</del>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			76.
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016   6a   695 .			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		6	<u>95.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4	<u> 19.</u>
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 419. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1	Ì	
	Instructions for the definition)7	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		l	
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ (2) On foundation managers ► \$		ì	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers.   \$	_		37
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	_		v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b	_	
D	If "Yes," has it filed a tax return on Form 990-T for this year?	-40		X
9	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			<del>^</del>
	If "Yes," attach the statement required by General Instruction T		1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<u> </u>		
Ja	IN			
h	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 G7 If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9_		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
. •	names and addresses	10		X

Par	t VII-A Statements Regarding Activities (continued)			<u> </u>
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	Т	Yes	No
• •	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	H''		<u>^</u>
		12		x
13	person had advisory privileges? If "Yes," attach statement (see instructions)		Х	<u></u> ^
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address	13		
14	100 COURCE PANY MANGE PROM	- 270	^	
14		-213	U	
45	Located at ► 100 N MICHIGAN, SOUTH BEND, IN ZIP+4 ► 46601			Т
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	ـــا
4.0	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		162	
	over a bank, securities, or other financial account in a foreign country?			X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	[		
0.	the foreign country			
Par	t 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.	'	Yes	No
1a	During the year did the foundation (either directly or indirectly)	, , ,	1.70	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	\$43		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	11.5	r áká.	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1.21		
	the benefit or use of a disqualified person)?			
	(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		100	
	termination of government service, if terminating within 90 days)	2 (1 · · · · · · · · · · · · · · · · · ·		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			لنكا
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	<del></del>	टर ख
	Organizations relying on a current notice regarding disaster assistance check here			( ) = ( ) ( ) = ( )
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 20167	1c	y,	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	2.3		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	18.4		
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 20167			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			18.3
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		4.03	
	all years listed, answer "No" and attach statement - see instructions.)	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
			25.7	5
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or	<b>17.73</b>		
	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			<b>1</b>
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	Ee	Mink:	EEE
	foundation had excess business holdings in 2016)	3b		ļ
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	9	X
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	· ·	7 Fu	18/2
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X

orm 9	90-PF (2016)		35-62	18103		Page <b>6</b>
Pari	VII-B Statements Regarding Activities f	or Which Form 4				
5a	During the year did the foundation pay or incur any amount	unt to.				
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (sectio	n 4945(e))?	. Yes X No	, } }	
	(2) Influence the outcome of any specific public ele	ction (see section 4	4955), or to carry or	n,		
	directly or indirectly, any voter registration drive?			Yes X No		
	(3) Provide a grant to an individual for travel, study, or o	ther similar nurnoses	)	Yes X No	,	
	(4) Provide a grant to an organization other than a	• •				
	section 4945(d)(4)(A)? (see instructions)		•		,	
	(5) Provide for any purpose other than religious, ch			•		
	purposes, or for the prevention of cruelty to children				,	
b	If any answer is "Yes" to 5a(1)-(5), did any of the					
•	Regulations section 53 4945 or in a current notice regar		<b>4</b>			
					<del>}</del>	
	Organizations relying on a current notice regarding disas				니니	
C	If the answer is "Yes" to question 5a(4), does the		•			
	because it maintained expenditure responsibility for the	•		. Yes No	'	
	If "Yes," attach the statement required by Regulations sec				} }	1
6a	Did the foundation, during the year, receive any fur	•		لثئسا لسسا		
	on a personal benefit contract?					,,
b	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	act?	6b	X_
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a pa	•	-			. [
ь						
'ar	Information About Officers, Director and Contractors	rs, Irustees, Fou	indation Managei	rs, Highly Paid Emp	oloyees,	
1						
	List all officers, directors, trustees, foundation ma	anagers and their	compensation (see	instructions).		
-	List all officers, directors, trustees, foundation ma (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to		
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
ST S	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634	(b) Title, and average hours per week devoted to position TRUSTEE  1	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	-0-
ST S	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE  1	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	-0-
ST S	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  - 0-	other allo	-0-
ST S	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours per week hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred	other allo	-0-
ST S	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those)	(c) Compensation (if not paid, enter -0-)  5,137.	(d) Contributions to employee benefit plans and deferred compensation  -0-  (d) Contributions to employee benefit	other allo	-0-  Done, enter
ST S .0	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  5,137.  5 included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0-  e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owances  -0-  Done, enter  se account, owances
ST S .0	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours per week hours per week	(c) Compensation (if not paid, enter -0-)  5,137.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred	other all ons). If no (e) Expens other all	-0-  Done, enter
ST S .0	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  5,137.  5 included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0-  e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owances  -0-  Done, enter  se account, owances
ST S .0	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  5,137.  5 included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0-  e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owances  -0-  Done, enter  se account, owances
ST S .0	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  5,137.  5 included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0-  e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owances  -0-  Done, enter  se account, owances
ST S .0	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  5,137.  5 included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0-  e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owances  -0-  Done, enter  se account, owances
ST S .0	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  5,137.  5 included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0-  e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owances  -0-  Done, enter  se account, owances
ST S .0	(a) Name and address  OURCE BANK  BOX 1602, SOUTH BEND, IN 46634  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  5,137.  5 included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0-  e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owances  -0-  Done, enter  se account, owances

Form 990-PF (2016)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	500,340.
b	Average of monthly cash balances	1b	NONE
	Fair market value of all other assets (see instructions)	1 4 1	NONE
đ	Total (add lines 1a, b, and c)	1d	500,340.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	500,340.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	7,505.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	492,835.
6	Minimum investment return. Enter 5% of line 5	6	24,642.
Part		ndations	
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	_24,642.
	Tax on investment income for 2016 from Part VI, line 5 2a 276	<u>.</u>	
þ	Income tax for 2016. (This does not include the tax from Part VI ) 2b	_	
	Add lines 2a and 2b	2c	276.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,366.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	24,366.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1		24,366.
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	ΤΤ	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	27,600.
b	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes		NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	F	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	' <del>  </del>	27,600.
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)	1 _ 1	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	·	27,600.
J	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when a		
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 990-PF (2016)

1 Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
line 7	· · · · · · · · · · · · · · · · · · ·	<del></del>		24,366
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			NONE	
<b>b</b> Total for prior years 20 14 ,20,20		NONE		
3 Excess distributions carryover, if any, to 2016	}			
a From 2011 <u>123,059</u> .				
b From 2012 4,643.				
c From 2013	ļ			
d From 2014				
e From 2015	122 506			
f Total of lines 3a through e	133,596.			
4 Qualifying distributions for 2016 from Part XII,				
line 4 ▶ \$ 27,600.			NONE	
a Applied to 2015, but not more than line 2a			NONE	
b Applied to undistributed income of prior years		NONE		
(Election required - see instructions)	<del></del>	NONE	<del></del>	
c Treated as distributions out of corpus (Election required - see instructions)	NONB			
d Applied to 2016 distributable amount	NONE	-		24,366
e Remaining amount distributed out of corpus.	3,234.			21,300
5 Excess distributions carryover applied to 2016 .	NONB			NON
(If an amount appears in column (d), the same				
amount must be shown in column (a) ) 6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	136,830.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		NONE		
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		NONE		
d Subtract line 6c from line 6b. Taxable		******		
e Undistributed income for 2015 Subtract line		NONE		<del></del>
4a from line 2a Taxable amount - see			NONE	
Instructions			NONE	
f Undistributed income for 2016. Subtract lines				
4d and 5 from line 1 This amount must be distributed in 2017				NON!
				NON
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)	NONB			
8 Excess distributions carryover from 2011 not				
applied on line 5 or line 7 (see instructions)	123,059.			
9 Excess distributions carryover to 2017.	,			
Subtract lines 7 and 8 from line 6a	13,771.			
O Analysis of line 9				
a Excess from 2012 4,643.				
<b>b</b> Excess from 2013 2,337.				
c Excess from 2014 1,382.				
d Excess from 2015 2,175.				
e Excess from 2016 3 , 234 .				

Pa	t XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, questio	n 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	t it is a private opera	ting	
	foundation, and the ruling				<b>I</b>	
b	Check box to indicate v	whether the foundation	is_a private operating	foundation described in	section 4942(j	)(3) or 4942(j)(5)
٠.	*	Tax year		Prior 3 years		(-) T-4-1
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	I or the minimum investment					
	return from Part X for each year listed					
b	85% of line 2a				-	
	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				<del></del>	
ŭ	directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c	<del></del>			- <del></del>	
	alternative test relied upon		l			
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying				<del></del>	
	under section					
h	4942(j)(3)(B)(i) 'Endowment' alternative test-					
~	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed					
C	'Support" alternative test - enter					
	(1) Total support other than gross investment income			1		1
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),			į į		
	or royalties) (2) Support from general	<del></del>	<u> </u>			<del>                                     </del>
	public and 5 or more					
	exempt organizations as provided in section 4942	:				
	(j)(3)(B)(m)	<del> </del>	<u></u>			
	<li>(3) Largest amount of sup- port from an exempt</li>			l		
	organization,					<del> </del>
Da	(4) Gross investment income.		<u> </u>		: b  ¢E 000	
Fal		uring the year - see		only if the foundat	ion nad \$5,000 o	r more in assets at
1	Information Regarding	<del></del>				
	List any managers of	· . · . · . · . · . · . · . · . · . · .		e than 2% of the tota	l contributions receiv	ed by the foundation
_	before the close of any					2,
	N/A					
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corno	oration (or an equal)	v large portion of the
_	ownership of a partner					, in go points or the
				· ·		
	N/A					
2	Information Regarding	Contribution, Grant.	Gift, Loan, Scholarsh	ip. etc Programs:		
	Check here ► X if t			• • •	table organizations	and does not accept
	unsolicited requests for	or funds. If the found	ation makes diffs, dra	nts etc. (see instruct	ions) to individuals (	or organizations under
	other conditions, comp			2.110, 0.01 (000 1.101.201	.0, 10	
a	The name, address, an			person to whom appl	ications should be ad	dressed:
_		- (a.ap., a.a.	.,	pordon to mioni appi		
b	The form in which app	lications should be sul	omitted and information	on and materials they s	hould include:	
_						
	Any submission deadli	nes				
d	Any restrictions or li	imitations on awards	, such as by geogr	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors:					

Part XV Supplementary Information	(continued)	<del></del>		
3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for I	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)	or substantial contributor	recipient	Commodium	
a Paid during the year				
UNITED RELIGIOUS COMMUNITY OF ST. JOE COUNTY			TO ADVANCE THE KINGDOM OF	
501 NORTH MAIN STREET SOUTH BEND IN 46601	NONE	PC	GOD	27,600.
	1.01,2			2,,000
			1	
			İ	
	ļ			
			1	
•				
Total	<u></u>		▶ 3a	27,600.
b Approved for future payment				
	İ			
	<u> </u>			
Total		· · · · · ·	▶ 3b	5 000 PE /00

Part XVI-	A Analysis of Income-Produ	ucing Acti	vities			
Enter gross	amounts unless otherwise indicated.	Unrela	eted business income	Excluded by	section 512, 513, or 514	(e)
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
=	- Solvice revenue	<del></del>			-	(See mstructions.)
				<del>                                     </del>		
				<u> </u>		
					<del> </del>	
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
	n savings and temporary cash investments					
	Is and interest from securities			14	9,402.	
	al income or (loss) from real estate					
a Debt-	-financed property					
	debt-financed property					
	I income or (loss) from personal property.	)				
7 Other in	vestment income					
8 Gain or (le	oss) from sales of assets other than inventory	L		18	10,640.	
9 Net inco	me or (loss) from special events					
<b>0</b> Gross pr	ofit or (loss) from sales of inventory					
1 Other re	venue a					
b				ļ		
c	<del></del>					
d			<u> </u>			<del></del>
e						
	. Add columns (b), (d), and (e)			<u> </u>	20,042.	<del> </del>
	dd line 12, columns (b), (d), and (e)				13	20,042.
	eet in line 13 instructions to verify calcu				<del> </del>	
Part XVI-	B Relationship of Activities	to the A	ccomplishment of E	kempt Pur	poses	
Line No.	Explain below how each activit	y for whicl	n income is reported i	n column (e	e) of Part XVI-A contribu	uted importantly to th
▼	accomplishment of the foundation	on's exemp	t purposes (other than l	by providing	funds for such purpose	s). (See instructions.)
		<del></del>			· · · · · · · · · · · · · · · · · · ·	
						<u> </u>
	<u> </u>					
<del></del>						
·		<del></del>				
			NOW ADDITION			<del>_</del>
			NOT APPLICABL	<u>E</u>	<del></del>	<del></del>
						<del></del>
				· · · · · ·		<del> </del>
<del></del>						
	<del></del>					
		<del></del>				
	<del></del>					
					<del></del>	
			·		· <del></del>	
					······································	
				_		
	!					

Part 2	XVII	Information R Exempt Organ		nsfers To and Trans	sactions and	Relations	nips With None	hari	table	;
14	n secti	organization direct on 501(c) of the Co	ly or indirectly er	ngage in any of the follection 501(c)(3) organiz					Yes	No
	-	rations?	a foundation to a	noncharitable exempt of	organization of					
				· · · · · · · · · · · · · · · · · · ·	-			1a(1)		X
								1a(2)		X
		ransactions:								١
				t organization						X
(;	2) Pur	chases of assets from	m a noncharitable	exempt organization.		• • • • • • •		1b(2)		X
				ssets				I		X
		_								X
		_		or fundraising solicitation						X
				, other assets, or paid ei						X
V	alue o	of the goods, other	assets, or service r sharing arrange	" complete the following given by the reportion ment, show in column in the reportion of the report of the reportion of the reportion of the reportion of the report of the reportion of the repo	ng foundation. (d) the value of	If the founda of the goods,	tion received less	than ervice	fair m	narket eived
							<del></del>			
	-	<del>-</del>	<del></del>			7.7.1				
			<del> </del>					-		
	-		<del> </del>							
		<del></del>	<del></del>	- <del></del>			-			
	-	<del></del>	<del></del>	<del></del>						
							<del> </del>			
	-	<del></del>	<del> </del>							
d	escrib	ed in section 501(c) complete the follow	of the Code (oth wing schedule.	nated with, or related the er than section 501(c)(3	3)) or in section	527 <sup>7</sup> · · · ·			es 🔼	X No
<del>.</del>		(a) Name of organizatio	<u>n</u>	(b) Type of organiza	tion	(c	Description of relations	ship		
-										
				d this return, including accompa- payer) is based on all information o			the best of my knowledg	je and i	belief, it	. is true
Sign		N B	har 6	110/1/00=	- 1		May the IRS	discus	ss this	return
Here	S.An	on when	<u> </u>	1911301	/ VOFFIC	ER			shown	below
	1 /	lature of officer or trustee ARON BUSENBAR	υ	Date	Title		(see instruction	15]/	Yes [	N
	1 <u>2</u> 1	Print/Type preparer's na		Preparer's signature		Date	Check If	PTIN		
Paid							self-employed			
Prepa		Firm's name			<del></del>		Firm's EIN			
Use (	Only	Firm's address								
		I				L	Dhana na			

Form 990-PF (2016)

STATEMENT

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

ADJUSTED NET INCOME	!	Ω	396.	905.	Н	136.	3,094.	1.	306.	S	σ	55.	317.	33.	20.	364.	615.	1,244.		9,402.	
NET INVESTMENT INCOME		2	396.	905.	213.	136.	3,094.	٦.	0	152.	9		317.	33.	20.	364.	615.	1,244.		9,402.	
REVENUE AND EXPENSES PER BOOKS			σ		$\vdash$	$\sim$	3,094.		0	152.	σ	55.	317.		20.	364.	615.	1,244.	111111111	9,402.	
DESCRIPTION		AQR STYLE PREMIA ALT-I	BLACKROCK STRAT INC OPP-INS	FEDERATED INST HI YLD BOND FUND	FIDELITY CONTRA FUND #022	ISHARES RUSSELL 1000 GROWTH INDEX FUND	METROPOLITAN WEST TOTAL RETURN BD-I	FEDERATED TREASURY OBLIGA-SS	MORGAN STANLEY INSTL INTL EQ	NEW WORLD FUND-F2	BOSTON PARTNERS INV ALL CAP VAL INST	T. ROWE PRICE MID-CAP GROWTH FUND	SPDR S&P DIVIDEND ETF	STERLING CAP STR S/C VAL-INS	TEMPLETON GLOBAL BOND FUND-AD	VANGUARD TOTAL BD MKT IDX ADM	VANGUARD S/T INVEST GR-ADM	WASATCH-1ST SOURCE INCOME FU		TOTAL	

ACCOUNTING FEES	
ı	ij
Н	H
PART	
990PF,	
FORM	11 11 11

CHARITABLE PURPOSES	NONE
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	1,100.
REVENUE AND EXPENSES PER BOOKS	1,100.
	TOTALS
DESCRIPTION	TAX PREPARATION FEES

STATEMENT 2

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

-----

FOREIGN TAXES ON QUALIFIED FOR

53.

TOTALS

53.

35-6218103

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

UNITED RELIGIOUS COMM ST JOS CO IRREV TR

DESCRIPTION

FEDERATED TREASURY OBLIGATIONS

ENDING BOOK VALUE

ENDING FMV

2,882.

2,882.

2,882.

TOTALS

2,882.

S

650352016

DCL706 A491 03/14/2017 12:12:53

INVESTMENTS
- OTHER
II
PART
990PF, PART

UNITED RELIGIOUS COMM ST JOS CO IRREV TR

35-6218103

DESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV
l     	l		1 1 1
BLACKROCK STRAT INC	บ	17,786.	17,330
FIDELITY CONTRA FUND #022	ŭ	43,372.	
NEW WORLD FUND	Ö	12,739.	12,256
METROPOLITAN WEST BOND	Ü	۲	
WASAICH INCOME FUND	Ü	, 15	4,71
FED INST HI YLD BOND FUND	ט	17,270.	7,3
BOSTON PARTNERS INV ALL CAP VA	Ü	•	ò
STERLING CAP STR S/C VAL-INS	ŭ	16,815.	60'0
T.ROWE PRICE MID-CAP GRTH FUND	Ü		18,086
MORGAN STANLEY INS INTL EQ	Ü	2,60	
VANGUARD TOTAL BOND MARKET IND	Ü	, 39	,10
AQR STYLE PREMIA ALT-I	Ü	12,930.	12,369
GOLDMAN SACHS US EQ DIV/PR-1	ŭ	, 50	5,486
ISHARES RUSSELL 1000 GROWTH ET	ט	12,096.	12,588
SPDR S&P DIVIDENT ETF	ט	17,013.	
DODGE & COX INTERNATIONAL STOC	U		
TEMPLETON GLOBAL BOND FUND	U		
VANGUARD SHORT-TERM INVESTMENT	บ		
	TOTALS	441,722.	491,782

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

DESCRIPTION	AMOUNT
2016 BLACKROCK TIMING DIFFERENCE	41.
2016 FEDERATED HI YIELD TIMING DIFFERENC	65.
2016 METROPOLITAN TIMING DIFFERENCE	161.
2016 VANGUARD TIMING DIFFERENCE	118.
DIFFERENCE DUE TO ROUNDING	3.
TOTAL	388.
	=======================================

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

DESCRIPTION	AMOUNT
2017 BLACKROCK TIMING DIFFERENCE 2017 FEDERATED HI YIELD TIMING DIFF 2017 METROPOLITAN TIMING DIFFERENCE 2017 VANGUARD TIMING DIFFERENCE	40. 82. 162. 40.
TOTAL	324.