

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Open to Public Inspection

	lendar year 2016 or tax year beginning		, 2016,	and ending		, 20
	of foundation				A Employer identifi	
	CHER V HAGGERTY TRUST	to street address)		Room/austr		7199151
Numi	er and street (or PO box number if mail is not delivered	to street address)		Room/suite	B Telephone number	r (see instructions)
©	DOX 202					2 464 1504
	BOX 207 r town, state or province, country, and ZIP or foreign post	tal code			+ 81	2-464-1584
AYŞ	town, state of province, country, and zir of lofeign post	ioi wue			C If exemption applicat	tion is
ŹM	NSVILLE, IN 47702				pending, check here	
E X	NNSVILLE, IN 4//UZ	laustats.	-6 - 6	-ا- الماريان		. \square
	eck all that apply: Initial return	<u> </u>	of a former p	ublic charity	D Troncign organizati	
	Final return	Amended ret			2 Foreign organizati 85% test, check hi	
瓜圆	Aduress change	Name change			computation .	▶□
11-0	eck type of organization: X Section 501(E If private foundation	
	Section 4947(a)(1) nonexempt charitable trust remarket value of all assets at J Account	Other taxable pri)(1)(A), check here • •
		ther (specify)	isn Acc	ruai		n a 60-month termination
	· · · · · · · · · · · · · · · · · · ·	column (d) must be on cas	h hage l		- under section 507(b))(1)(B), check here . ►
	Analysis of Revenue and Expenses (The		ni VdS15./			(d) Disbursements
reit	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve	1	(c) Adjusted net	for charitable
	may not necessarily equal the amounts in column (a) (see instructions).)	books	incom	e	income	purposes (cash basis only)
T ₁	Contributions, gifts, grants, etc , received (attach schedule)					(Cash Dasis Offiy)
'2						
3	Check X if the foundation is not required to attach Sch. B					
4	Dividends and interest from securities	1,125		1,089.		N v 120
	Gross rents	-, -, -, -, -, -, -, -, -, -, -, -, -, -		-, -, -, -		कर्द
	Net rental income or (loss)					1 194
	Net gain or (loss) from sale of assets not on line 10	-148		LUL	ED	
Revenue 2						
7 K	Capital gain net income (from Part IV, line 2)	··· ·	2 M	AY 0 9 2	2017	, -5-
æ ′	Net short-term capital gain		4	- 0.5 -	8	
9	Income modifications					745.
10a	Gross sales less returns and allowances		0	GDEN	UT	* ব্
Ь	Less. Cost of goods sold .					
c أبري	Gross profit or (loss) (attach schedule)					1
<u> </u>	Other income (attach schedule)	24.				24 Tq
12	Total. Add lines 1 through 11	1,001.		1,089.		
13	Compensation of officers, directors, trustees, etc.	1,250.		237.		1,014
S95 14	Other employee salaries and wages			NONE	NONE	
등 15	Pension plans, employee benefits			NONE	NONE	
X 16a	Legal fees (attach schedule)					
e b		900.		NONE	NONE	900
Operating and Administrative Ex 1	Other professional fees (attach schedule)					
ii 17	Interest					
اءً الع	Taxes (attach schedule) (see instructions, 2.	11.	 _	11.		1
E 19	Depreciation (attach schedule) and depletion.					
₹ 20	Occupancy			NONB	NONE	
	Travel, conferences, and meetings			NONE	NONE	
G 22	Printing and publications	15		NONE	NONE	15
£ 24	Total operating and administrative expenses.					13
E **	Add lines 13 through 23	2,176.		248.	NONE	1,929
ă,,,	Contributions, gifts, grants paid	4,800.		270.	HONE	4,800
26	Total expenses and disbursements, Add lines 24 and 25	6,976		248.	NONE	
27	Subtract line 26 from line 12:	- 3,3.01			1,01,12	3,.23
- 1	Excess of revenue over expenses and disbursements	-5,975				
	Net investment income (if negative, enter -0-)	3,7.3		841.		-î. /
- 1	Adjusted net income (if negative, enter -0-).					·
For Pa	perwork Reduction Act Notice, see instructions.			<u> </u>		Form 990-PF: (2016).
10 1 000	FD7303 L754 05/03/2017 11:31	: 34				/3= S.

Part I	Attached schedules and amounts description column should be for		Beginning of year	End o	f year
Part	amounts only (See instructions)	enu-or-year	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing				
2	Savings and temporary cash investments				
3	Accounts receivable >	I			
	Less allowance for doubtful accounts ▶				
4	Pledges receivable ▶				
-	Less' allowance for doubtful accounts				-
1_					
5	Grants receivable	г			
6	Receivables due from officers, directors, trustees, a				
	disqualified persons (attach schedule) (see instructions				
7	Other notes and loans receivable (attach schedule)				
	Less: allowance for doubtful accounts	NONE			
\$ S	Inventories for sale or use				
Assets	Prepaid expenses and deferred charges				
₹ 10a	Investments - U S and state government obligations (attach sc	hedule) L			
Ь	Investments - corporate stock (attach schedule)	[
c	Investments - corporate bonds (attach schedule)	[
11	Investments - land, buildings, and equipment basis				
	Less accumulated depreciation				
1.0	(attach schedule)				
12 13	Investments - mortgage loans		80,869.	74,897.	90,209
14	Land, buildings, and	••••	00,000.	11,057.	30,203
	equipment, basis Less accumulated depreciation				
	(attach schedule)				
15	Other assets (describe	·'			
16	Total assets (to be completed by all filers -				
	instructions. Also, see page 1, item I)	<u></u>	80,869.	74,897.	90,209
17	Accounts payable and accrued expenses				
18	Grants payable				
8 19	Deferred revenue	[1
三 20	Loans from officers, directors, trustees, and other disqualified	persons			
Liabilities 02 12 22	Mortgages and other notes payable (attach schedule)	[
تا ₂₂	Other liabilities (describe				
[· · · · ·	
23	Total liabilities (add lines 17 through 22)			NONE	
+=-	Foundations that follow SFAS 117, check here			110112	
တ္	and complete lines 24 through 26 and lines 30				* }
Salances 25	•		İ		1
E 24	Unrestricted				
	Temporarily restricted	• • • • • • •			
일 26	Permanently restricted	انجان			
Net Assets or Fund 30 31 26 26 26 26 26 26 26 26 26 26 26 26 26	Foundations that do not follow SFAS 117,	► X			
<u> </u>	check here and complete lines 27 through 31.		22.262		
27 دو	Capital stock, trust principal, or current funds]	80,869.	74,897.	
28	Paid-in or capital surplus, or land, bldg., and equipment fund.				
S 29	Retained earnings, accumulated income, endowment, or other	funds			
30	Total net assets or fund balances (see instructions).	[80,869.	74,897.	
2 31	Total liabilities and net assets/fund balance	es (see			
	instructions)	<u></u>	80,869.	74,897.	
Part I	Analysis of Changes in Net Assets or F				
	al net assets or fund balances at beginning of ye			ust agree with	
	-of-year figure reported on prior year's return).				80,869.
	er amount from Part I, line 27a				-5,975.
	er increases not included in line 2 (itemize) > ROU			3	3.
	I lines 1, 2, and 3				74,897.
	reases not included in line 2 (itemize)	• • • • • •	• • • • • • • • • • • • • • • • • • • •	5	11,031.
	al net assets or fund balances at end of year (line	4 minus li	ne 5) - Part II column (h)		74,897.
0 100	arrier assers or runa paralices at end or year (line	7 mmu5 III	no sy - r arc ii, coluinii (D),		Form 990-PF (2016)

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and	d describe the kind(s) of property sold (crick 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 PUBLICLY TRADED	SECURITIES		D - DO IBLIOTI		
b				<u> </u>	
c					
d					
e					
(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	
_a 29,644.		29,792.			-148.
b					
С					
_d					
_e	<u>:</u>				
Complete only for assets sh	nowing gain in column (h) and owned b	y the foundation on 12/31/69	(1)	Gains (Col. (h) ga	in minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	col.	(k), but not less the Losses (from col	
а					-148.
b					
C					
d					
e					
	(If ga	ain, also enter in Part I, line 7			
2 Capital gain net income	Or (not capital loss)	oss), enter -0- in Part I, line 7	2		-148.
3 Net short-term capital ga	ain or (loss) as defined in sections				
	art I, line 8, column (c) (see ins				
_	· · · · · · · · · · · · · · · · · · ·		3		
		uced Tax on Net Investment II	come		
		outable amount of any year in the b	ase perio	d?	Yes X No
	not qualify under section 4940(e). I	and the second s			
	nount in each column for each yea	r; see the instructions before makin	ng any en		
(a) Base period years	(b)	(c)		(d) Distribution ra	tio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets	L	(col (b) divided by	
2015	9,942.	94,181.			0.105563
2014	4,769.	98,614.	<u> </u>		0.048360
2013	5,265.				0.055335
2012	5,961.				0.063598
2011	3,114.	92,998.			0.033485
			2		0.306341
~	-	e the total on line 2 by 5, or by the ss than 5 years	3		0.061268
·		om Part X, line 5	4		87,825.
				· · · · · · · · · · · · · · · · · · ·	
Multiply line 4 by line 3	• • • • • • • • • • • • • • • • • • • •		5		5,381.
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		8.
7 Add lines 5 and 6			7		5,389.
8 Enter qualifying distribu	tions from Part XII, line 4		8 that part	Lucino o 19/ -	6,729.
Part VI instructions.	Jieater than time 7, check the box	in rait vi, line 10, and complete	mac pan	t using a 1 % ta	A Idle. 388 (

X

Par	t VII-A Statements Regarding Activities (continued)		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
	Website address ► N/A		
14	The books are in care of ▶ OLD NATIONAL WEALTH MANAGEMENT Telephone no. ▶ (812) 464	-158	4
	Located at ► P.O. BOX 207, EVANSVILLE, IN ZIP+4 ► 47702		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the year		
16			Yes No
	over a bank, securities, or other financial account in a foreign country?	16	Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of		
	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) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		
	(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		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	338	
	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		
	termination of government service, if terminating within 90 days)		
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	X
	Organizations relying on a current notice regarding disaster assistance check here		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1	Х
_	were not corrected before the first day of the tax year beginning in 2016?	1c	_ ^
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		7.
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 2016?		
	If "Yes," list the years	15 S V	
ь.	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		
	all years listed, answer "No" and attach statement - see instructions)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
·	>		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		
-	at any time during the year?		
ь	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.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	Х
ь	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 20167	4b	<u> </u>
	Fo	rm 99	0-PF (2016

Form 9	90-PF (2016)		36-71	199151	Page 6
Pari	VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Rec	uired (continued)	,27
5a	During the year did the foundation pay or incur any amo	unt to			
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e)) ⁷	. Yes X No	0
	(2) Influence the outcome of any specific public ele	ection (see section 4	1955); or to carry o	n,	
	directly or indirectly, any voter registration drive? .				o
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes	?	. Yes X No	o
	(4) Provide a grant to an organization other than a				
	section 4945(d)(4)(A)? (see instructions)			Yes X No	•
	(5) Provide for any purpose other than religious, cl	naritable, scientıfic, l	iterary, or educations	al	
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X No	o
ь	If any answer is "Yes" to 5a(1)-(5), did any of the	·	• •		n عضر ا
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ce (see instructions)?		<u>5b</u>
	Organizations relying on a current notice regarding disas	ster assistance check	here	▶	
C	If the answer is "Yes" to question 5a(4), does the		•		
	because it maintained expenditure responsibility for the	grant ⁷		Yes No	·
	If "Yes," attach the statement required by Regulations sec	• •			
6a	Did the foundation, during the year, receive any fur				
_	on a personal benefit contract?				COLUMN COMMUNICATION OF THE PERSON OF THE PE
ь	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contri	act ⁷	. 6b X
_	If "Yes" to 6b, file Form 8870.			□ □	26 Sept.
7a _	At any time during the tax year, was the foundation a pa		•	· — —	AND ADDRESS OF THE PERSON NAMED IN COLUMN 1
b Pari	If "Yes," did the foundation receive any proceeds or have VIII Information About Officers, Directo				
_	and Contractors		_		
1	List all officers, directors, trustees, foundation ma	(b) Title, and average	(c) Compensation	instructions).	(-) F
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense account, other allowances
OLD N	ATIONAL WEALTH MANAGEMENT	TRUSTEE			
PO BO	X 207, EVANSVILLE, IN 47702	1	1,250.	-0-	-0-
					ı
					
2	Componentian of five highest said applement	lashan shan shan	a facilitat on the		
	Compensation of five highest-paid employees "NONE."	totner than thos	e included on lin	e i - see instruction	ons). If none, enter
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expense account.
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other allowances
IONE			 -	compensation	
101111			-0-	-0-	-0-
					-
-					
					
-	number of other employees need over \$50,000		-		MONE

NONE Form 990-PF (2016)

	Five highest-paid independent contractors for professional services (see instr	ructions). If none, enter "NON	<u>E."</u>
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	Ε		NONE
			<u> </u>
otal	number of others receiving over \$50,000 for professional services		NONE
Part	IX-A Summary of Direct Charitable Activities		
	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistica janizations and other beneficiaries served, conferences convened, research papers produced, etc	I information such as the number of	Expenses
1 N	ONE		
_			
2_			
_			
3_			
4_			
_			
	IX-B Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1	and ?	Amount
	ONE	anu 2	741100111
_			
2_			
_			
	other program-related investments. See instructions ONE		

Form 990-PF (2016)

Part		nimum Investment Return (All domestic foundations must complete this part. Foreign instructions.)	gn foundation	is,
1	Fair ma	ket value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpose	S:		
а	Average	monthly fair market value of securities	1a	89,162.
ь	Average	of monthly cash balances	1b	NONE
		ket value of all other assets (see instructions)	1c	NONE
d	Total (ad	ld lines 1a, b, and c)	1d	89,162.
		n claimed for blockage or other factors reported on lines 1a and		
	1c (attac	h detailed explanation) 1e	((
2		on indebtedness applicable to line 1 assets] 2	NONE
3		line 2 from line 1d	3	89,162.
4	Cash de	emed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		ons)	4	1,337.
5		e of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	87,825.
6		n investment return. Enter 5% of line 5 · · · · · · · · · · · · · · · · · ·	6	4,391.
Part	XI Di:	stributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found certain foreign organizations check here and do not complete this part.)	dations	
1		n investment return from Part X, line 6	1	4,391.
2 a		ovestment income for 2016 from Part VI, line 5	. 3	<u>=,,===</u> _
ь	Income	ax for 2016. (This does not include the tax from Part VI.) . 2b		
c		s 2a and 2b	2c	8.
3		able amount before adjustments. Subtract line 2c from line 1	3	4,383.
4		es of amounts treated as qualifying distributions	4	NONE
5		s 3 and 4	5	4,383.
6		n from distributable amount (see instructions)	6	NONE
7		able amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•			7	4,383.
Part		alifying Distributions (see instructions)		
1	Amount	paid (including administrative expenses) to accomplish charitable, etc., purposes:	·	
а	Expense	s, contributions, gifts, etc total from Part I, column (d), line 26	1a	6,729.
b	Program	-related investments - total from Part IX-B	1b	
2	Amount	paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purpose	·	2	NONE
3	Amount	s set aside for specific charitable projects that satisfy the:	2	
а	Suitabili	ry test (prior IRS approval required)	3a	NONE
b	Cash dis	tribution test (attach the required schedule)	3b	NONE
4		distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,729.
5		ons that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
		of Part I, line 27b (see instructions)		8.
6		qualifying distributions. Subtract line 5 from line 4		6,721.
		te amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
		palifies for the section 4940(e) reduction of tax in those years.	. 5	

Form 990-PF (2016)

Pa	t XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
•	line 7				4,383.
,	Undistributed income, if any, as of the end of 2016				
_	Enter amount for 2015 only.			NONE	
	Total for prior years 20 14 ,20,20		NONE		
	Excess distributions carryover, if any, to 2016.				
	From 2011 NONE				
	From 2012 NONE				
	From 2013 NONE				
	From 2014 NONE				
	From 2015				1
	Total of lines 3a through e	2,691.			1
	Qualifying distributions for 2016 from Part XII,				
•	line 4 ▶ \$6,729.				
а	Applied to 2015, but not more than line 2a			NONE	ł
D	Applied to undistributed income of prior years (Election required - see instructions)		NONE		-
_	· · · · · · · · · · · · · · · · · · ·				
С	Treated as distributions out of corpus (Election required - see instructions)	иоив			
ď	Applied to 2016 distributable amount				4,383.
	Remaining amount distributed out of corpus	2,346.	*		
	Excess distributions carryover applied to 2016 .	NONB			NONE
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)	,			}
0	Enter the net total of each column as indicated below:				•
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	5,037.			1
	Prior years' undistributed income. Subtract				
	line 4b from line 2b		NONE		- 1
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				1
	been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b. Taxable				
_	amount - see instructions		NONE		
е	Undistributed income for 2015. Subtract line]
	4a from line 2a. Taxable amount - see instructions			NONE	
	Undistributed income for 2016. Subtract lines	J	j		
•	4d and 5 from line 1. This amount must be				
	distributed in 2017				NONE
7	Amounts treated as distributions out of corpus	i			
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	1			
	required - see instructions)	NONE			
8	Excess distributions carryover from 2011 not			ļ	j
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2017.				1
	Subtract lines 7 and 8 from line 6a	5,037.			
	Analysis of line 9:				
а	Excess from 2012 NONE	1			
b	Excess from 2013 NONE	1			
	Excess from 2014 NONE	1			İ
	Excess from 2015 2,691.			[
_ е	Excess from 2016 2,346.				

Pa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, question	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	t is a private opera	ting	
	foundation, and the ruling	is effective for 2016, en	ter the date of the ruling			
b	Check box to indicate v		is a private operating		section 4942())(3) or 4942(j)(5)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
	I or the minimum investment return from Part X for each					
	year listed					
ь	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					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line		ı			
3	2d from line 2c					
_	alternative test relied upon					
а	"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-					<u> </u>
	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					
	(interest, dividends, rents,				!	
	payments on securities loans (section 512(a)(5)),					1
	or royalties)					
	public and 5 or more					
	exempt organizations as provided in section 4942					1
	(j)(3)(B)(iii)		<u> </u>			
	port from an exempt			,		
	organization					
Pa	t XV Supplemen	tary Information (C	Complete this part	only if the foundat	ion had \$5,000 o	r more in assets at
	<u></u>	uring the year - see				
1	Information Regarding					
а					I contributions received section 507(d)(2).)	ed by the foundation
	NONE					
b	List any managers of ownership of a partner				oration (or an equal)	y large portion of the
	•	ship or other entity) of	which the loundation	illas a 10% of greater	mieresi.	
	NONE					
	Information Regarding	Contribution Grant	Gift Loan Scholarshi	n etc Programs		
-					table areanizations	d
					table organizations : tions) to individuals o	
	other conditions, comp			,		, organizations arrass
a	The name, address, an	d telephone number o	r e-mail address of the	person to whom app	lications should be ad	dressed:
	SEE STATEMENT	4				
b	The form in which app	lications should be sul	omitted and information	on and materials they s	should include:	
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			
	Any submission deadli	nes:	•			
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			
d	Any restrictions or li	mitations on awards	, such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other
		73 MT1 / Prim				
JSA	SEE ATTACHED ST	TATEMENT FOR LI	NE 2		· · · · · · · · · · · · · · · · · · ·	Form 990-PF (2016)

D	If recipient is an individual.	Foundation	uture Payment	
Recipient	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business) a Paid during the year	or substantial contributor	recipient		
NCOLN CHRISTIAN COLLEGE		}		
O CAMPUS VIEW DRIVE Lincoln IL 62656	NONE	PC	SCHOLARSHIP	1,000
NIVERSITY OF ILLINOIS OF UNIVERSITY PLAZA SPRINGFIELD IL 62703	NONE	PC	SCHOLARSHIP	500
INVILLE AREA COMMUNITY COLLEGE 1000 R MAIN ST Danville IL 61832	NONE	PC	SCHOLARSHIP	780
LLINOIS STATE UNIVERSITY FBO THRA FRUHLING OO N UNIVERSITY ST NORMAL IL 61761	NONE	PC	SCHOLARSHIP	1,000
ASTERN ILLINOIS UNIVERSITY 00 LINCOLN AVE CHARLESTON IL 61920	NONE	PC	SCHOLARSHIP	1,000
INCOLN COLLEGE DO KEOKUK STREET LINCOLN IL 62656	NONE	PC	SCHOLARSHIP	260
ARL SANDBURG COLLEGE 400 TOM L WILSON BLVD GALESBURG IL 61401	NONE	PC	SCHOLARSHIP	260
Total	<u> </u>	• • • •	▶ 3a	4,800
b Approved for future payment		1	[
Total			3b }	

er gross amounts unless otherwise indicated.		d business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
Program service revenue	Business code		Exclusion code	Amount	(See instructions)
			 		
	 		 		
	} 		 		
					
Fees and contracts from government agencies			<u> </u>		
Membership dues and assessments					
nterest on savings and temporary cash investments.			 	1 105	
ividends and interest from securities			14	1,125.	
et rental income or (loss) from real estate:	3.85 .5 1 2 2 3 3 5 1 3	Book Alexander	<u> </u>		. The said was
Debt-financed property	 	 _	 		
Not debt-financed property	 		 		
ther investment income					
ain or (loss) from sales of assets other than inventory			18	-148.	
et income or (loss) from special events · · ·					
iross profit or (loss) from sales of inventory			<u> </u>		
ther revenue. a	<u> </u>				
OTHER REVENUE			1 1	24.	
					
	 				
total. Add columns (b), (d), and (e)	ulations.) s to the Acco	omplishment of Ex	kempt Purp n column (e)	oses of Part XVI-A contribu	ited importantly to
oubtotal Add columns (b), (d), and (e)	ulations.) s to the Acco	omplishment of Ex	kempt Purp	oses of Part XVI-A contribu	ted importantly to
total Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcutations. The Relationship of Activities is a column to the colu	ulations.) s to the Acco	omplishment of Ex	kempt Purp	oses of Part XVI-A contribu	ited importantly to
total Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcutations. The Relationship of Activities is a column to the colu	ulations.) s to the Acco	omplishment of Ex	kempt Purp	oses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	ulations.) s to the Acco	omplishment of Ex	kempt Purp	oses of Part XVI-A contribu	ted importantly to
total Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcutations. The Relationship of Activities is a column to the colu	ulations.) s to the Acco	omplishment of Ex	kempt Purp	oses of Part XVI-A contribu	ited importantly to
total Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcutations. The Relationship of Activities is a column to the colu	ulations.) s to the Acco	omplishment of Ex ncome is reported i urposes (other than	kempt Purp n column (e) by providing	oses of Part XVI-A contribu	ted importantly to
worksheet in line 13 instructions to verify calcutance XVI-B Relationship of Activities No. Explain below how each activitions to the following states of the following state	ulations.) s to the Acco	omplishment of Ex	kempt Purp n column (e) by providing	oses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	ulations.) s to the Acco	omplishment of Ex ncome is reported i urposes (other than	kempt Purp n column (e) by providing	oses of Part XVI-A contribu	ited importantly to
worksheet in line 13 instructions to verify calcutance XVI-B Relationship of Activities No. Explain below how each activitions to the following states of the following state	ulations.) s to the Acco	omplishment of Ex ncome is reported i urposes (other than	kempt Purp n column (e) by providing	oses of Part XVI-A contribu	ited importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular to the columns (b), (d), and (e) Explain below how each activities to the columns (b) the columns (b) and (c) and (ulations.) s to the Acco	omplishment of Ex ncome is reported i urposes (other than	kempt Purp n column (e) by providing	oses of Part XVI-A contribu	ted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated at the color of th	ulations.) s to the Acco	omplishment of Ex ncome is reported i urposes (other than	kempt Purp n column (e) by providing	oses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e)	ulations.) s to the Acco	omplishment of Ex ncome is reported i urposes (other than	kempt Purp n column (e) by providing	oses of Part XVI-A contribu	ited importantly to
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities a No. Explain below how each activities	ulations.) s to the Acco	omplishment of Ex ncome is reported i urposes (other than	kempt Purp n column (e) by providing	oses of Part XVI-A contribu	ited importantly to
e No. Explain below how each activit	ulations.) s to the Acco	omplishment of Ex ncome is reported i urposes (other than	kempt Purp n column (e) by providing	oses of Part XVI-A contribu	ited importantly to

		Exempt Organ	nizations								
		•	•		•	-	any other organization descr		Yes	No	
ın	section	on 501(c) of the Co	de (other than	section 501(c)(3) organizati	ons) or in	section 527, relating to poli	tical		•	
10	ganız	ations?							ļ		
a Tr	ansfe	rs from the reporting	g foundation to	a noncharitat	ole exempt orga	nization (of:			1	
(1) Cash											
(2) Other assets											
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										
		_						1b(4)	1	X	
_	-	•						,	1	X	
									 	X	
							. Column (b) should always				
							n. If the foundation received				
							ie of the goods, other assets				
(a) Line		(b) Amount involved		noncharitable exe		$\overline{}$	Description of transfers, transactions, a				
(a) Line	-	(b) Allocate involved	(c) Name of	TOTICHATICO CAC	inprorganization	10,5	coorpianor nansiero, nonocenorio, a	na snamg am	angeme		
	\dashv					 					
							·				
	_		 								
					-						
	_										
			<u> </u>								
	l_		L								
							ore tax-exempt organizations			ਹ	
				ther than sect	ion 501(c)(3))	or in secti	ion 527?	۰. لــا ۲	es [X No	
D IT	res,	complete the follow (a) Name of organization		(b) T	ype of organization		(c) Description of r	elationship			
		(a) Name of organization	<u></u>	107.	ype or organization		(a) beservation of	Cidionomp			
		 					 				
							 				
		····									
	_										
	Under	penalties of perjury, I decla	re that I have exam	ined this return, in	cluding accompanying	schedules a	and statements, and to the best of my b	nowledge and	belief, it	is true,	
Sign	Off	i Nandhal Weart	A 2	(axpayer) is based or	all information of whi	cn preparer n					
-	ду:	L. Micha	el Pitte	— 05/	03/2017	TRU	JSTEE May	the IRS discu- the preparer	ss this	return below	
Here	Sign	ature of officer or trustee		Date		Title	(see or	structions)?	∑ Yes [No	
	OL	D NATIONAL WE	ALTH MANAC	3							
Paid		Print/Type preparer's nai	me	Jegyer 17	PIV	0.	Date Check	If PTIN			
		KELLY KOWALC		Tell	Unn	Up	05/03/2017 self-emplo			86	
Prepa		Firm's name ► ER			LP		Firm's EIN ▶	34-6565	596		
Use O	nly			ER DRIVE				_			
		СН	ICAGO, II	<u>.</u>	6	0606	Phone no. 3	<u> 12-879-2</u>			
								Form 99	0-PF	(2016)	

Esther V Haggerty Trust October 1, 2016 - December 31, 2016

Account Number: 31-0057-01-3

ts
ية
SS
ď
ü
0
ī
Ξ
e
=
2
4

					: !		
Shares Description	Market Price	Total Cost	Market Value C	% Of Category	Estimated Current Income Yield	Current Yield	Unrealized Gain / Loss
Cash & Equivalents							
Money Markets							
2,269.830 Goldman Sachs Financial Square Treasury Obligation #468	1.000	2,269.83	2,269.83	98.25	∞	0.4	000
Total Money Markets		2,269.83	2,269.83	98.25	∞	6.0	0.00
Cash							T
Principal Cash		5,553.44	5,553.44 240.38	240.38	00	0.0	0.00
Total Cash		40.42	1 -	1.75	0	0.0	0.00
Total Cash & Equivalents	ļ	2,310.25	2,310.25	100.00	∞	0.4	0.00
Fixed Income							
Fixed Income Mutual Funds							
759.500 PIMCO Moderate Duration Instl Fund #120	10.050	7,610.36	7,632.98	30.07	103	4.1	22.62
1,240.907 Vanguard Short Term Bond Index Adm Fd #5132	10.430	12,683.63	12,942.66	50.98	200	1.5	259.03
428.050 Vanguard Intermediate Term Bond Index Adm Ed #5314	11.240	4,789.49	4,811.28	18.95	125	2.6	21.79
Total Fixed Income Mutual Funds		25,083.48	25,386.92	100.00	428	1.7	303.44
Total Fixed Income		25,083.48	25,386.92	100.00	428	1.7	303.44

Esther V Haggerty Trust October 1, 2016 - December 31, 2016

Account Number: 31-0057-01-3

Assets
20
SS
⋖
¥
ō
_
-
ent
ment
=
tatement

Statement Of Assets			The second secon		,		
Shares Description	Market Price	Total Cost	Market Value C	% Of Category	Estimated Current Income Yield	Current Yield	Unrealized Gain / Loss
Equities							
Equity Mutual Funds							
Large Cap Funds							
538.946 Clearbridge Large Cap Value Cl I Fd #3	29.820	11,512.02	16,071.37	25.71	251	1.6	4,559.35
164.678 Boston Partners All-Cap Value Instl Fd #81	23.480	3,333.42	3,866.64	6.19	44	1.2	533.22
220.954 T Rowe Price Blue Chip Growth Fd #93	72.610	8,270.43	16,043.47	25.66	0	0.0	7,773.04
136.904 Vanguard Value Index Adm Fd #506 Total Large Cap Funds	36.230	4,169.77	4,960.03	7.93	121	2.4	790.26 13,655.87
Mid Cap Funds							
34.769 Janus Enterprise Cl I Fd #102	95.220	3,121.53	3,310.70	5.30	νí	0.2	189.17
151.704 Victory Sycamore Established Value CI I Fd #203	36.160	4,863.64	2,485.62	8.78		0.8	621.98
Total Mid Cap Funds		7,985.17	8,796.32	14.07	47	0.5	811.15
Small Cap Funds							
29.379 Eagle Small Cap Growth Cl I Fd #3933	54.700	1,445.22	1,607.03	2.57	0	0.0	161.81
i 61.186 Federated Clover Small Value Cl 1s Ed #659	27.100	1,399.10	1,658.14	2.65	12	8.0	259.04
120.365 JPMorgan US Small Company Instl Fd #1384	18.300	2,100.00	2,202.68	3.52	10	0.5	102.68
Total Small Cap Funds	Ì	4,944.32	5,467.85	8.75	22	0.4	523.53

Esther V Haggerty Trust October 1, 2016 - December 31, 2016

Account Number: 31-0057-01-3

Shares Description Pr	Market Total Price Cost	Market Value	% Of Category	Estimated Current Income Yield	Current Yield	Unrealized Gain / Loss
International Funds						
44.202 Driehaus Emerging Mkts Growth Fd 27.980 #3	980 913.40	.0 1,236.77	7 1.98	4	0.4	323.37
105.698 Oakmark Intl Fd #109 22.700	700 2,560.42	2,399.34	4 3.84	35	1.5	-161.08
69.535 Oppenheimer Intl Growth Cl I Fd #1961				37	1.6	-141.72
137.122 State Street Hedged Intl Dev Equity Index CI K Fd #5904	9.180 1,261.52	1,258.78	8 2.01	0	0.0	-2.74
Total International Funds	7,288.53	3 7,306.36	6 11.69	92	1.1	17.83
Total Equity Mutual Funds	47,503.66		62,512.04 100.00	199	0.9	15,008.38
Total Equities	47,503.66	j	62,512.04 100.00	561	6.9	15,008.38

Unit Broker Commission C	Purchase Activity				
1,000 0.000 0.000		Unit Price	Broker Commission	Other	Cash
1,000 0,000	Gash and Equivalents				
1,1670 0,000 0,000	Goldman Sachs Financial Square	ļ			
	12/31/16 Purchases (22) 10/01/16 To 12/31/16	1.000	0.00	0.00	-835.38

STATEMENT

വ	П
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	11
囝	П
ſΞ	11
	11
Ö	11
Z	Ш
Ħ	11
Ħ	IJ
z	11
⊋	11
S 5	Ш
႘	#
Q	
A.	ii
	ij
1	11
•	
	и
H	H
Н	11
Н	11 11
Н	11 H H H J J
Н	
RTI	
Н	
, PART I	11 11 11 11 11 11 11 11 11 11 11 11 11
, PART I	
, PART I	
90PF, PART I	
, PART I	
90PF, PART I	
90PF, PART I	
90PF, PART I	
90PF, PART I	
90PF, PART I	

CHARITABLE PURPOSES	900. NONE 900.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	900.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC

FD7303 L754 05/03/2017 11:31:34

36-7199151

S	11
竡	ii
\sim	ü
A	11
⊣	Ш
	11
•	IJ
	Ш
\vdash	II
_	11
H	Ш
24	II
<u> </u>	11
174	ij
	ii
r.	11
PF	11
0	ï
6	ü
9.	ii
٠.	ii
$\mathbf{\Sigma}$	ii
\mathbf{z}	ii
Ö	11
Œ	IÏ

	NET	INVESTMENT	INCOME	1 1 1 1	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			DESCRIPTION		

11.	11.	H H H H H H H H H H H H H H H H H H H
11.	11.	

TOTALS

FOREIGN TAXES ON QUALIFIED FOR

÷;

FD7303 L754 05/03/2017 11:31:34

1.1

FORM 990PF, PART I - OTHER EXPENSES

18

FD7303 L754 05/03/2017 11:31:34

÷ ; ;

REVENUE AND

EXPENSES PER BOOKS

15.

ILLINOIS FILING FEE

DESCRIPTION

15.

TOTALS

15.

CHARITABLE PURPOSES

STATEMENT

ന

RECIPIENT NAME:

DARCY SHEPHERD, GUIDANCE COUNSELOR

ADDRESS:

CATLIN HIGH SCHOOL

CATLIN, IL 61817

RECIPIENT'S PHONE NUMBER: 214-427-5331

FORM, INFORMATION AND MATERIALS:

APPLICATION FORM ATTACHED

SUBMISSION DEADLINES:

THE FRIDAY 3 WEEKS PRIOR TO THE OPT

EVENING OF EXCELLENCE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

FULL TIME STUDENT OF CATLIN HIGH SCHOOL

ATTENDING A COMMUNITY COLLEGE OR UNIVERSITY IN THE FALL

STATEMENT 4

Esther V. Haggerty Scholarship Application All information must be completed

Name		
Address		
City	State	Zip
Social Security #	Date of Birth	Telephone
Father's Name	Mothe	er's Name
Number of Children in Family_		You reside with
Are you employed? If	yes, where?	
High School(s) attended:		
High School Extra Curricular Ac	ctivities: (List and give	year of participation)
		·
Community Service:		
(List and describe service projects	or organizations in whic	h you have participated or volunteered)
College or University you plan to	attend:	
Career Goals:		
		
		-
		

Essay Question:				
In your own handwriting, please express the value of education as a part of your personal development.				

How do you intend to finance your college education? Please indicate by percentage using the following categories:		•	Supply information about your academic performance:	
Family Assistance	%	Current G.P.A.		
Personal Savings	%	Class Rank		
Employment	%	ACT or SAT Score		
Other Scholarships	%			
Other Grants (Pell, etc	c.)%			
Student Loans	%			
Other (Describe)				
	%			
Total	100%			
Address		How long have you known this person?		
Address Telephone		How long have you known this person?		
Name				
Address				
Telephone		How long have you known this person?		
***Letters of recomn	nendation are NOT ne	eded.		
Applicant Signature		Dat	•	

Additional Information