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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.

OMB No 1545-0052

Department of the Treasury

SCANNET OCT 0 2 2017

	Revenue Service Information about Form	990-PF and its separate	e instructions is at www	v irs.gov/form990pf On	en to Public Inspection
	alendar year 2016 or tax year beginning		, 2016, and end		, 20
	of foundation	0050010		A Employer identific	
	ERPES MEMORIAL SCHOLARSHIP 48				6511493
Numi	per and street (or P.O. box number if mail is not delivered)	to street address)	Room/sui	te B Telephone numbe	r (see instructions)
D (DOV 1600				4 035 0700
	D. BOX 1602 It town, state or province, country, and ZIP or foreign post	al code		5/	4-235-2790
City	it town, state or province, country, and 21/ or loreign post	ai code		C if exemption applicat	ion is
COI	JTH BEND, IN 46634			pending, check here	
	eck all that apply Initial return	Initial return	of a former public cha	rity	
.	Final return	Amended ret	•	1 1. Foreign organization 2 Foreign organization	
	Address change	Name change		85% test, check he	ere and attach
H Ch	eck type of organization: X Section 501(c			computation .	
	Section 4947(a)(1) nonexempt charitable trust	Other taxable pri		E If private foundation	
		inting method: X Ca		under section 507(b)	•
	C	her (specify)	1301 A001401	F if the foundation is in under section 507(b)	(1)(B), check here
		olumn (d) must be on cas	sh basis.)		
	Analysis of Revenue and Expenses (The			<u> </u>	(d) Disbursements
	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investment	(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 of the manter of a second defined and all all all all all all all all all al	<u> </u>			
2	Check X if the foundation is not required to attach Sch B.				
3	Interest on savings and temporary cash investments-				
4	Dividends and interest from securities	5,592.	5,592.	5,592.	STMT 1
5a	Gross rents				
t	Net rental income or (loss)				
<u>ၿ</u> 6a		1,918.			
6a b	Gross sales price for all 87,600				
7	Capital gain net income (from Part IV, line 2) .		1,918.		
8	Net short-term capital gain				
9	Income modifications)			
10a					
<u> </u>	cos Top Migron sold	<u> </u>			.
100	Gross profit or (loss) (attach schedule) 0.3.	'	<u> </u>	 	
11	Other income (attach schedule) (2,1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	7 510	7,510	5,592.	
12	Fotal Add Thes through 11	7,510. 2,922.		5,392.	
13	Compensation of officers director's trustees, etc. Other employee calaries and wages TER.	2,922.	2,922		
14	Pengua plana manager and wages		 		
	Pension plans, employee benefits				
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Accounting fees (attach schedule) STMT 2	850.	850	NONE	NON
16a 17 17 18 19 20				1,0112	
5 17°	Interest				
2 18	Taxes (attach schedule) (see instructions 3.	19.			
19	Depreciation (attach schedule) and depletion.				
20	Occupancy				
21	Travel, conferences, and meetings				
21	Printing and publications				
23	Other expenses (attach schedule) STMT. 4	370.			
24	Total operating and administrative expenses.				
23 24 25	Add lines 13 through 23	4,161.	3,772	NONE	NON
25	Contributions, gifts, grants paid	11,000.			11,000
26	Total expenses and disbursements. Add lines 24 and 25	15,161.	3,772.	NONE	11,000
27	Subtract line 26 from line 12.		<u></u>		
a	Excess of revenue over expenses and disbursements	-7,651.			
t	Net investment income (If negative, enter -0-)		3,738		
.	Adjusted net income (if negative, enter -0-).		I	5.592	

Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 245,971. -7,651. 2 3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 7 273. 3 238,593. 4 5 Decreases not included in line 2 (itemize) ► SEE STATEMENT 8 248. 5

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

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238,345.

245.971

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· · · · · · · · · · · · · · · · · · ·	and Losses for Tax on Inve		(b) How		
	I describe the kind(s) of property sold (rick warehouse, or common stock, 200	•	acquired P - Purchase	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr.)
1a PUBLICLY TRADED		313. WEG CO.,	D - Donation	(
b	000000000000000000000000000000000000000				
С					
<u>d</u>					_
е		(10)			
(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 87,600.		85,682.		····	1,918
_b					
_ c			<u> </u>		
8					
	lowing gain in column (h) and owned b	y the foundation on 12/31/69	(1)	Gains (Col (h) ga	un minus
(i) F.M V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (ı)		(k), but not less t	han -0-) or
(I) 1 .IVI V. 85 01 127 317 03	as of 12/31/69	over col. (j), if any		Losses (from co	
a					1,918.
<u>b</u>					
d					
e			ļ		
	(If ga	ain, also enter in Part I, line 7			
2 Capital gain net income	or inet canital local	oss), enter -0- in Part I, line 7	2		1,918
	ain or (loss) as defined in sections				
-	art I, line 8, column (c) (see ins				
			3		
	the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d۶ [Yes X No
	not qualify under section 4940(e). I		20 20 4 20	trios	
(a)	(b)	r; see the instructions before makir	ig any en	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2015	13,976.	244,300.			0.057208_
2014	11,920.	241,198.			0.049420
2013	NONE	237,333.			NONE_
2012					
2011					
2 Total of line 1, column (الم		2		0.106628_
	d)	e the total on line 2 by 5, or by the			0.100028
	•	ss than 5 years	3		0.035543
4 Enter the net value of no	oncharitable-use assets for 2016 fr	om Part X, line 5	4		248,698
5 Multiply line 4 by line 3.			5		8,839
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		37
7 Add lines 5 and 6			7		8,876.
If line 8 is equal to or g		in Part VI, line 1b, and complete		t using a 1% ta	11,000. ex rate. See the
Part VI instructions.				Form	990-PF (2016)

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?..........

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.

Enter the states to which the foundation reports or with which it is registered (see instructions)

Was there a liquidation, termination, dissolution, or substantial contraction during the year?................

 By state legislation that effectively amends the governing instrument so that no mandatory directions that

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

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General 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,"

10	Dıd	any	persons	become	substantial	contributors	during	the tax	year? If	"Yes," atta	ch a	schedule	listing	their			
	nam	es an	d address	es			<u>.</u>						<u></u> .		10	Λ.	
								•					-		- 00	A DE	20161

Χ

Χ

X

4a

4h

5

If "Yes," attach the statement required by General Instruction T

By language in the governing instrument, or

••••	37-6511493		г	age J
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		Х
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		<u>X</u>
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 ▶ 1ST SOURCE BANK, TRUST DEPT Telephone no. ▶ (574) 235	<u>-279</u>	0	
	Located at ► 100 N MICHIGAN ST, SOUTH BEND, IN ZIP+4 ► 46601			
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	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	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			
Door	the foreign country	<u></u>	الـــــا	
rar	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	**	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		162	140
1a	During the year did the foundation (either directly or indirectly)			10.7
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	25	17	1
	disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			3
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	.71		
	the benefit or use of a disqualified person)?		1.00	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		4	7
	foundation agreed to make a grant to or to employ the official for a period after		10	
	termination of government service, if terminating within 90 days)	T,		1
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		- 14	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	116-11		N 40 2
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	7.2	7 31	- 4
	were not corrected before the first day of the tax year beginning in 2016?	1c		X
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)).	7.5	1	fe !
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?		N.	
	If "Yes," list the years	7		2.
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		10 A C 1	
	all years listed, answer "No" and attach statement - see instructions.)	2b	62.08/2	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.			
_				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	#		
L	, , , , , , , , , , , , , , , , , , , ,	1		1
D	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or		(m)	3
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	213	7 t	· j
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			. 38
	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	(
a۵	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_ <u>X</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Х
	, , , , , , , , , , , , , , , , , , , ,		A DE	

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orm 9	90-PF (2016)		<u> 37-65</u>			Page 6
Part	VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Req	uired (continued)		
5a	During the year did the foundation pay or incur any amount	unt to				
	(1) Carry on propaganda, or otherwise attempt to influen	nce legislation (section	n 4945(e))?	. Yes X No	o	
	(2) Influence the outcome of any specific public ele	ction (see section 4	1955); or to carry or	n,		
	directly or indirectly, any voter registration drive?			. Yes X No	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	charitable, etc., org	anization described i	n		ĺ
	section 4945(d)(4)(A)? (see instructions)			Yes X No	o	İ
	(5) Provide for any purpose other than religious, ch					
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X No	o	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	n	
	Regulations section 53 4945 or in a current notice regard	ding disaster assistan	ce (see instructions)?		. 5b	L
	Organizations relying on a current notice regarding disas	ter assistance check l	here			
C	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax	_	
	because it maintained expenditure responsibility for the	grant?	·	. Yes No	。	
	If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d)				
6a	Did the foundation, during the year, receive any fun		ectly, to pay premiur	ns	i	
	on a personal benefit contract?	•			.	
b	Did the foundation, during the year, pay premiums, direc				. 6b	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	. Yes X No	o	
b	If "Yes," did the foundation receive any proceeds or have				. 76	
Part	VIII Information About Officers, Directors	rs, Trustees, Fou	ndation Manager	s, Highly Paid Em	ployees,	
1	List all officers, directors, trustees, foundation ma	anagers and their o	compensation (see	instructions).		-
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	
	(a) Name and address				(e) Expense other allo	
		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
EE	(a) Name and address STATEMENT 9	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		
EE		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
EE		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
EE		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
EE		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
EE		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
	STATEMENT 9	(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	other allo	wances
		(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	other allo	wances
2	STATEMENT 9 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than thos	(c) Compensation (if not paid, enter -0-) 2,922.	(d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2	STATEMENT 9 Compensation of five highest-paid employees	(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 1 - see instruction (d) Contributions to employee benefit plans and deferred	other allo	one, enter
2	STATEMENT 9 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than thos	(c) Compensation (if not paid, enter -0-) 2,922.	(d) Contributions to employee benefit plans and deferred compensation B 1 - see instructi (d) Contributions to employee benefit	ons). If no	one, enter
2 (a)	STATEMENT 9 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 (other than thos	(c) Compensation (If not paid, enter -0-) 2,922. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2	STATEMENT 9 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 (other than thos	(c) Compensation (if not paid, enter -0-) 2,922.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If no	one, enter
2 (a)	STATEMENT 9 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 (other than thos	(c) Compensation (If not paid, enter -0-) 2,922. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2 (a)	STATEMENT 9 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 (other than thos	(c) Compensation (If not paid, enter -0-) 2,922. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2 (a)	STATEMENT 9 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 (other than thos	(c) Compensation (If not paid, enter -0-) 2,922. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2 (a)	STATEMENT 9 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 (other than thos	(c) Compensation (If not paid, enter -0-) 2,922. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2 (a)	STATEMENT 9 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 (other than thos	(c) Compensation (If not paid, enter -0-) 2,922. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2 (a)	STATEMENT 9 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 (other than thos	(c) Compensation (If not paid, enter -0-) 2,922. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter

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Part		gn foundati	ons,
	see instructions.)	·	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	1a	252 405
	Average monthly fair market value of securities		252,485.
	Average of monthly cash balances		NONE
	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	252,485.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	2	NONE
2	Acquisition indebtedness applicable to line 1 assets	3	NONE
3	Subtract line 2 from line 1d	3	252,485.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	4	2 707
_	instructions)	5	3,787.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		248,698.
6	Minimum investment return. Enter 5% of line 5		12,435.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and another foreign experience shock have	dations	
	and certain foreign organizations check here ▶ and do not complete this part.)	1	12,435.
1	Minimum investment return from Part X, line 6	 	12,435.
2a		-	
b	Income tax for 2016. (This does not include the tax from Part VI.)	_	27
C	Add lines 2a and 2b	2c	<u>37.</u> 12,398.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 4	NONE
4	Recoveries of amounts treated as qualifying distributions	5	
5	Add lines 3 and 4	6	12,398. NONE
6	Deduction from distributable amount (see instructions)	<u> </u>	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_	12 200
	line 1	7	12,398.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	11,000.
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	2	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)		NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	11,000.
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	<u>37.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4		10,963.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		nether the foundation
	qualified for the gestion 4040(a) reduction of tay in those years		

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	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	Corpus	10073 prior to 2013	2013	12,398
2 Undistributed income, if any, as of the end of 2016				12,550
a Enter amount for 2015 only			9,925.	
b Total for prior years 20 14 ,20 ,20 ,20		NONE		
3 Excess distributions carryover, if any, to 2016.				
a From 2011 NONE	ĺ			
b From 2012 NONE				
c From 2013 NONE	ļ			
d From 2014 NONE				
e From 2015 NONE				
f Total of lines 3a through e	NONB	·		
4 Qualifying distributions for 2016 from Part XII,				
line 4 ▶ \$11,000.				
a Applied to 2015, but not more than line 2a			9,925.	
b Applied to undistributed income of prior years		NONE		
(Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election	NONE			
required - see instructions)	NONB			1,075
d Applied to 2016 distributable amount	NONE			1,013
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016	NONB			NON
(If an amount appears in column (d), the same	170111			11011
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	NONB			
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				
amount - see instructions		NONE		
e Undistributed income for 2015 Subtract line 4a from line 2a. Taxable amount - see				
instructions				
f Undistributed income for 2016. Subtract lines		İ		
4d and 5 from line 1. This amount must be				
distributed in 2017				11,323
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	17017		ĺ	
required - see instructions)	NONE			
8 Excess distributions carryover from 2011 not	NONE			
applied on line 5 or line 7 (see instructions)	NONE			
9 Excess distributions carryover to 2017.	NONE		•	
Subtract lines 7 and 8 from line 6a	NOIND			
0 Analysis of line 9 a Excess from 2012 NONE				
b Excess from 2013 NONE				
c Excess from 2014 NONE				
d Excess from 2015 NONE				
u costatium cuita				

	rt XIV Private Op	erating Foundations	(see instructions a		on 9)	NOT APPLICABLE
	If the foundation has					
	foundation, and the ruling	g is effective for 2016, en	ter the date of the ruling		▶	
b	Check box to indicate	whether the foundation	is a private operating	foundation described in	section	4942(j)(3) or 4942(j)(5)
2 a	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	1				
	year listed					
b	85% of line 2a					
C	Qualifying distributions from Part					
	XII, line 4 for each year listed .		·			
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
8	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line				-	
_	2d from line 2c				ļ	
3	Complete 3a, b, or c for the 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)	, .				
p	"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					
	(interest, dividends, rents,					
	payments on securities foans (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)(m)					
	(3) Largest amount of sup- port from an exempt					
	organization					
Pai	(4) Gross investment income . rt XV Supplement	ntary Information (Complete this part	only if the founds	tion had \$5.0	000 or more in assets at
ı u		uring the year - see		omy ii the lounds	ιιοπ παα ψο,	, oo or more in assets at
1	Information Regarding	<u> </u>				
а	List any managers of	the foundation who I	have contributed mor			received by the foundation
		y tax year (but only if th	ley have contributed i	nore than \$5,000). (3	ee section 507	(4)(2).)
- -	N/A		400/	£ 41		annelli, lanna martina of the
D	ownership of a partner					equally large portion of the
	Carnotonia of a barrile	one of other office, of	and rouniquation			
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
		-		-	itable organiza	tions and does not accept
	unsolicited requests f	or funds. If the found	ation makes gifts, gr	ants, etc. (see instruc	tions) to indivi	duals or organizations under
	other conditions, comp			, ,	, .	J
a	The name, address, ar	nd telephone number o	or e-mail address of the	e person to whom app	lications should	be addressed:
-	SEE STATEMENT					
b	The form in which app		bmitted and information	on and materials they	should include:	
		TATEMENT FOR L		·		
	Any submission deadl	ines:				
•	•	TATEMENT FOR L	INE 2			
			-			
d		imitations on awards	, such as by geogr	aphical areas, charita	able fields, kin	ds of institutions, or other
	factors:					
104	SEE ATTACHED S	TATEMENT FOR L	INE 2	· · · · · · · · · · · · · · · · · · ·		5 000 PE 10000

Form 990-PF (2016)	. <u> </u>			Page 11
Part XV Supplementary Information				· · · · · · · · · · · · · · · · · · ·
3 Grants and Contributions Paid Duri	ng the Year or Appr			
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
SAMUEL STAHLEY / WABASH COLLEGE				
P O BOX 352 CRAWFORDSVILLE IN 47933	NONE	NONE	SCHOLARSHIP	1,000.
F O BOX 332 CRAWFORDSVILLES IN 47333	NONE	NONE	SCHOHARSHIP	1,000.
PATRICK J. ERNST / OHIO NORTHERN UNIVERSITY		1		
9833 BANYAN COURT FORT WAYNE IN 46835	NONE	NONE	SCHOLARSHIP	2,000.
CONNOR M. DEAL / ST JOSEPH'S COLLEGE				
59035 SR 15 GOSHEN IN 46528	NONE	NONE	SCHOLARSHIP	2,000.
ANDREW HAGER / TRINE UNIVERSITY				
ONE UNIVERSITY AVENUE ANGOLA IN 46703	NONE	NONE	SCHOLARSHIP	2,000.
			1	
BRIAN MCGUIRE / TRINE UNIVERSITY				
4692 W. SCHULTZ ROAD LAPORTE IN 46350	NONE	NONE	SCHOLARSHIP	2,000.
JESSE STIRES / SIENA HEIGHTS UNIVERSITY			agrat induin	2 200
1247 E SIENA HEIGHTS DRIVE ADRIAN MI 49221	NONE	NONE	SCHOLARSHIP	2,000.
	1			
			1	
•				
	İ			
<u> </u>		l		
Total		· · · · ·	▶ 3a	11,000.
b Approved for future payment				
	1			
	<u></u>		<u> </u>	
Total	<u></u>		3b	L

Part XVI-	A Analysis of Income-Produ	ucing Acti	ivities			
Enter gross a	ter gross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program	service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
_						[000]
_						
						
d				ļ		
		<u> </u>				
f				<u> </u>		
_	and contracts from government agencies			 		
	ship dues and assessments			1		
	s and interest from securities			14	5,592.	
	I income or (loss) from real estate					
	financed property					
	ebt-financed property			ļ		
6 Net rental	income or (loss) from personal property. •					
7 Other inv	vestment income			1 10	1 010	
	oss) from sales of assets other than inventory			18	1,918.	
	me or (loss) from special events · · ·			 		
-	ofit or (loss) from sales of inventory					
	venue a					
	-					
е						
	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)			<u></u>	7,510.	7,510.
Part XVI- Line No. ▼	Relationship of Activities Explain below how each activit accomplishment of the foundation	y for whic	h income is reported	ın column (e) of Part XVI-A contribu	
			NOT APPLICABL	ıE		
					· · · · · · · · · · · · · · · · · · ·	
						
				_		
	 					

Part 2	(VII	Information R Exempt Orga	Regarding Tra nizations	nsfers To and Trans	actions and	Relation	ships With	Nonch	ıaritabl	е
ır	secti	organization direct	ly or indirectly e	engage in any of the follomection 501(c)(3) organiz		_			Yes	No
	-		g foundation to a	noncharitable exempt o	rganization of			ł		
								1.0	a(1)	X
•		er assets ransactions:	• • • • • • • • •			• • • • • •		1	(2)	X
_	-		charitable exem	ot organization				1	b(1)	X
				e exempt organization					b(2)	X
			-	assets				· · · ·	b(3)	X
		_							b(4) b(5)	X
				or fundraising solicitatio				–		<u>X</u>
c S	harıng	g of facilities, equipn	nent, mailing list	s, other assets, or paid en	nployees			<u>L</u>	1c	X
				s," complete the followings ses given by the reporting						
				ement, show in column						
(a) Line	no.	(b) Amount involved	(c) Name of no	ncharitable exempt organization	n (d) Descr	ption of transf	ers, transactions	, and sharin	garrangem	ents
			<u> </u>							
			 							
	_		T			<u> </u>				
	}		 							
			<u> </u>							
			 							
			 							
				liated with, or related to						X No
b lf	"Yes,	" complete the follow						f 1 to 1 to 1		
· · - · · ·		(a) Name of organization	on	(b) Type of organizat	iion		(c) Description o	relationsh	р	
				 						
				ed this return, including accompan			to the best of my	knowledge	and belief,	ıt is true,
Sign	correc	t, and complete. Declaration o	of preparer (other than ta	rpayer) is based on all information of	which preparer has an	y knowledge	Max	the IRS	discuss this	return
Here	泽	march you	senduce	_ 10/1/201/	POFFIC	ER	with	the prep	arer_shown	below
	1	ature of officer or trustee	אוע	Date /	Title		(see	instructions)	? Yes	N _o
	1 20	ARON BUSENBAR Print/Type preparer's na		Preparer's signature		Date	Check	ıf PT	IN	
Paid				<u> </u>			self-emp	I		
Prepa		Firm's name					Firm's EIN			
Use C	nly	Firm's address					Dhann			
		L				 -	Phone no.	Form	990-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, or 990-PF) and its instructions is at www.irs gov/form990

OMB No 1545-0047

2016

Name of the organization Employer identification number CSERPES MEMORIAL SCHOLARSHIP 480052018 37-6511493 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501 (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusivelyreligious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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

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

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

480052018

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

ADJUSTED NET INCOME	274.	675.	79.	2,287.	141.	37.	532.	18.	11.	354.	309.	875.	5,592.
NET INVESTMENT INCOME	274.	675.	79.	2,287.	141.	37.	532.	18.	11.	354.	309.	875.	5,592.
REVENUE AND EXPENSES PER BOOKS		675.	79.	2,287.	141.	37.	532.	18.	11.	354.	309.	875.	5,592.
DESCRIPTION	BLACKROCK STRAT INC OPP-INS	FEDERATED INST HI YLD BOND FUND	FIDELITY CONTRA FUND #022	METROPOLITAN WEST TOTAL RETURN BD-I	MORGAN STANLEY INSTL INTL EQ	OPPENHEIMER SR FLOAT RATE Y	BOSTON PARTNERS INV ALL CAP VAL INST	T. ROWE PRICE MID-CAP GROWTH FUND	STERLING CAP STR S/C VAL-INS	VANGUARD TOTAL BD MKT IDX ADM	VANGUARD S/T INVEST GR-ADM	WASATCH-1ST SOURCE INCOME FU	TOTAL

480052018

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE	11 11 11 11 11 11 11 11 11 11
ADJUSTED · NET INCOME	1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE	H H H H H H H H H H H H H H H H H H H
NET INVESTMENT INCOME	1 1 1	. 850.	850.	# H H H H H H H H H H H H H H H H H H H
REVENUE AND EXPENSES PER BOOKS	1 1 1 1	. 850.	850.	
			TOTALS	
DESCRIPTION	# 1	TAX PREPARATION FEES		

37-6511493

CSERPES MEMORIAL SCHOLARSHIP 480052018

FORM 990PF, PART I - TAXES

DESCRIPTION

REVENUE
AND
EXPENSES
PER BOOKS

FOREIGN TAXES ON QUALIFIED FOR

TOTALS

19.

19.

FORM 990PF, PART I - OTHER EXPENSES

REVENUE
AND
EXPENSES
PER BOOKS

DESCRIPTION

370.

OTHER EXPENSES

370.

TOTALS

480052018
SCHOLARSHIP
MEMORIAL
CSERPES

37-6511493

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

FEDERATED TREASURY OBLIGATIONS DESCRIPTION

TOTALS

END I NG FMV	1	4,
ENDING BOOK VALUE	1 1 1 1 1	4,854.

4,854.

4,854.

480052018

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9

480052018
SCHOLARSHIP
MEMORIAL
CSERPES

1

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37-6511493

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION FIDELITY CONTRA FUND T ROWE PRICE MID-CAP FUND FEDERATED INSTL HIGH YIELD BD METROPOLITAN WEST TOAL RETURN WASATCH INCOME FUND BLACKROCK STRAT INC OPP-INS BOSTON PARTNERS INV ALL CAP VA STERLING CAP STR S/C VAL-INS	VANGUARD TOTAL BD MKT IDX WORGAN STANLEY INS INST EQ-I DODGE & COX INTL STOCK FUND OAKMARK INTERNATIONAL OPPENHEIMER ST FLOAT RATE Y
--	--

ENDING FMV	26,720. 5,901. 12,218. 73,928. 50,464. 8,664. 28,567. 6,700. 21,406.
ENDING BOOK VALUE	21,522. 5,345. 12,450. 75,987. 51,080. 8,933. 19,998. 5,208. 21,969.

TOTALS

233,480.

245,859.

22

480052018

DZN708 A491 03/06/2017 09:27:49

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

DESCRIPTION		AMOUNT	
2016 BLACKROCK TIMING DIFFERENCE 2016 FEDERATED HIGH YIELD TIMING 2016 METROPOLITAN TIMING DIFFERE 2016 OPPENHEIMER TIMING DIFFERE	NG DIFF RENCE	29. 49. 97. 30.	
2016 VANGUARD TIMING DIFFERENCE		68.	
	TOTAL	273.	

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 FEDERATED TREASURY TIMING DIFF 2017 METROPOLITAN TIMING DIFFERENCE 2017 VANGUARD TIMING DIFFERENCE DIFFERENCE DUE TO ROUNDING	22. 58. 119. 45. 4.
TOTAL	248.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

1ST SOURCE BANK, TRUSTEE

ADDRESS:

P.O. BOX 1602

SOUTH BEND, IN 46634

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

BART CURTIS, HEAD FOOTBALL COACH

ADDRESS:

1202 LINCOLNWAY EAST

MISHAWAKA, IN 46544

TITLE:

COMMITTEE MEMBER

OFFICER NAME:

CORY YEOMAN, HEAD FOOTBALL COACH

ADDRESS:

55900 BITTERSWEET RD

MISHAWAKA, IN 46545

TITLE:

COMMITTEE MEMBER

OFFICER NAME:

CRAIG REDMAN, HEAD FOOTBALL COACH

ADDRESS:

808 S. TWYCKENHAM DR.

SOUTH BEND, IN 46615

TITLE:

COMMITTEE MEMBER

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

LEVON JOHNSON, HEAD FOOTBALL COACH

ADDRESS:

1 BLAZER BLVD

ELKHART, IN 46516

TITLE:

COMMITTEE MEMBER

OFFICER NAME:

RUSS RADTKE, HEAD FOOTBALL COACH

ADDRESS:

5333 N COUGAR RD

NEW CARLISLE, IN 46552

TITLE:

COMMITTEE MEMBER

OFFICER NAME:

JAY JOHNSON, HEAD FOOTBALL COACH

ADDRESS:

4747 W WASHINGTON

SOUTH BEND, IN 46619

TITLE:

1

COMMITTEE MEMBER

OFFICER NAME:

ANTWAAN JONES, HEAD FOOTBALL COACH

ADDRESS:

808 S TWYCKENHAM DR

SOUTH BEND, IN 46615

TITLE:

COMMITTEE MEMBER

CSERPES MEMORIAL SCHOLARSHIP 480052018

37-6511493

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

SCOTT SHAW, HEAD FOOTBALL COACH

ADDRESS:

2608 CALIFORNIA RD ELKHART, IN 46514

TITLE:

COMMITTEE MEMBER

OFFICER NAME:

JARVIS EDISON, HEAD FOOTBALL COACH

ADDRESS:

1902 FELLOWS ST

SOUTH BEND, IN 46613

TITLE:

COMMITTEE MEMBER

TOTAL COMPENSATION:

2,922.

=============

CSERPES MEMORIAL SCHOLARSHIP 480052018 FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

1ST SOURCE BANK, ATTN RENEE FLEMING

ADDRESS:

P.O. BOX 1602

SOUTH BEND, IN 46634

RECIPIENT'S PHONE NUMBER: 574-235-2790

FORM, INFORMATION AND MATERIALS:

SEE ATTACHED

SUBMISSION DEADLINES:

VARIOUS

RESTRICTIONS OR LIMITATIONS ON AWARDS:

DZN708 A491 03/06/2017 09:27:49

ALL APPLICANTS MUST BE GRADUATES OF HIGH SCHOOLS IN ST. JOSEPH, ELKHART, AND LAPORTE, INDIANA, COUNTIES, AND SCHOLASTIC PERFORMANCE. THE RECIPIENTS MUST PLAY FOOTBALL AT THE COLLEGE OF THEIR CHOICE.