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Department of the Treasury Internal Revenue Service

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

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2016

Open to Public Inspection

, 2016, and ending For calendar year 2016 or tax year beginning Employer identification number 45-3597029 ANAM FOUNDATION Telephone number (see instructions) 430 INDIANA AVENUE (317) 507-7575 INDIANAPOLIS, IN 46202 C If exemption application is pending, check here Initial return Initial return of a former public charity Check all that apply: D 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation. X Section 501(c)(3) exempt private foundation Check type of organization: |Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here. Fair market value of all assets at end of year Accounting method: X Cash (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ► Ś under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) 2,456,760. Part Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (c) Adjusted net (d) Disbursements (a) Revenue and (b) Net investment 2017 for charitable expenses per books income income purposes (cash basis only) (see instructions).) ക Contributions, gifts, grants, etc., received (attach schedule) . **N** if the foundation is not required to attach Sch. E Interest on savings and temporary cash investments . . . Dividends and interest from securities 45,329 45,329 5 a Gross rents b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10. -138,953. アモンヨズリ **b** Gross sales price for all 3,503,866 Capital gain net income (from Part IV, line 2) 0. Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold. C Gross profit or (loss) (attach schedule). 11 Other income (attach schecule) . . SEE STATEMENT 1 55 536 45,362 362 Total. Add lines 1 through 11 . . 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages Pension plans, employee benefits 16 a Legal fees (attach schedule) . . ADM-N-STRAT-VE **b** Accounting fees (attach sch) . C Other professional fees (attach sch). . . 17 Interest Taxes (attach schedule)(see instrs). SEE .STM .2 4,537. 4,537. 19 Depreciation (attach schedule) and depletion 21 Travel, conferences, and meetings, Printing and publications. 23 Other expenses (attach schedule) SEE STATEMENT 3 18,155 18,155 Total operating and administrative 22,692 22,692 expenses. Add lines 13 through 23 PART XV 25 Contributions, gifts, grants paid 121,000. 121,000. 多元的主义。 26 Total expenses and disbursements. 121,000 143,692 22,692 Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses -152,228 22,670. **b** Net investment income (if negative, enter -0-) . C Adjusted net income (if negative, enter -0-)

Page 2

Par		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	th) Deals Value	<u> </u>
	1	Cash - non-interest		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 -		•	570 400	127 405	127 405
	2 Savings and temporary cash investments		578,499.	137,485.	137,485.	
	3	Less: allowance for	doubtful accounts			
	4	Pledges receivable				
	-	Less allowance for	doubtful accounts >			
	5		doubtid accounts			
	6		ers, directors, trustees, and other			
		disqualified persons (attac	ch schedule) (see instructions)			
	7	Other notes and loans reco	eivable (attach sch) . >			
A		Less. allowance for o	doubtful accounts >		COLOR STATE	
Š	8	Inventories for sale of	or use			
A S S E T	9	Prepaid expenses ar	nd deferred charges			
Ś	10a		and state government chedule)			
	l t	Investments corporate	stock (attach schedule)			
		: Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment: basis	buildings, and			
		Less: accumulated deprect (attach schedule)	ation •		TO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TO	Section 20 Section Control Con
	12	Investments - morto	gage loans			
	13	Investments - other	(attach schedule)	1,953,936.	2,253,070.	2,319,275.
	14	Land, buildings, and	equipment: basis >			
		Less, accumulated depreci (attach schedule)				
		Other assets (described to be of				
			completed by all filers — Also, see page 1, item l)	2,532,435.	2,390,555.	2,456,760.
Ļ	17	' '	nd accrued expenses			
A B	18	Grants payable .	• • • • • • • •			
B	19	Deferred revenue				
Ļ	20		tors, trustees, & other disqualified persons			
Ť	21		s payable (attach schedule)			
[22	Other liabilities (desc	CADE)		
E S	23	Total liabilities (add	lines 17 through 22)	0.	0.	
		Foundations that fol and complete lines 2	low SFAS 117, check here 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted				
E U T N	25	Temporarily restricte	d . , .			
Ď	26	Permanently restricted	ed	,		
ASSALAN		Foundations that do and complete lines 2	not follow SFAS 117, check here > 27 through 31.	X		
ELTA	27	,	rincipal, or current funds	2,532,435.	2,390,555.	
SŇ	28		or land, bldg., and equipment fund			
O E	29		lated income, endowment, or other funds			
RS	30		und balances (see instructions).	2,532,435.	2,390,555.	
	31	(see instructions)	net assets/fund balances	2,532,435.	2,390,555.	
Part	SIL	Analysis of Chan	ges in Net Assets or Fund Balan		2,030,000.	Banka nashing an sa. 1994
	. Cora.		alances at beginning of year — Part II, co	•	gree with	
•	end-	of-year figure reported	I on prior year's return)	· · · · · ·	1	2,532,435.
2	Ente	r amount from Part I,	line 27a		2	-152,228.
3	Other	increases not included in lin	ne 2 (Itemize) SEE STATEMENT	Г 4	3	10,348.
4	Add I	lines 1, 2, and 3 .			4	2,390,555.
		ases not included in line 2 (i			5	
6	Total	net assets or fund ba	lances at end of year (line 4 minus line	5) - Part II, column (b),	line 30 . 6	2,390,555.

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Fa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee instri	uctions)	
1:	Exempt operating foundations described in section 4940(d)(2), check here • and enter 'N/A' on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary – see instructions)			
l	Domestic foundations that meet the section 4940(e) requirements in Part V,		Management of the Control of the Con	453.
	check here ►and enter 1% of Part I, line 27b			
•	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part 1, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			0
2	foundations only. Others enter -0-).	2		452
3	Add lines 1 and 2	3		453.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		0.
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		453.
_	Credits/Payments.			
	a 2016 estimated tax pmts and 2015 overpayment credited to 2016	-		
	Tax paid with application for extension of time to file (Form 8868)	-##		
	Backup withholding erroneously withheld	-041		
7	Total credits and payments. Add lines 6a through 6d	7		1 720
_	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	. 8		1,720.
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9		
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	► 10		0. 1,267.
10 11	Enter the amount of line 10 to be: Credited to 2017 estimated tax.	► 11		1,267.
	MIA Statements Regarding Activities		L	1,207.
1.0				Yes No
1 6	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1	- Herri
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1	ь
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published			
	or distributed by the foundation in connection with the activities			
(Did the foundation file Form 1120-POL for this year?		. 1	c X
•	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation \$\ 0 (2) On foundation managers \$\ \\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		<u>0.</u>	
•	foundation managers > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	X
_	If 'Yes.' attach a detailed description of the activities			
_				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3	X
4 8	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. 4	 _
1	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		. 4	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. 5	X
	if 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?		. 6	X
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
88	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	IN			
ł	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		. 8	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete the complete in the complete taxable year beginning in 2016 (see instructions for Part XIV)?	or 4942	()(5)	
	for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete	ete Part	XÌV 9	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names]	
	and addresses	<u>.</u>	10	<u> </u>
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Forr	, and DE (2016), ANAM EQUINDARTON	4.5	250702)nan I
	m 990-PF (2016) ANAM FOUNDATION TVILA Statements Regarding Activities (continued)	45	<u>-359702</u>	9		age :
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)			11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified perso advisory privileges? If 'Yes,' attach statement (see instructions)	n had		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	applica	ation?	13	X	
14	The books are in care of NASIR BUTT Located at 430 INDIANA AVENUE INDIANAPOLIS IN Telephone ZIP + 4 >		(317)	_ <u>507</u>	-75 <u>7</u>	5_
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.	<u>46</u> 2 ►l		ĀVĀ		∏ N/A
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority obank, securities, or other financial account in a foreign country?	vera	13	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country					
Pa	MAVILE Statements Regarding Activities for Which Form 4720 May Be Required				福港洋北 州	TANK PARTY
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 :	a 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?(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	Yes _	X No			
	disqualified person?	Yes	XNo			
	(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?	Yes	XNo			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
	(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.)	Yes	ΧNο			
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 section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	٠.		1 b	N	/A
	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 2016?			1 c		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)):					
ä	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	Yes	XNo			
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20					
ł	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see instructions)	a)(2))(2) to		2 b	N	/A
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he	ere.				
	► 20 , 20 , 20 , 20					
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
t	b If 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)			3 b	N	/ N
4 -			· · · ·	30		/A
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		Х
ŧ	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could leopardize its charitable purpose that had not been removed from leopardy before the first day of					
	the tax year beginning in 2016?		-	4 b		Х

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Part VII B Statements Regarding Activit		n 4720 May Be Req	uired (continued)	Santification (santification are for a con-
5 a During the year did the foundation pay or inct(1) Carry on propaganda, or otherwise attern	•	on (section 4945(e))?.	. Yes X	No San
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr				No
(3) Provide a grant to an individual for travel	, study, or other similar	purposes?.	Yes X	No s
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instruction	n a charitable, etc., organ s)	zation described	. Yes X	No la
(5) Provide for any purpose other than religion educational purposes, or for the prevention	on of cruelty to children	or animals?		No
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in (see instructions)?			ptions : · · · · · · · · · · · · · · · · · · ·	5b N/A
Organizations relying on a current notice rega	-		▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon- If 'Yes,' attach the statement required by Reg			N/A Yes	No
6 a Did the foundation, during the year, receive a on a personal benefit contract?b Did the foundation, during the year, pay prem			Yes X	No Sh V
If 'Yes' to 6b, file Form 8870.	name, an ecuy or mailed	му, он а реголнаг репе	nt contract: , , ,	. 6b X
7 a At any time during the tax year, was the found				
b If 'Yes,' did the foundation receive any proces				
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid I	Employees,
1 List all officers, directors, trustees, foundation	on managers and their	companyation (can incl	ructions)	
T Elst an officers, and coors, trustees, foundation	(b) Title, and average	(c) Compensation	(d) Contributions to	T
(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
SEE STATEMENT 6				
		0.	0.	0.
2 Compensation of five highest-paid employees (of	ther than those included of	on line 1 – see instruction	ns). If none, enter 'NONE	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000			<u> </u>	0
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Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NOI	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	
	
Total number of others receiving over \$50,000 for professional services	• 0
Pan IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE FOUNDATION DOES NOT DIRECTLY PARTICIPATE IN CHARITABLE ACTIVITI	
THE ACTIVITIES OF THE DIRECTORS ARE LIMITED TO THE ADMINISTRATION GRANTS TO QUALIFIED UNRELATED 501(C)(3) ORGANIZATIONS.	OF _ 121,000.
2	121,000.
3	
4	
DESTRICTION Cummany of Brogram Polated Investments (con instructions)	
Part X B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.
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Part	Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign	foundations,
a .	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: Average monthly fair market value of securities.	1 a	2,386,048.
Ъ.	Average of monthly cash balances	1 b	39,925.
C	Fair market value of all other assets (see instructions)	1 c	
d.	Total (add lines 1a, b, and c)	1 d	2,425,973.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	ic (attach detailed explanation)		
	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,425,973.
	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	36,390.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,389,583.
6	Minimum investment return. Enter 5% of line 5	6	119,479.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► and do not complete this part.)	ting fo	oundations
1	Minimum investment return from Part X, line 6	1	119,479.
2 a `	Tax on investment income for 2016 from Part VI, line 5		
	income tax for 2016. (This does not include the tax from Part VI.) 2b		
	Add lines 2a and 2b	2 c	453.
	Distributable amount before adjustments Subtract line 2c from line 1	3	119,026.
	Recoveries of amounts treated as qualifying distributions	4	
	Add lines 3 and 4	5	119,026.
	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	119,026.
Part	Qualifying Distributions (see instructions)	Terstonse	
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	121,000.
	Program-related investments — total from Part IX-B	1 b	
2 /	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 / a 9	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required).	3 a	
b (Cash distribution test (attach the required schedule)	3 b	
4 (Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .	4	121,000.
5 F	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 /	Adjusted qualifying distributions. Subtract line 5 from line 4	6	121,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fou qualifies for the section 4940(e) reduction of tax in those years.	ndation	
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Par XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
Ine 7				119,026.
a Enter amount for 2015 only			0.	
b Total for prior years: 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e4 Qualifying distributions for 2016 from Part	18,557.			
XII, line 4 ► \$ 121,000.				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years		经过程的证据 医二氏性性性性炎性性炎性炎炎炎炎性的现在形态的特征。		
(Election required — see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required — see instructions) d Applied to 2016 distributable amount	0.			119,026.
e Remaining amount distributed out of corpus .	1,974.			
5 Excess distributions carryover applied to 2016	0.			0.
(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	20 521			
	20,531.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions.		0		
			建设施加州,以外的加州和共产党的共产党	
e Undistributed income for 2015 Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2017		注题 用于图片设置于		0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions) .	0.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	<u> </u>			
	20,531.			
10 Analysis of line 9 a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015 18,557.				
e Excess from 2016 1,974.				
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Private Operating Foundations (see instructions and Part VII-A, question 9) N/A					
7 a If the foundation has received a ruling or deter is effective for 2016, enter the date of the r	mination letter that uling	it is a private operati	ng foundation, and t	he ruling	
b Check box to indicate whether the foundation	on is a private ope	erating foundation d	escribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities	······································				
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter		Į			
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of					
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter.					<u> </u>
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					Į.
Part XV Supplementary Information (assets at any time during the	Complete this	part only if the	foundation had	\$5,000 or more	in
1 Information Regarding Foundation Manage	<u>-</u>	structions.)			
a List any managers of the foundation who have	contributed more th	an 2% of the total co	entributions received	by the foundation befo	ore the
close of any tax year (but only if they have NONE	contributed more t	than \$5,000) (See	section 507(d)(2))		
b List any managers of the foundation who own 1	0% or more of the	stock of a corporation	n (or an equally large	e portion of the owners	ship of
a partnership or other entity) of which the fo	oundation has a 10	0% or greater intere	est.		
2 Information Percenting Contribution Contribution	Stan Citili I	in ata D			
Check here ► ☐ If the foundation only make	2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions.				
complete items 2a, b, c, and d.					·
a The name, address, and telephone number or e	e-mail address of th	e person to whom ap	oplications should be	addressed:	
SEE STATEMENT 7					
b The form in which applications should be su	ibmitted and inforr	mation and material	Is they should inclu	ide:	
SEE STATEMENT FOR LINE 2A			,		
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards, su	ch as by geograph	nical areas, charitat	ole fields, kinds of	nstitutions, or other	factors
SEE STATEMENT FOR LINE 2A			· · · · · · · · · · · · · · · · · · ·		orm 990 PE (2016)

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient oundation Purpose of grant or contribution status of recipient **Amount** Name and address (home or business) a Paid during the year LEGACY LEARNING CENTER, INC. NONE 501(C)(PROGRAM FUNDS 115,000. 1102 ROOSEVELT AVENUE INDIANAPOLIS IN 46202 SEEDS OF LEARNING - CITIZEN NONE 501(C) (PROGRAM FUNDS 3,000. FOUNDATION 3) 6131 W 80TH ST INDIANAPOLIS IN 46278 YMCA OF GREATER INDIANAPOLIS NONE 501(C) (PROGRAM FUNDS 2,000. 615 N. ALABAMA ST, STE. 200 INDIANAPOLIS IN 46204 PROJECT SWEET PEAS NONE 501(C) (PROGRAM FUNDS 1,000. 45 BOYLSTON AVE 3) WARWICK RI 02889 3 a 121,000. b Approved for future payment **Total** 3 b

Enter gross	s amounts unless otherwise indicated.	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)
1 Prog	ram service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
a 1 10g	Talli Service revenue.			coue		
b		 		-		
c				 		
d						
е	······································	 		+		
f		·		†		
a Fees	and contracts from government agencies .					
-	bership dues and assessments					
3 Interes	st on savings and temporary cash investments					33.
4 Divid	ends and interest from securities .					45,329.
5 Net r	ental income or (loss) from real estate:					
a Debt-	-financed property					
b Not d	lebt-financed property					
6 Net re	ntal income or (loss) from personal property					
7 Other	r investment income.					55.
	r (loss) from sales of assets other than inventory				296.	-139,249.
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory .	in the same of the same of the same			nauca y rocky. The same at the control of the state of th	
11 Other	r revenue					
a	······································	 		ļ		
b				<u> </u>		·
		 		_		
d				 		
12 Subt	otal. Add columns (b), (d), and (e)	500000000000000000000000000000000000000			200	02.020
			<u> </u>	解 结例 连直分	296. 13	<u>-93,832.</u>
12 Total	l Add line 12 columns (b) (d) and (e)					
	l. Add line 12, columns (b), (d), and (e)	ons)			13 .	-93,536.
(See works	sheet in line 13 instructions to verify calculate		ishment of Evemn	ot Purno	· ·	-93,536.
(See works Part XV I	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
(See works	sheet in line 13 instructions to verify calculate	e Accompl			ses	
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
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(See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculate B Relationship of Activities to the	e Accompl			ses	

Form 990-PF (2016) ANAM FOUNDATION 45-3597029 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

descr	ne organization directly ibed in section 501(c) ng to political organiza	of the Code (other	ge in any of the following than section 501(c)(3) or	with any other organizations) or in	ganization section 527,	Yes No
	J , J		oncharitable exempt orga	nızatıon of.		
(1) C		•				1 a (1) X
(2) 0	ther assets					. 1 a (2) X
b Other	transactions:					
(1) S	ales of assets to a nor	ncharitable exempi	organization			1 b (1) X
	urchases of assets fro	•	_			1 b (2) X
	ental of facilities, equi		• •			1 b (3) X
(4) R	eimbursement arrange	ements .				1 b (4) X
(5) L	oans or loan guarantee	es				1 b (5) X
` '	•		r fundraising solicitations			1 b (6) X
		•	other assets, or paid emp			1c X
	g/	, , , , , , , , , , , , , , , , , , ,				
d If the the go any tr	answer to any of the a ods, other assets, or se ransaction or sharing a	above is 'Yes,' com rvices given by the r arrangement, show	nplete the following sched reporting foundation. If the in column (d) the value of	lule, Column (b) sl foundation received of the goods, other	nould always show the fair less than fair market value assets, or services receiv	market value of in red.
(a) Line no.	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(d) Descrip	tion of transfers, transactions, an	d sharing arrangements
N/A						
			<u> </u>			
		<u> </u>	· · · · · · · · · · · · · · · · · · ·			

descri	foundation directly or included in section 501(c) of section 501(c) of section 501(c) of sections.	of the Code (other	h, or related to, one or more than section 501(c)(3)) o	e tax-exempt organ r in section 527?	zations .	Yes X No
	(a) Name of organizati		(b) Type of organizat	ion	(c) Description of re	elationship
N/A	(4)		(2) 1) po 51 51 931 11231	-	(0) 0000111011011011	
М/ В					······································	·
						
			· · · · - · · · · · · · · · · · · · · · · · · ·			
Unde	er penalties of periury. I declar	re that I have examined t	his return, including accompanying	n schedules and stateme	nts, and to the best of my knowled	Ine and belief it is true
Sign	ect, and complete Declaration	of preparer (other than t	axpayer) is based on all informati	on of which preparer has	any knowledge.	May the IRS discuss this return with the preparer shown below
l _	VYUSCA	100 DI	in occis	TRUST	EE	(see instructions)?
Sig	gnature of officer or trustee		Date Date	Title		X Yes No
	Print/Type preparer's nar		Preparer's signature	Date	Check f	PTIN
Paid		OPECK, CPA	I Juny The	<i> </i>	2/17 self-employed	P00967303
Preparer		PILE CPAS	· / ·		Firm's EIN ► 35-	0865680
Use Only	_	NE INDIANA		_ 		
	I	NDIANAPOLIS,	IN 46204-2066		Phone no (31	7) 269-3454
RΛΛ		· 				Form 900-PF (2016)

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

Department of the Treasury

Schedule of Contributors

Schedule of Collinguiors

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

OMB No 1545-0047

2016

	tion about ochequic b (1 offit 330, 330 Ez, 330-1 1) and 13 misu actions is at v	
Name of the organization		Employer identification number
ANAM FOUNDATION		45-3597029
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not to	reated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treate	ed as a private foundation
	501(c)(3) taxable private foundation	,
Check if your organization is covered by t	he General Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or	r (10) organization can check boxes for both the General R	Rule and a Special Rule. See instructions
General Rule	, , , ,	
	30 990-F7 or 990-PF that received during the year contri	ibutions totaling \$5,000 or more (in money or
property) from any one contributo	90, 990-EZ, or 990-PF that received, during the year, contri or. Complete Parts I and II. See instructions for determining	g a contributor's total contributions
Special Rules		
For an organization described in s	section 501(c)(3) filing Form 990 or 990-EZ that met the 33	3-1/3% support test of the regulations
under sections 509(a)(1) and 170(b)	section 501(c)(3) filing Form 990 or 990-EZ that met the 33 (1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Paris during the year total contributions of the greater of (1) \$	t II, line 13, 16a, or 16b, and that
Form 990, Part VIII, line 1h, or (ii)	, during the year, total contributions of the greater of (1) \$ Form 990-EZ, line 1. Complete Parts I and II.	55,000 or (2) 270 or the amount on (1)
For an organization described in s	section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that s of more than \$1,000 <i>exclusively</i> for religious, charitable,	at received from any one contributor, scientific, literary, or educational
purposes, or for the prevention of	cruelty to children or animals. Complete Parts I, II, and III	l
	section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tha	
during the year, contributions <i>exc</i>	<i>lusively</i> for religious, charitable, etc., purposes, but no suclet here the total contributions that were received during the	th contributions totaled more than
charitable, etc., purpose. Don't co	implete any of the parts unless the General Rule applies to	o this organization because
	s, charitable, etc., contributions totaling \$5,000 or more du	
	•	
Caution. An organization that isn't congenies of the second of the sec	vered by the General Rule and/or the Special Rules doesn' Part IV, line 2, of its Form 990; or check the box on line H of meet the filing requirements of Schedule B (Form 990, 990	't file Schedule B (Form 990, 990-EZ, or
Part I, line 2, to certify that it doesn't	meet the filing requirements of Schedule B (Form 990, 990	0-EZ, or 990-PF).
BAA For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990, 990-EZ, or 990-PF.	chedule B (Form 990, 990-EZ, or 990-PF) (2016)

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Part I
Name of org	anization FOUNDATION	1 -	er identification number
	Contributors (see instructions). Use duplicate copies of Part I if additional space		3371023
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NASIR BUTT 10759 HICKORY COURT CARMEL, IN 46033	\$ 85,000.	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onnocash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
BAA	TEEA0702L 08/09/16	Schedule R /Form 99	noncash contributions.)

Page

of Part II

Employer identification number

ANAM FOUNDATION 45-3597029

Partill	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		(See instructions)	
		\$	
		`	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
4 > > 4			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Sche	dule B (Form 990, 990-E	4, or 990-PF) (2016)

•							•
	3 (Form 990, 990-EZ, or 990-PF) (2016)			Page	1 to	1	of Part III
Name of organ	OUNDATION				Employer idea		number
	Exclusively religious, charitable, e or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	the year from any one contril completing Part III, enter the tot (Enter this information once S	butor. Complete al of <i>exclusive</i>	e columns (a ly religious	in section) through (e) a	501(c nd etc.,	:)(7), (8), N/A
(a) No. from Part I	(b) Purpose of gift	(b) (c) urpose of gift Use of gift		(d) Description of how gift is held			
	N/A						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	f gift		(d) Description of how gift is held		
	Transferee's name, addres	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desc	(d) ription of ho	w gift is	s held

(a)
No. from Part I

Purpose of gift

Use of gift

Description of how gift is held

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

· · · · · · · · · · · · · · · · · · ·				
2016	FEDERAL STA	ATEMENTS		PAGE 1
CLIENT 2247	ANAM FOUN	IDATION		45-3597029
STATEMENT 1 FORM 990-PF, PART I, LINE OTHER INCOME	:11			
		(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOM	TOTAL	\$ 55. \$ 55.	\$ 0. \$	0.
STATEMENT 2 FORM 990-PF, PART I, LINE TAXES	18			
FOREIGN TAXES	(A) EXPENSE PER BOOK \$ 2. TOTAL \$ 4,30	S INCOME 36. \$ 236 01. 4,301	NET INCOME	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE OTHER EXPENSES	23			
INVESTMENT ADVISOR FEE	(A) EXPENSE PER BOO S	INVESTMENT INCOME 55. \$ 18,155	NET INCOME	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 4 FORM 990-PF, PART III, LINE OTHER INCREASES	E 3			
WASH SALE LOSS DISALLO	WED		TOTAL \$	10,348. 10,348.
STATEMENT 5 FORM 990-PF, PART IV, LINI CAPITAL GAINS AND LOSSI	E 1 ES FOR TAX ON INVESTME	NT INCOME		
TOTELS (3)	DECCDIDMION	(B) HO		(D) DATE
1 AQR MANAGED FUTUR 2 AQR RISK BALANCED 3 BLACKROCK TOTAL R	DESCRIPTION ES FUND CL I COMMOD STRATEGY FD I ETURN INSTITUTIONAL TRADED FD DOW JONES I	ACQUIRE PURCHASI PURCHASI PURCHASI N PURCHASI	ED 12/21/201 ED 6/30/201 ED 12/24/201	5 1/08/2016 6 8/24/2016 5 1/08/2016

2016

FEDERAL STATEMENTS

PAGE 2

CLIENT 2247

ANAM FOUNDATION

45-3597029

STATEMENT 5 (CONTINUED) FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

ТТЕМ		(A) DE	SCRIPTION			HOW	(C) DATE	(D) DATE
2.2	FIRST TR E ISHARES TR	XCHANGE FOO XCHANGE TR XCHANGE TR XCHANGE TR XCHANGE TR XCHANGE TR XCHANGE TR 10 YEAR TO 10 FUTURES EVENT - DR EW WORLD CO 10 FUTURES EVENT - DR TOTAL RETU CTIVE INCO ELECT CRED LOATING RT YIELD FUN ON FUND CL ARGE CAP G INST INC DAMENTAL U NG MKTS IN GLOBAL BON INTL VALUE IV APP IND 10 YAPP IND 10 YAPP IND 11 YAPP IND 12 YAPP IND 13 YAPP IND 14 YAPP IND 15 YAPP IND 16 YAPP IND 17 YAPP IND 18 YAPP IND 18 YAPP IND 19 YAPP IND 10 YAPP IND 10 YAPP IND 10 YAPP IND 10 YAPP IND 11 YAPP IND 11 YAPP IND 12 YAPP IND 13 YAPP IND 14 YALUE 15 YALUE 16 YALUE 17 YALUE 17 YALUE 18	ADED FD II ADED FD II ADED FD NY ADED FD VI BD ETF REASURY BO ASS T SHAR ROWTH SELE RETURN IN D SHORT MA DED FD TST S LARGE CO CL INVEST LUE INVEST LUE FUND IVEN FUND IVEN FUND RN INSTITU ME FUND IT FUND DAILY ACCE D ASS T SHAR ROWTH SELE INTL EQUIT S LARGE CO CLASS CL INSTL EX INVT UND MALL CAP E INVESTOR ADED FD II ADED FD II	CONSUMER HEALTH CA UTILS ALP ARCA BIOT DORSEY WR OND ETF ES CT CLASS ST T ACTIVE E II INDEX OR CL I TIIONAL SS ES CT CLASS Y CLASS INDEX CONSUMER	ACOU PURCH	IRED IASED	(C) DATE ACOUIRED 1/11/2016 1/11/2016 1/11/2016 2/03/2016 VARIOUS VARIOUS 2/18/2016 12/17/2015 12/11/2016 2/18/2016 1/11/2016 1/11/2016 1/11/2015 12/24/2015 11/19/2015 12/24/2015 11/02/2013 VARIOUS	VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS 2/12/2016 2/03/2016 2/12/2016 VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS 2/12/2016 1/08/2016
45	WASH SALE (E) GROSS	(F) DEPREC.	(G) COST	(H) GAIN	(I) FMV	(J) ADJ. B	(K) AS. EXCESS	(L) S GAIN
ITEM 1 2 3 4 5 6 7 8 9 10	SALES 2,425. 118,242. 420. 88,644. 132,829. 117,612. 201,670. 71,727. 199,763. 66,337.	ALLOWED	BASIS 2,390. 121,501. 418. 98,270. 120,456. 115,250. 219,294. 74,566. 231,703. 73,070.	(LOSS) 35. -3,259. -9,626. 12,373. 2,362. -17,6242,83931,9406,733.	12/31/69	12/31/	69 (I) - (J	

2	0	1	6

FEDERAL STATEMENTS

PAGE 3

CLIENT 2247

ANAM FOUNDATION

45-3597029

STATEMENT 5 (CONTINUED)
FORM 990-PF, PART IV, LINE 1
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

ITEM 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	(E) GROSS SALES 120,859. 501,004. 5,743. 7,465. 116,654. 67,274. 15,663. 4,860. 7,659. 2,798. 8,374. 106,276. 119,810. 36,403. 100,525. 59,649.	(F) DEPREC. ALLOWED	(G) COST BASIS 119,717. 491,050. 6,617. 7,897. 121,501. 66,769. 13,585. 5,080. 8,288. 3,217. 8,840. 1. 122,367. 120,835. 41,936. 104,000. 64,376.	(H) GAIN (LOSS) 1,142. 9,9548744324,847. 505. 2,078220629419466. 016,0911,0255,5333,4754,727.	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I)-(J)	(L) GAIN (LOSS) \$ 1,142. 9,9548744324,847. 505. 2,07822062941946616,0911,0255,5333,4754,727.
28 29 31 32 33 35 36 37 38 40 41 423 45 45	36,292. 58,935. 38,147. 73,275. 162,759. 47,349. 147,575. 38,632. 38,160. 45,265. 174,282. 76,964. 39,955. 71,433. 84,094. 89,767.		43,902. 64,553. 41,000. 79,088. 143,885. 49,604. 137,298. 45,048. 42,000. 54,748. 159,774. 104,113. 45,238. 88,990. 89,065. 91,519.	-7,6105,6182,8535,813. 18,8742,255. 10,2776,4163,8409,483. 14,50827,1495,28317,5574,9711,752.			TOTAL	-7,6105,6182,8535,813. 18,8742,255. 10,2776,4163,8409,483. 14,50827,1495,28317,5574,9711,752. 10,348. \$-128,605.

STATEMENT 6 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PATRICIA A BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202	TRUSTEE 0	\$ 0.	\$ 0.	\$ 0.

2016

FEDERAL STATEMENTS

PAGE 4

CLIENT 2247

ANAM FOUNDATION

45-3597029

STATEMENT 6 (CONTINUED) FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION		CONTRI- BUTION TO EBP & DC	ACCOUNT/
DANIEL BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202	TRUSTEE 0	\$	0. \$	\$ 0.	\$ 0.
ADAM BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202	TRUSTEE 0		0.	0.	0.
MARIANNE M BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202	TRUSTEE 0		0.	0.	0.
NASIR BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202	TRUSTEE 0		0.	0.	0.
	TOTAL	\$	0.	0.	\$ 0.

STATEMENT 7 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

ANAM FOUNDATION

NASIR BUTT

CARE OF: STREET ADDRESS:

430 INDIANA AVENUE

CITY, STATE, ZIP CODE:

INDIANAPOLIS, IN 46202 317-507-7575

TELEPHONE:

E-MAIL ADDRESS:

NONE

FORM AND CONTENT: SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

NONE NONE