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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016 or tax year beginning , and ending Name of foundation A Employer identification number MOTHER BEAR CHARITABLE FOUNDATION, INC MARILYN O'DANIEL 46-1338637 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 211 EAST JENNINGS ST 812-490-6526 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NEWBURGH, IN 47630 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Fınal return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Union Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 981,542. (Part I, column (d) must be on cash basis) ▶\$ Analysis of Revenue and Expenses Part I (d) Disbursements for charitable purposes (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 41,196. 41,196. Dividends and interest from securities STATEMENT 5a Gross rents b Net rental income or (loss) -13,146. 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 376,759. Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 28,050 41,196 12 Total Add lines 1 through 11 0 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees 839 c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 0 0 expenses. Add lines 13 through 23 0 35,979 35,979. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 35,979 0 0 35,979. Add lines 24 and 25 27 Subtract line 26 from line 12:

-7,929.

2 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

0.

41,196.

MARILYN O'DANIEL

46-1338637

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Form **990-PF** (2016)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 132,061. 300,373. 300,373. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts ▶ 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less; allowance for doubtful accounts Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 797,597. 618,577. 595,713. STMT 2 **b** Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation Investments - mortgage loans STMT 3 79,487. 82,266. 85,456. 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ► 16 Total assets (to be completed by all filers - see the 1,009,145. 1,001,216. 981,542. instructions. Also, see page 1, item 1) Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 **Net Assets or Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright x$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 1,001,216. 1,009,145. 29 Retained earnings, accumulated income, endowment, or other funds 1,009,145. 1,001,216. 30 Total net assets or fund balances 1,009,145. 1,001,216 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 1,009,145. (must agree with end-of-year figure reported on prior year's return) -7,929. 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) 1,001,216. Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1.001.21

Form 990-PF (2016) MARILYN O'DANIEL 46-1338637 Page 3 Párt IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.) (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a SEE ATTACHED STATEMENTS b C ď (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) а þ C ď 376,759. 389,905. -13.146. е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any b d -13,146.If gain, also enter in Part I, line 7 -13,146. 2 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) Base period years
Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets 51,145. 1,019,952. .050145 2015 49,142. 1,026,994. .047850 2014 24,890. 532,566. .046736 2013 850 246,250. .003452 2012 2011 2 <u>.</u>148183 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .037046 3 977,376. Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 36,208. Multiply line 4 by line 3 5 412. Enter 1% of net investment income (1% of Part I, line 27b) 6 36,620. 7 Add lines 5 and 6 7 8 35,979. 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Form	m 990-PF (2016) MARILYN O'DANIEL_		46-	133863	7	Page 4
4	art VI Excise Tax Based on Investment Income (Section 4940(a), 4		r 4948	- see insti	uctio	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A	A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-		-			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 a	and enter 1%	1_		8	<u> 324.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others ent	iter -0-)	2_	ļ		<u>0.</u>
3	Add lines 1 and 2		3		8	324.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others en	nter -0-)	4			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5_		8	<u> 324.</u>
	Credits/Payments:	1 24				
	a 2016 estimated tax payments and 2015 overpayment credited to 2016	34:	9.			
	b Exempt foreign organizations - tax withheld at source 6b		_			
	c Tax paid with application for extension of time to file (Form 8868)		_	İ		
	d Backup withholding erroneously withheld		┥ _			10
	Total credits and payments. Add lines 6a through 6d		7	ļ	<u>·</u>	349.
			8			$\frac{6.}{181.}$
	<i>,</i>	ļ	9	 		<u> </u>
10	•	 Dofunded	► 10 ► 11	 		
11 Pa	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ art VII-A Statements Regarding Activities	Refunded		L		
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or	r did it participate or interv	one in		Yes	No
Id	any political campaign?	did it participate or filters	CHG III	1a		X
h	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	e instructions for the defini	tion)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi		-			 -
	distributed by the foundation in connection with the activities.			ľ		
С	c Did the foundation file Form 1120-POL for this year?			10		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				1	
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$	1	0.			
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax					
	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.					ļ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrume	ent, articles of incorporation	on, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			_ 3		<u> </u>
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	b If "Yes," has it filed a tax return on Form 990-T for this year?		N	I/A 4b		
5				5		X
_	If "Yes," attach the statement required by General Instruction T.					
6	, , , , , , , , , , , , , , , , , , , ,					
	By language in the governing instrument, or By language in the governing instrument on that no mandatory directions that he mandatory directions that the mandatory directions are	wana that conflict with the	stata law		ĺ	
	 By state legislation that effectively amends the governing instrument so that no mandatory directive remain in the governing instrument? 	ions that comilet with the	siale iaw	6	x	
7		Part II col (c) and Par	· Y1/	7	$\frac{1}{x}$	+-
′	Did the foundation have at least \$5,000 in assets at any time during the year in thes, complete i	rait ii, cor (c), and Fan		<u> </u>		+-
Q a	a Enter the states to which the foundation reports or with which it is registered (see instructions)				-	
· ·	IN					
h	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	General (or designate)				
•	of each state as required by General Instruction G? If "No," attach explanation	(== =====)		86	x	
9	and the second of the second o	942(j)(3) or 4942(i)(5) for	calendar		7	1
-	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complet			9		X
10				10		X
				Form 9	90-PI	(2016)

MOTHER BEAR CHARITABLE FOUNDATION, INC 46-1338637 Form 990-PF (2016) MARILYN O'DANIEL Page 5 Part VII-A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X 11 section 512(b)(13)? If "Yes," attach schedule (see instructions) Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► N/A 14 The books are in care of ▶ MARILYN O'DANIEL Telephone no. > 812-490-6526ZIP+4 **►47630** Located at ▶ 211 EAST JENNINGS ST, NEWBURGH, 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 15 N/A Nο At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, Yes 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part 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. 1a During the year did the foundation (either directly or indirectly): 🗌 Yes 🕱 No (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) Yes X No Yes X No (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? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) 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)? N/A 1b 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 X before the first day of the tax year beginning in 2016? 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(1)(3) or 4942(1)(5): 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 Yes X No before 2016? If "Yes," list the years

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions.) 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 Yes X No during the year? b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or 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, N/AForm 4720, to determine if the foundation had excess business holdings in 2016) 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? Form **990-PF** (2016)

MOTHER BEAR CHARITABLE FOrm 990-PF (2016) MARILYN O'DANIEL			<u>46-13386</u>	37 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	, ,,)]
any voter registration drive?	to carry on, enough or man		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes')		s X No	
(4) Provide a grant to an individual for travel, stedy, or other similar purposes			S	
• •	i described in section		s X No	
4945(d)(4)(A)? (see instructions)			S LAL NO	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		[37]	
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check hi	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined		
expenditure responsibility for the grant?	N	J/A 🗌 Ye	s No	1 1
If "Yes," attach the statement required by Regulations section 53 4945	i-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •			
a personal benefit contract?		Ye	s X No	1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			6b X
If "Yes" to 6b, file Form 8870	or soriar sorione contract		F	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?	v	s X No	
· · · · · · · · · · · · · · · · · · ·		16	· —	7b
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Truste		nogoro Highly		70
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, roundation wa	magers, riigniy	<i>'</i>	
List all officers, directors, trustees, foundation managers and their officers.				
List all officers, directors, trustees, foundation managers and their				
		(a) ('ampaneation	(cl) Contributions to	(-) Evnance
(a) Name and address	(b) Litle, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	account, other
(a) Name and address	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
(a) Name and address	(b) little, and average hours per week devoted to position	(If not paid,	and deterred	account, other
	(b) I tile, and average hours per week devoted to position	(If not paid,	and deterred	account, other
(a) Name and address SEE STATEMENT 4	(b) I tile, and average hours per week devoted to position	(If not paid,	and deterred	allowances
	(b) I tile, and average hours per week devoted to position	(If not paid, enter-0-)	and deterred compensation	allowances
	(b) I tile, and average hours per week devoted to position	(If not paid, enter-0-)	and deterred compensation	allowances
	(b) Ittle, and average hours per week devoted to position	(If not paid, enter-0-)	and deterred compensation	allowances
	(b) Ittle, and average hours per week devoted to position	(If not paid, enter-0-)	and deterred compensation	allowances
	(b) Ittle, and average hours per week devoted to position	(If not paid, enter-0-)	and deterred compensation	allowances
	(b) Ittle, and average hours per week devoted to position	(If not paid, enter-0-)	and deterred compensation	allowances
	(b) Ittle, and average hours per week devoted to position	(If not paid, enter-0-)	and deterred compensation	allowances
	(b) Ittle, and average hours per week devoted to position	(If not paid, enter-0-)	and deterred compensation	allowances
	(b) Ittle, and average hours per week devoted to position	(If not paid, enter-0-)	and deterred compensation	allowances
SEE STATEMENT 4	to position	(If not paid, enter -0-)	and deterred compensation	allowances
	to position	(If not paid, enter -0-)	and deterred compensation	allowances 0.
SEE STATEMENT 4	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	and deterred compensation O .	(e) Expense account, other
SEE STATEMENT 4 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position luded on line 1). If none,	(If not paid, enter -0-)	and deterred compensation	allowances O •
SEE STATEMENT 4 2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	and deterred compensation O .	(e) Expense account, other
SEE STATEMENT 4 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	and deterred compensation O .	(e) Expense account, other
SEE STATEMENT 4 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	and deterred compensation O .	(e) Expense account, other
SEE STATEMENT 4 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	and deterred compensation O .	(e) Expense account, other
SEE STATEMENT 4 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	and deterred compensation O .	(e) Expense account, other
SEE STATEMENT 4 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	and deterred compensation O .	(e) Expense account, other
SEE STATEMENT 4 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	and deterred compensation O .	(e) Expense account, other
SEE STATEMENT 4 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	and deterred compensation O .	(e) Expense account, other
SEE STATEMENT 4 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	and deterred compensation O .	(e) Expense account, other

<u>0</u> Form **990-PF** (2016)

Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	
(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
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers productions.	if information such as the ed, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin-	es 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign f	oundations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	359,261.
	Fair market value of all other assets	1c	632,999.
	Total (add lines 1a, b, and c)	1d	992,260.
	Reduction claimed for blockage or other factors reported on lines 1a and		
•).	
2	Acquisition indebtedness applicable to line 1 assets	2	.0.
3	Subtract line 2 from line 1d	3	992,260.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,884.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	977,376.
6	Minimum investment return. Enter 5% of line 5	6	48,869.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain	
	foreign organizations check here and do not complete this part.)		
1	Mınımum investment return from Part X, line 6	1	48,869.
2a	Tax on investment income for 2016 from Part VI, line 5	<u>.</u>	
b	Income tax for 2016. (This does not include the tax from Part VI.)	_	
C	Add lines 2a and 2b	2c	824.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	48,045.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	48,045.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	48,045.
P	art 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	35,979.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	35,979.
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	35,979.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	on qualifies for th	ne section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2016)

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Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				48,045.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			2,464.	
b Total for prior years:				
, ,		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 e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 35,979.				
a Applied to 2015, but not more than line 2a			2,464.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				33,515.
e Remaining amount distributed out of corpus	0.			2070201
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	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				14,530.
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	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				<u> </u>

MOTHER BEAR CHARITABLE FOUNDATION, INC MARILYN O'DANIEL Operating Foundations (see instructions and Part VII-A question 9)

	N O'DANIEL			46~	1338637 Page 10
Part XIV Private Operating	Foundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective f	or 2016, enter the date of	the ruling	▶		
b Check box to indicate whether the four	ndation is a private operatii	ng foundation described	in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	L	Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed	1				
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:					
(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		Ì			
shown in Part X, line 6 for each year listed)			
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,]			
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)		Ì	}		}
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inf			if the foundation	on had \$5,000 or	more in assets
at any time during	the year-see inst	ructions.)			
1 Information Regarding Foundati	ion Managers:				
a List any managers of the foundation w			ntributions received by t	he foundation before the	close of any tax
year (but only if they have contributed	more than \$5,000). (See s	section 507(d)(2).)			
MARILYN O'DANIEL					
b List any managers of the foundation w			ı (or an equally large po	rtion of the ownership o	f a partnership or
other entity) of which the foundation h	ias a 10% or greater intere	st.			
NONE					
2 Information Regarding Contribu					
Check here 🕨 🗓 if the foundation	-		-	•	•
the foundation makes gifts, grants, etc	c. (see instructions) to indi	viduals or organizations	under other conditions,	complete items 2a, b, c	, and d.
a The name, address, and telephone nu	mber or e-mail address of	the person to whom app	olications should be add	ressed:	
b The form in which applications should	be submitted and informa	ition and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charitable field	s, kınds of ınstitutions, o	or other factors:	

Form 990-PF (2016) MARILYN O'DANIEL 46-1338637 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, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year EASTER SEALS NONE 501(C)(3) UNRESTRICTED DONATIONS 3701 BELLEMEADE AVE EVANSVILLE, IN 47714 12,075. NONE EVANSVILLE ARC 501(C)(3) UNRESTRICTED DONATIONS 615 W VIRGINIA ST EVANSVILLE, IN 47710 8,096. HIGHLAND BASEBALL CLUB NONE 501(C)(3) UNRESTRICTED DONATIONS 2606 HILLCREST TERRACE EVANSVILLE, IN 47712 1,824. ST. JOHN THE BAPTIST CATHOLIC SCHOOL NONE 501(C)(3) UNRESTRICTED DONATIONS 725 FRAME ROAD NEWBURGH, IN 47630 4,061. SMILE ON DOWN SYNDROME NONE 501(C)(3) UNRESTRICTED DONATIONS PO BOX 994 NEWBURGH IN 47629 500. SEE CONTINUATION SHEET(S) ➤ 3a 35 979. Total **b** Approved for future payment NONE Total **▶** 3b

Form 990-PF (2016) MARILYN O'D	ANIEL			46-1	.338637 Page 12
Part XVI-A Analysis of Income-P	roducing Activitie	s			
Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		/ section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C			_		
d					
e					
·					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments 4 Dividends and interest from securities			14	41,196.	
5 Net rental income or (loss) from real estate:	 		14	41,190.	
a Debt-financed property	 				
b Not debt-financed property					
6 Net rental income or (loss) from personal			- - -		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	-13,146.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	28,050.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	28,050
(See worksheet in line 13 instructions to verify calculate	ions.)				
Part XVI-B Relationship of Activi	ties to the Accon	nplishment of	Exempt Pu	ırposes	
Line No. Explain below how each activity for whi	ich income is reported in	column (a) of Part X\	/l-A contributed	importantly to the accom	nlichment of
the foundation's exempt purposes (oth				importantly to the accom	piisiillielli ül
	- , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	<u></u>		
			-		
					

MOTHER BEAR CHARITABLE FOUNDATION, INC MARILYN O'DANIEL Form 990-PF (2016) 46-1338637 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash X 1a(1) (2) Other assets X 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes **b** If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this

Sign Here	X	Muselyw H - 0)	Cencel 5-15-20	17 PRESI	,	return with the preparer shown below (see instr.)? X Yes No.
	Signi	ature of officer of trustee	Date	Title		
		Print/Type preparer's name	Preparer's signature	Date	Check If [PTIN
Paid			() JOY LOA	5/12/17	self- employed	
		MICHAEL J. VOGEL	1,,,,	1, ,		P00075676
Prepa		Firm's name > HARDING SHYI	MANSKI/& CO., PSC		Firm's EIN ► 35	-1346211
Use C	ן עוחי					
		Firm's address ▶ P.O. BOX 3	677			
		EVANSVILLE	<u>, IN 47735</u>		Phone no. 812	2-464-9161

Form **990-PF** (2016)

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a EATON VANCE TAX ADVANTAGE GLOBAL DIV OPP FUND 01/14/1403/31/16 b FIRST TRUST MULTI ASSET DIVERSIFIED INCOME INDEX 07/24/1403/31/16 P c GABELLI EQUITY TRUST INC P 01/14/1403/31/16 d ISHARES CORE S&P 500 P 02/23/1503/31/16 e NUVEEN DOW 30 DYNAMIC OVERWRITE FUND P 01/14/1403/31/16 I NUVEEN CORE EQUITY ALPHA FUND 01/14/1403/31/16 P g TEKLA HEALTHCARE P 03/20/1303/31/16 h TEKLA HEALTHCARE P 06/28/1303/31/16 TEKLA HEALTHCARE P 09/30/1303/31/16 | TEKLA HEALTHCARE Р 12/31/1303/31/16 k TEKLA HEALTHCARE P 03/31/1403/31/16 P I TEKLA HEALTHCARE 06/30/1403/31/16 m TEKLA HEALTHCARE P 09/30/1403/31/16 n TEKLA HEALTHCARE P 03/31/1503/31/16 06/30/1503/31/16 o TEKLA HEALTHCARE P (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 44,166. 49,708. <u>-5,542.</u> a 16,705. 19,986. -3,281.b 34,935. 49,379. -14,444. C 48,744. 49,907. -1,163.d 45,492. 49,854. -4,362. е 39,839. 49,481. -9,642. 11,910. 61.743. 49,833. g 1,197. 1,067. 130. h -3<u>.</u> 1,149. 1,152. 1 1,221. -107.1,328. 1,221. 1,421. -200. k 1,364. 1,498. -134. 1,340. -234. 1,574. m 1,792. 1,221. -571. n 1,292. 1,969. -677. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any -5,542. a -3,281.р -14,444. С -1,163.-4,362. е -9,642. 11,910. 130. h -3<u>.</u> -107. -200. -134.-234.m -571. n -677. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Part IV	Capital Gains and Los	sses for Tax on Investment Income				
		describe the kind(s) of property solick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a TEK	LA HEALTHCA				09/30/15	
	LA HEALTHCAI				$\frac{03}{30}$	
	LA HEALTHCAI				03/31/16	
	ST TRUST DI				07/09/13	
	SICIANS REA				05/08/14	
	ITAL GAINS				30,30,==	
g						
h						
<u>k</u>						
<u>m</u>						
n				_		
0					l	
(e)	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	Gain or (loss) lus (f) minus (g)	
a	1,603.		2,116.			-513.
b	1,412.		1,785.			-373.
С	1,913.		1,894.			19.
d	54,037.		48,993.			5,044.
e	8,546.		5,168.			3,378.
<u>f</u>	7,619.					7,619.
g						
<u>h</u>						
1			<u> </u>			
						
<u>k</u>						
<u> </u>					 	
m n						
0						
	ete only for assets showin	g gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (from col. (h))	
	1.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain over ot less than "-0-")	col (k),
a _						-513.
<u>а</u> b						-373 .
C						19.
d					-	5,044.
e						3,378.
f						7,619.
g						
<u>h</u>						
1						
1						
<u>k</u>						
<u> </u>			 			
m n						
<u>n</u> 0			 			
<u> </u>						
2 Capital d	gain net income or (net ca	pital loss) { If gain, also enter	r in Part I, line 7)-" in Part I, line 7	2		-13,146.
		s) as defined in sections 1222(5) ar				
If gain, a	also enter in Part I, line 8,	column (c).	, (o).	1		
	enter "-0-" in Part I, line 8		: ا ر	3	N/A	

MOTHER BEAR CHARITABLE FOUNDATION, INC MARILYN O'DANIEL

46-1338637

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient EVANSVILLE MUSEUM NONE 501(C)(3) UNRESTRICTED DONATIONS 411 SE RIVERSIDE DR 9,423. EVANSVILLE, IN 47713 Total from continuation sheets 9.423.

		- <u>-</u> -		·		
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		
HILLIARD LYONS	48,815.	7,619.	41,196.	41,19	96. 41,19	6.
TO PART I, LINE 4	48,815.	7,619.	41,196.	41,19	96. 41,19	6.
FORM 990-PF		CORPORATE S'	FOCK		STATEMENT	2
DESCRIPTION			ВОО	K VALUE	FAIR MARKET VALUE	
ARBOR REALTY TRUST DUFF & PHELPS GLOBA FLAHERTY & CRUMRINE FLAHERTY & CRUMRINE GENERAL ELECTRIC CA GENERAL ELECTRIC CO GROWTH FUND OF AMER ISHARES KAYNE ANDERSON MLP NEW PERSPECTIVE PHYSICIANS REALTY T REAVES UTILITY INCO WASHINGTON MUTUAL TOTAL TO FORM 990-P	L PREFERRED PITAL MPANY ICA R	LINE 10B		19,659. 48,963. 50,359. 49,930. 49,908. 54,918. 53,360. 79,358. 49,223. 51,981. 8,083. 50,007. 52,828.	20,09 38,67 47,10 47,09 51,55 64,06 52,23 74,42 26,23 49,86 11,56 59,27 53,54	3. 0. 3. 5. 9. 0. 7. 8. 6. 0.
FORM 990-PF		OTHER INVEST	MENTS		STATEMENT	-3
DESCRIPTION	-	VALUA METH		K VALUE	FAIR MARKET VALUE	1
AMERICAN FUNDS FIRST TRUST AUTO QU	ANT	COS'		51,476. 30,790.	51,54 33,90	
TOTAL TO FORM 990-P	F, PART II,	LINE 13		82,266.	85,45	6.

FORM 990-PF			IST OF OFFICERS, DIRECTORS ND FOUNDATION MANAGERS		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MARILYN O'DANIEL 211 E JENNINGS STR NEWBURGH, IN 47630		PRESIDENT & TRE	EASURER 0.	0.	0.
ELIZABETH COX 6 SYCAMORE STREET NEWBURGH, IN 47630		VICE PRESIDENT 1.00	0.	0.	0.
NORA FERGUSON 1067 JEFFERSON COU NEWBURGH, IN 47630	RT	VICE PRESIDENT 1.00	0.	0.	0.
JOHN ENGELBRECHT 9152 HALSON CIRCLE NEWBURGH, IN 47630		SECRETARY 1.00	0.	0.	0.
KAREN JEAN BENNETT 10322 SHAWNEE DRIV NEWBURGH, IN 47630		DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON	990-PF, PA	GE 6, PART VIII	0.	0.	0.