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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

Department of the Treasury Internal Revenue Service

➤ 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.

Open to Public Inspection

Fo	r calen	ndar year 2016 or tax year beginning	, 201	6, and	ending		, 20
Na	me of fo	pundation			A Employe	er identification numb	er
IDI	EX FOL	JNDATION				47-1141222	
Nu	mber an	nd street (or P.O box number if mail is not delivered to street address)	Roon	n/suite	B Telephor	ne number (see instruc	tions)
		ST FIELD COURT		200		847-664-4700)
Cit	y or tow	n, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ling, check here ▶
LA	KE FO	REST, IL 60045-4824					
G	Check	k all that apply: 🔲 Initial return 🔲 Initial retur	n of a former public	charity	D 1. Foreig	n organizations, check	here ▶ 🗌
	-	☐ Final return ☐ Amended	return		2. Foreig	n organizations meetin	o the 85% test
		Address change Name cha	ange		check	here and attach comp	utation ►
Н		k type of organization: <a> Section 501(c)(3) exempt 				foundation status was i07(b)(1)(A), check here	
	Section	on 4947(a)(1) nonexempt charitable trust 🔲 Other ta	xable private foun	dation	Section	or toletalle	- L
}	Fair n	narket value of all assets at J Accounting method	d: 🗹 Cash 🗌 A	ccrual	F If the fou	ndation is in a 60-mon	th termination
		if year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), chec	k here ▶
		6) ► \$ 966,666 (Part I, column (d) must b	e on cash basis.)				
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	/h) A1=4		(a) Advisated mat	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		investment icome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	DOORS				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	500,000				
	2	Check ► ☐ if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents		ļ			
	b	Net rental income or (loss)		.			
ē	6a	Net gain or (loss) from sale of assets not on line 10		ļ			<u> </u>
Revenue	b	Gross sales price for all assets on line 6a		 			
Š	7	Capital gain net income (from Part IV, line 2)		L			
$\mathbf{\alpha}$	8	Net short-term capital gain		ļ			
	9	Income modifications					
	10a	Gross sales less returns and allowances		}			·
	b	Less: Cost of goods sold	 	ļ			
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)		 -			ļ
	12	Total. Add lines 1 through 11	500,000	\ _		 	<u> </u>
တ္ဆ	13	Compensation of officers, directors, trustees, etc.	ļ	 			ļ
્રા	14	Other employee salaries and wages		 			
e Se	15	Pension plans, employee benefits		 			
Expenses	16a	Legal fees (attach schedule)		 			
	/p	Accounting fees (attach schedule)		├			
¥ÿ	C	Other professional fees (attach schedule)	296	 			296
štr	17	Interest . DEC ENVERGENCE		 			
and Administrative	18 19	Taxes (attach schedule) (See instructions) Depreoration (attach schedule) and depletion		 		 	
Ξ	20	1 (0)				 	
Ad	21	Occupanty MAY 16 2017 O Travel, Chiterences, and meetings		 -		 	
þ	22	Occupantly MAY 1 6 2017 Travel, Chiterences, and meetings Printing and publications					
) a	23	Other expenses (attach schedule)					
ing	24	Total operating and administrative expenses.		 		 	
Operating		Add lines 13 through 23		}			}
þei	25	Contributions, gifts, grants paid	226,735				226,735
Õ	26	Total expenses and disbursements. Add lines 24 and 25	227,031	T			227,031
	27	Subtract line 26 from line 12	1 227,031	 			227,031
	a	Excess of revenue over expenses and disbursements	272,969				
	1	Net investment income (if negative, enter -0-)	2,2,303	 			
		Adjusted net income (if negative, enter -0-)					<u> </u>
For		work Reduction Act Notice, see instructions.	Cat N	o 11289X		Fo	rm 990-PF (2016)

	rt II	Attached schedules and amounts in the description column	Beginning of year	End o	f year
Pa	I U	Balance Sheets Address scriedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	693,697	966,666	966,666
ts	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			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶		ì	
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)	_		
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item l)	693,697	966,666	966,666
	17	Accounts payable and accrued expenses			
"	18	Grants payable			
Liabilities	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
iak	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ □			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
эц	24	Unrestricted			
ä	25	Temporarily restricted			
	26	Permanently restricted			
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ 🕜			
Ŧ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	693,697	966,666	
¥	30	Total net assets or fund balances (see instructions)	693,697	966,666	
e	31	Total liabilities and net assets/fund balances (see			
		ınstructions)	693,697	966,666	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund balances at beginning of year-Part II, colu		agree with	
		of-year figure reported on prior year's return)		. 1	693,697
2	Ente	r amount from Part I, line 27a		2	272,969
3		er increases not included in line 2 (itemize) >		3	
4		lines 1, 2, and 3		4	966,666
5	Decr	reases not included in line 2 (itemize) > I net assets or fund balances at end of year (line 4 minus line 5)—		5	
6	Tota	il net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), lin	e 30 6	966,666

Part	IV Capital Gains an	d Losses for Tax on Investr	nent Income			
(a) List and describe the kind(s) of property sold (e.g., real estate,					(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr.)
1a						
b						
c						
<u>d</u>				ļ		ļ
<u>e</u>			,	<u> </u>		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	, , ,	in or (loss) (f) minus (g)
a			 			-
<u>b</u>			 			
<u>c</u>		 				
<u>d</u>		 				
e	Complete anily for consts of	owing goin in column (h) and owned	by the foundation	on 12/21/60		
	Complete only for assets sn	owing gain in column (h) and owned				l (h) gain minus it less than -0-) or
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		irom col (h))
a			ļ			- -
b			<u> </u>			
<u>c</u>		 	ļ — — — — — — — — — — — — — — — — — — —			
<u>d</u>				- 		
e		(If gain	also enter in Pa	rt Llino 7	 	
2	Capital gain net income of	or (net capital loss) { If (loss)	i, enter -0- in Pai	rt I, line 7	2	
3	If gain, also enter in Part	un or (loss) as defined in sections t I, line 8, column (c) (see instru	ctions). If (loss)	, enter -0- ın)	3	
Part		der Section 4940(e) for Redu				
						
(For o	ptional use by domestic pr	rivate foundations subject to the	section 4940(a)	tax on net invest	ment income.)	
If sect	tion 4940(d)(2) applies, leav	ve this part blank.				
		e section 4942 tax on the distribut t qualify under section 4940(e). E			pase period?	Yes 🗸 No
1		ount in each column for each ye			akıng any entries	
_ <u>-</u> -	(a)	(b)	1,000 110 11011	(c)	anny arry criticos.	(d)
Cale	Base period years endar year (or tax year beginning in	Adjusted qualifying distribution	s Net value of	f noncharitable-use as		tribution ratio divided by col. (c))
	2015	<u>"</u>		 	(601 (0)	divided by cor (c))
	2014					
	2013					
	2012					
	2011					
						
2	Total of line 1, column (d)			2	
3	,	for the 5-year base period—div		ine 2 by 5, or by		
Ū		dation has been in existence if le			. 3	
4	Enter the net value of nor	ncharitable-use assets for 2016 f	from Part X, line	5 .	4	
5	Multiply line 4 by line 3			•	. 5	
6	Enter 1% of net investme	ent income (1% of Part I, line 27b			6	
7	Add lines 5 and 6		• •		7	
8	Enter qualifying distribution	ons from Part XII, line 4 . eater than line 7, check the box ii	n Part VI line 1h	and complete t	8 hat part using a 1	% tay rate Soo the
	Part VI instructions.	and the south		, and complete t	part doing d	, 1 tax 1 tato 000 tile

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instr	uctio	ns)				
1a	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)							
b								
	here ▶ ☐ and enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J Part I, line 12, col. (b).							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)							
3	Add lines 1 and 2		0	<u> </u>				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u> </u>				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	ļ				
6	Credits/Payments:			1				
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a							
b	Exempt foreign organizations—tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) . 6c							
q C	Tax paid with application for extension of time to file (Form 8868) . 6c Backup withholding erroneously withheld 6d			}				
d 7	Total credits and payments. Add lines 6a through 6d		_	ļ				
8	Enter any penalty for underpayment of estimated tax. Check here [] If Form 2220 is attached 8		0	 				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10							
11	Enter the amount of line 10 to be. Credited to 2017 estimated tax ▶ Refunded ▶ 11							
Part	VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No				
	participate or intervene in any political campaign?	1a	ļ	1				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		1				
	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.							
С	Did the foundation file Form 1120-POL for this year?	10	{	1				
d								
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		✓				
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		√				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		✓				
	If "Yes," attach the statement required by General Instruction T.	1						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	l						
	 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? 							
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	√					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		V					
b	IL 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	8b	√					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		√				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	~					

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 section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website address ► N/A	L		
14	The books are in care of ► IDEX CORPORATION, C/O TERESA ELLIS Telephone no. ► 84	7-664-	4783	
		0045-4	824	
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			0
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ►			l
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No]]		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a]]		
	disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	i i		
	(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 for)	j	
	the benefit or use of a disqualified person)?	} }	Ì	
	(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		ļ	
	termination of government service, if terminating within 90 days)		Ì	
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)?			
		1b		
_	Organizations relying on a current notice regarding disaster assistance check here	1	}	
С	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?			,
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1c		
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		1	
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and		ĺ	
	6e, Part XIII) for tax year(s) beginning before 2016?	l	[
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		{	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		l	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)		[
		2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	ĺ	l	
За	▶ 20 ,20 ,20 ,20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		l	
Ja	at any time during the year?		- 1	
			ļ	
þ	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		1	
	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.)	3ь	1	
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?	4b		✓

_	4
Page	п

Part	VII-B	Statements Regarding Activities			4720	May Be F	lequire	ed (contir	nued)			
5a		he year did the foundation pay or incur a										
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . Yes No Influence the outcome of any specific public election (see section 4955); or to carry on,										l	
	directly or indirectly, any voter registration drive?									. [
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									.]	1	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)											
								_∐Yes ì	✓ No	` [
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?									.		
b	b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A.										. }	
	•	ons section 53.4945 or in a current notice ations relying on a current notice regardi	-	•		•)?		5b		
С	-	iswer is "Yes" to question 5a(4), does t	-						▶ [_]			
		it maintained expenditure responsibility							☐ No			
•		attach the statement required by Regula										
6a		foundation, during the year, receive any sonal benefit contract?		•	•			; ☐Yes	✓ No		1	
b	•	foundation, during the year, pay premiur						_		6b	}	1
	If "Yes"	to 6b, file Form 8870.						_				
		ne during the tax year, was the foundation did the foundation receive any proceed:						☐ Yes			}	
	VIII	Information About Officers, Direct									ees.	
		and Contractors										
1	List all	officers, directors, trustees, foundation		agers and the		npensation		nstruction Contributions				
		(a) Name and address	hou	rs per week ed to position	(1f ı	not paid, iter -0-)	emple	byee benefit erred compe	plans	(e) Exper other a	nse acc	ces
SEE S	TATEMEN	T 2		or to position			4.14.00.1	on ou compo	rioution .			
			<u> </u>		<u> </u>							
							ı.					
	Compe	nsation of five highest-paid employed	es (oth	er than thos	se incl	uded on li	ne 1—:	see instru	uctions	s). If no	ne. e	enter
	"NONE.									•		
	(a) Nama	d address of each amplayee acid mare then \$50.00	na	(b) Title, and a		(c) Comper	neation.	(d) Contribu employee l		(e) Exper	ise acc	ount.
'	(a) Name an	d address of each employee paid more than \$50,00	JU	devoted to p		(c) Comper	isation	plans and d compens	eferred			
NONE												
·				1]			
												
				ļ								
				}				ì	-			
												
Total	number c	f other employees paid over \$50,000	<u>.</u>	· · · · ·		· · · · · ·	· · ·	·	>	orm 990	0	
									P	orm 991	ノーピト((2016)

Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONI	=_n
	(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	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of inizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 !	IOT APPLICABLE	
_		
_		0
2 _		
-		
3		
-		
-		
4		
_		
Dow	IV D. Summon, of Discussing Deleted Investments (see instructions)	
Part	IX-B Summary of Program-Related Investments (see instructions) cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	IOT APPLICABLE	
_		0
2 .		
-		
	ther program-related investments. See instructions	
3	the program-related investments oce instructions	
J .		
-		
Total.	Add lines 1 through 3	0
		orm 990-PF (2016)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	779,062
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	779,062
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1 }	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	779,062
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	11,686
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	767,376
6	Minimum investment return. Enter 5% of line 5	6	38.369
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► □ and do not complete this part.)	oundatio	ns
1	Minimum investment return from Part X, line 6	1	38,369
2a	Tax on investment income for 2016 from Part VI, line 5 2a		
b	Income tax for 2016. (This does not include the tax from Part VI.)	1 1	
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	38,369
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	38,369
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	38,369
	XII Qualifying Distributions (see instructions)	Г - 1 -	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	226,735
Ъ	Program-related investments—total from Part IX-B	1b	0
2			
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
Ь	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	226,735
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	
_	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	226,735
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

	90-PF (2016)				Page 9
Part	XIII Undistributed Income (see instruct				
1	Distributable amount for 2016 from Part XI, line 7	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
2 a	Undistributed income, if any, as of the end of 2016: Enter amount for 2015 only			o	38,36
ь 3	Total for prior years: 20,20,20 Excess distributions carryover, if any, to 2016: From 2011		0		
a b c	From 2011	- - -	-		
d e	From 2014	┥			
f 4	Total of lines 3a through e	269,094			
a b	Applied to 2015, but not more than line 2a. Applied to undistributed income of prior years (Election required—see instructions)		0	0	
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2016 distributable amount				38,369
e 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)	188,366			C
6	Enter the net total of each column as indicated below:				
a b	Corpus Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b	457,460	0		·
С	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		
е	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				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	457,460			
10	Analysis of line 9.				
a L	Excess from 2012	-{		ļ	
. b	Excess from 2013	-	1		
d e	Excess from 2015				

Form 99	80-PF (2016)					Page 10
Part					9)	
1a	If the foundation has received a ruling				}	
	foundation, and the ruling is effective for		=		200tion [] 4042(i)	2) 05 17 4040()(5)
b 2a	Check box to indicate whether the fou Enter the lesser of the adjusted net	Tax year	e operating lounda	Prior 3 years	section [] 4942())	3) or 4942(j)(5)
28	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		1			
c	Qualifying distributions from Part XII,					
	line 4 for each year listed			<u> </u>		
đ	Amounts included in line 2c not used directly for active conduct of exempt activities .	} }				
е	Qualifying distributions made directly					,
	for active conduct of exempt activities.	ł	}	1		
	Subtract line 2d from line 2c			<u> </u>		·
3	Complete 3a, b, or c for the alternative test relied upon:	,				
а	"Assets" alternative test-enter:			1		
	(1) Value of all assets		 	ļ		·
	(2) Value of assets qualifying under			1	}	
b	section 4942(j)(3)(B)(i)	 	 	 	 -	
~	of minimum investment return shown in Part X, line 6 for each year listed	{	1			
С	"Support" alternative test—enter:	[
	(1) Total support other than gross	{	}		[
	investment income (interest,					
	dividends, rents, payments on securities loans (section	į				
	512(a)(5)), or royalties)	<u> </u>		 	 	
	(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		<u> </u>			
Part		•		he foundation l	nad \$5,000 or mo	ore in assets at
	any time during the year-		ns.)			
1 a	Information Regarding Foundation List any managers of the foundation		uted more than 29	% of the total con	tributions received	by the foundation
a	before the close of any tax year (but of					by the loundation
NONE		, ,			(// //	
b	List any managers of the foundation			•		ge portion of the
	ownership of a partnership or other e	ntity) of which the	foundation has a	10% or greater in	terest.	
NONE						
2	Information Regarding Contribution					
	Check here ▶ ☐ If the foundation unsolicited requests for funds. If the foundation	•	•		•	· ·
	other conditions, complete items 2a,		giris, grams, etc.	(See manachons)	to individuals or or	gamzanons under
а	The name, address, and telephone nu		ddress of the pers	on to whom applic	cations should be a	ddressed.
SEE S	TATEMENT 3					
	The form in which applications should	d be submitted ar	nd information and	materials they she	ould include.	
				,		
	TATEMENT 3 Any submission deadlines					
	TATEMENT 3					
	Any restrictions or limitations on av	vards, such as t	by geographical a	reas, charitable f	ields, kinds of inst	itutions, or other
	factors.		·			·
SEE C	TATEMENT 3					

Form **990-PF** (2016)

Part	XV Supplementary Information (cont.	inued)			
3	Grants and Contributions Paid During t	the Year or Approv	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	. 1
а	Paid during the year				
SEE A	TTACHMENT 4				
			į i		
	Total	·			a 226,735
b	Approved for future payment				
	Total			> 3	h

Pai	rt XVI	FA Analysis of Income-Producing Ac	:uviue2				
Ente	r gros	s amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exemp
			Business code	Amount	Exclusion code	Amount	function income (See instructions.)
1	Prog	ram service revenue:					
	a _		L				
	b _		L	<u></u>			
	C _						
	d _						
	е						
	f						
	g F	ees and contracts from government agencies					
2		bership dues and assessments					
3		est on savings and temporary cash investments					
4		ends and interest from securities					
5	Net r	ental income or (loss) from real estate:					
		Pebt-financed property			1		
		lot debt-financed property			1		
6		ental income or (loss) from personal property	ļ — — — — — — — — — — — — — — — — — — —		 		
7		r investment income			 		
8		or (loss) from sales of assets other than inventory			1		
9		ncome or (loss) from special events	ļ		 		
		s profit or (loss) from sales of inventory	ļ		 		
			 				
''	b	r revenue. a			+		
	-	`			 		
	d –		 		 		
	u –		ļ		 		
	е _		ļ				
	0				1 1		
12	Subte	otal. Add columns (b), (d), and (e)				40	
13	Total	I. Add line 12, columns (b), (d), and (e)				13	0
13 See	Total works	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 	s.)			13	0
13 See Pa	Total works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Total works t XV	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Total works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Total works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
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13 See Pa Lin	Total works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Total works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Total works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
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13 See Pa Lin	Total works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Total works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Total works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Total works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		
13 See Pa Lin	Tota works t XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes		

		Exempt Or	ganizations							
1	ın se			engage in any of the follow section 501(c)(3) organizat					Yes	No
а	Trans	sfers from the rep	porting foundation to	a noncharitable exempt	organization	of.				
	(1) C	ash						1a(1)		1
	(2) O	ther assets .						1a(2)		1
b	Othe	r transactions.								
	(1) S	ales of assets to	a noncharitable exe	mpt organization				1b(1)	}	1
				ble exempt organization				1b(2)		1
			, equipment, or other					1b(3)		1
			rrangements					1b(4)		1
		oans or loan gua	-					1b(5)		1
	(6) P	erformance of se	ervices or membersh	ip or fundraising solicitation	ons			1b(6)		1
С				ts, other assets, or paid e		<i>.</i> .		1c		1
đ	If the	answer to any	of the above is "Yes	," complete the following	schedule. (Column (b) sho	uld always sho	ow the f	air ma	arket
				es given by the reporting						
	value	in any transaction	on or sharing arrange	ement, show in column (d) the value o	f the goods, oth	ier assets, or s	ervices	receiv	/ed
(a) Line	e no	(b) Amount involved	(c) Name of nonch	arıtable exempt organization	(d) Descr	ption of transfers, ti	ransactions, and sl	naring arra	ingeme	nts
										
				•						
_	desc	ribed in section 5	501(c) of the Code (o	liated with, or related to, ther than section 501(c)(3				Yes	✓ N	10
ь	II "YE	es," complete the (a) Name of organ	following schedule.	(b) Type of organizati			Nanamakaff :		· · · ·	
		(a) Name of organ	iization	(b) Type of organizati	0/1	(6) L	Description of relation	onsnip		
										
										
										
	Unde	c penalties of perium 1	declare that I have examined	d this return, including accompanyi	ng schedules and	statements and to the	ne best of my knowle	edge and h	elief it ii	s true
Sign	1			n taxpayer) is based on all informati			ge <u> </u>			
Here	<i>y</i> b	/) . n n .	00 0.50	Och Shilas	TOE & CUDEC			IRS discus preparer s		
iere		ature of officer or trus	stee	Date	TREASURER	· · · · · · · · · · · · · · · · · · ·		uctions)?		
		Print/Type preparer		Preparer's signature	····	Date	<u> </u>	PTIN		
Paid		Jpc preparer	o narro				Check I if self-employed			
Prep		Funda		<u></u>	·	<u> </u>				
Use	Only	Firm's name					n's EIN ▶			
		Firm's address -				Pho	one no			

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Name of the organization Employer identification nu				Employer identification number	
	UNDATION	47-1141222			
Organiz	zation type (check on	e):			
	a .	_			
Filers o	τ;	Se	tion:		
Form 99	90 or 990-EZ		501(c)() (enter number) organization		
			4947(a)(1) nonexempt charitable trust not treated as a private for	undation	
			527 political organization		
Form 99	90-PF	V	501(c)(3) exempt private foundation		
			4947(a)(1) nonexempt charitable trust treated as a private founda	ution	
			501(c)(3) taxable private foundation		
Check it	f your organization is	COVE	red by the General Rule or a Special Rule.		
Note: O), (8)	or (10) organization can check boxes for both the General Rule a	and a Special Rule. See	
Genera	l Rule				
Ø		r pro	Form 990, 990-EZ, or 990-PF that received, during the year, con perty) from any one contributor. Complete Parts I and II. See inst utions.		
Special	Rules				
	regulations under se 13, 16a, or 16b, and	ctio that	abed in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 received from any one contributor, during the year, total contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line itions of the greater of (1)	
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
990-EZ,	Faution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 90-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its orm 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

Name of organization	Employer identification number
IDEX FOUNDATION	47-1141222

Part I	Contributors (See instructions). Use duplicate co	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IDEX CORPORATION 1925 W FIELD COURT, SUITE 200 LAKE FOREST, IL 60045	\$ 500,000.00	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Employer identification number

IDEX FOUNDATION 47-1141222

ioncash Property (See Instructions). Use duplicate co	opies of Part II if additional spa	ice is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
	Description of noncash property given (b) Description of noncash property given	Description of noncash property given \$

Name of or	rganization .			Employer identification number			
IDEX FOUN	IDATION			47-1141222			
Part III	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the the following line entry. For organizations contributions of \$1,000 or less for the ye	year from any one c completing Part III, e	ontributor. Comple nter the total of exci	ete columns (a) through (e) and lusively religious, charitable, etc.,			
_	Use duplicate copies of Part III if addition	al space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held			
		(e) Transfer of g					
}	Transferee's name, address, and ZI	P + 4	Relationship of	transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held			
Faiti							
	(e) Transfer of gift						
	Transferee's name, address, and ZI	P + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use of gif		(d) [Description of how gift is held			
		(e) Transfer of ç	gift				
	Transferee's name, address, and ZI	P + 4	Relationship of	transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held			
}	(e) Transfer of gift						
	Transferee's name, address, and ZI		Relationship of transferor to transferee				
ì							

PART I, QUESTION 16(c) - OTHER PROFESSIONAL FEES DESCRIPTION

REGISTERED AGENT FEES

\$296

PART VIII, QUESTION 1 – LIST OF OFFICERS, DIRECTORS, TRUSTEES AND FOUNDATION MANAGERS

NAME	TITLE AND AVG. HOURS PER WEEK	MAILING ADDRESS	COMPENSATION AMOUNT	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION	EXPENSE ACOUNT, OTHER ALLOWANCES
ARTHUR LASZLO,	PRESIDENT	1925 W FIELD CT., STE 200	0	0	0
JR.	0.50	LAKE FOREST, IL 60045		<u>L</u>	
TERESA ELLIS	TREASURER	1925 W. FIELD CT., STE 200	0	0	0
	0.50	LAKE FOREST, IL 60045		Į.	
KEELY SULLIVAN	SECRETARY	1925 W. FIELD CT., STE 200	0	0	0
	0.50	LAKE FOREST, IL 60045		1	
JEFF BUCKLEW	DIRECTOR	1925 W. FIELD CT., STE 200	0	0	0
	0.50	LAKE FOREST, IL 60045	1		
DENISE CADE	DIRECTOR	1925 W FIELD CT., STE 200	0	0	0
	0.50	LAKE FOREST, IL 60045			
DANIELE DI	DIRECTOR	1925 W. FIELD CT , STE 200	0	0	0
CESARE	0.50	LAKE FOREST, IL 60045	1		
DERRICK	DIRECTOR	1925 W. FIELD CT., STE 200	0	0	0
GODDARD	0.50	LAKE FOREST, IL 60045			
BARB JOHNSON	DIRECTOR	1925 W FIELD CT., STE 200	0	0	0
	0.50	LAKE FOREST, IL 60045			
TRACY SARVER	DIRECTOR .	1925 W. FIELD CT., STE 200	0	0	0
	0.50	LAKE FOREST, IL 60045			
NICOLE TURNER	DIRECTOR	1925 W FIELD CT., STE 200	0	0	0
	0.50	LAKE FOREST, IL 60045			
HEATH MITTS	DIRECTOR	1925 W FIELD CT., STE 200	0	0	0
	0.50	LAKE FOREST, IL 60045	L		
KIM POPE	DIRECTOR	1925 W. FIELD CT., STE 200	0	0	0
	0 50	LAKE FOREST, IL 60045			
PATRICK TAYLOR	DIRECTOR	1925 W. FIELD CT , STE 200	0	0	0
	0.50	LAKE FOREST, IL 60045			

PART XV QUESTION 2a – NAME AND ADDRESS OF PERSON WHOM APPLICATIONS SHOULD BE SUBMITTED

IDEX FOUNDATION
C/O ARTHUR LASZLO, JR. – FOUNDATION PRESIDENT
1925 WEST FIELD COURT, SUITE 200
LAKE FOREST, IL 60045

TELEPHONE NUMBER

847-664-4700

PART XV QUESTION 2b - FORM IN WHICH APPLICATIONS SHOULD BE SUBMITTED

ALONG WITH THE INFORMATION REQUESTED IN OUR GRANT APPLICATION, A COPY OF THE 501(C)(3) TAX EXEMPTION LETTER AND CURRENT LISTING OF HOW THE ORGANIZATION'S FUNDS ARE DISTRIBUTED ANNUALLY ARE REQUIRED.

PART XV QUESTION 2c - ANY SUBMISSION DEADLINES

SEE ATTACHED COPY OF THE IDEX FOUNDATION FUNDING REQUEST

PART XV QUESTION 2d – ANY RESTRICTIONS OR LIMITATIONS ON AWARDS, SUCH AS GEOGRAPHIC AREAS, CHARITABLE FIELDS, KINDS OF INSTITUTIONS, OR OTHER FACTORS

APPLICANTS CAN ONLY REQUEST CONTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

PART XV, QUESTION 3 - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR OR APPROVED FOR FUTURE PAYMENT

IF RECIPIENT IS AN INDIVIDUAL, SHOW ANY

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO ANY FOUNDATION MANAGER OR SUBSTANIAL CONTRIBUTOR		PURPOSE OF GRANT OR CONTRIBUTION	TNUOMA
AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD ST, ALEXANDRIA, VA 22311-1742	NONE	501(C)(3)	WELFARE GRANT	1,200
AMERICAN NATIONAL RED CROSS 2025 E ST NW, WASHINGTON, DC 20006	NONE	501(C)(3)	WELFARE GRANT	5,000
BOYS & GIRLS CLUB OF CENTRAL FLORIDA 101 E COLONIAL DR , ORLANDO, FL 32803	NONE	501(C)(3)	WELFARE GRANT	4,565
BOYS & GIRLS CLUB OF GREATER SAN DIEGO 4635 CLAIREMONT MESA BLVD, SAN DIEGO, CA 92117	NONE	501(C)(3)	, WELFARE GRANT	10,000
CHARITIES AID FOUNDATION AMERICA 90 PARK AVE STE 1600, NEW YORK, NY 10016	NONE	501(C)(3)	WELFARE GRANT	78,490
CHAPMAN FARM SCHOOL INC 76 ACCORD PARK DR, NORWELL, MA 02061	NONE	501(C)(3)	WELFARE GRANT	2,000
CHILDREN'S CANCER ASSOCIATION PO BOX 19734, PORTLAND, OR 97280-0734	NONE	501(C)(3)	WELFARE GRANT	5,000
DRESS FOR SUCCESS ROCHESTER, INC 595 WELLINGTON AVE, ROCHESTER, NY 14619-0000	NONE	501(C)(3)	WELFARE GRANT	2,000
EMERGENCY SHELETER SERVICES, INC 645 PIPESTONE AVENUE, BENTON HARBOR, MI 49022	NONE	501(C)(3)	WELFARE GRANT	9,000
HANDS ON SUBURBAN CHICAGO 2121 S GOEBERT RD, ARLINGTON HTS, IL 60045-4205	NONE	501(C)(3)	WELFARE GRANT	5,000
KIDS TO LOVE FOUNDATION 140 CASTLE DRIVE, MADISON, AL 35758	NONE	501(C)(3)	WELFARE GRANT	5,000
BOARD OF EDUCATION OF THE CITY OF CHICAGO 125 SOUTH CLARK STREET, CHICAGO, IL 60603	NONE	PUBLIC SCHOOL DISTRICT 509(A)(1)	EDUCATION GRANT	13,000
LINCOLN VILLAGE PRESERVATION CORPORATION 100 CHURCH ST SW STE 100, HUNTSVILLE, AL 35801-4955	NONE	501(C)(3)	WELFARE GRANT	10,000
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR, TRIANGLE, VA 22171-1776519	NONE	501(C)(3)	WELFARE GRANT	2,000
MILE HIGH UNITED WAY INC 711 PARK AVE W, DENVER, CO 80205	NONE	501(C)(3)	WELFARE GRANT	20,000
NORTH WHIDBEY HELP HOUSE 1091 SE HATHAWAY ST, OAK HARBOR, WA 98277-4075	NONE	501(C)(3)	WELFARE GRANT	10,000
NORTHEAST IOWA FOOD BANK, INC PO BOX 2397, WATERLOO, IA 50704-2397	NONE	501(C)(3)	WELFARE GRANT	10,000
OAK HARBOR ROTARY FOUNDATION PO BOX 726, OAK HARBOR, WA 98277	NONE	501(C)(3)	WELFARE GRANT	10,000
PINE STREET INN, INC 8 PINE STREET, BOSTON, MASSACHUSSETS	NONE	501(C)(3)	WELFARE GRANT	5,000
REGIONAL FOOD BANK OF OKLAHOMA PO BOX 270968	NONE	501(C)(3)	WELFARE GRANT	2,500
RESOURCE CONSERVATION AND DEVELOPMENT FOR NORTHWEST IOWA PO BOX 916, POSTVILLE, IA 52162-0916	NONE	501(C)(3)	WELFARE GRANT	2,500
RONALD MCDONALD HOUSE CHARITIES 333 WESTMORELAND DRIVE, ROCHESTER, NY 14620	NONE ,	501(C)(3)	WELFARE GRANT	1,300

PART XV, QUESTION 3 - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR OR APPROVED FOR FUTURE PAYMENT

IF RECIPIENT IS AN INDIVIDUAL, SHOW ANY

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO ANY FOUNDATION MANAGER OR SUBSTANIAL CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE CELEBRATION PROJECT				
1192 E DRAPER PARKWAY STE 104, DRAPER, UT 84020-0000	NONE	501(C)(3)	WELFARE GRANT	4,480
THE GREGORY P CALIMERIS MEMORIAL FUND, INC				
300 GULF STREET, SHREWSBURY, MA 01545-0000	NONE	501(C)(3)	WELFARE GRANT	1,000
THE RICHLAND COUNTY CHILDRENS SERVICES AUXILIARY				
PO BOX 2525, MANSFIELD, OH 44906	NONE	501(C)(3)	WELFARE GRANT	700
UNION LEAGUE BOYS AND GIRLS CLUB				
65 W JACKSON BLVD, CHICAGO, IL 60604-3507	NONE	501(C)(3)	WELFARE GRANT	5,000
UNITED WAY OF WEST CONNECTICUT				
301 Main Street, Suite 2-5, Danbury, CT 06810	NONE	501(C)(3)	WELFARE GRANT	1,000
UNIVERSITY OF FLORIDA FOUNDATION				
PO BOX 14425, GAINESVILLE, FL 32604-2425255	NONE	501(C)(3)	WELFARE GRANT	1,000
Total				226,735

IDEX Foundation Funding Request Date Application Completed _____ Requesting IDEX Business _____ IDEX Site Coordinator Name Legal Name of Designated Organization: IRS Designation (mandatory to select) 501 C (3) Other (Not eligible to apply for IDEX Foundation Funding) Federal Tax ID Number (Mandatory): Please choose one of the following: 1) New Request _____ 2) Funding Renewal _ _ _ Please choose one of the following: 1) One Time Payment _____ 2) Multi-Year Payment Request _____ Charity Contact Name ______ Contact Title _____ Contact Phone Number: ______Contact E-Mail Address: _____ Organization Address:_____ City: _____ State: ____ Country: ____ Zip/Postal Code: ____ **Primary Category of Organization** Leadership / Educational Health / Safety Community Engagement ____Other (please explain): **Organizational Mission Statement:** Approximate Number of Clients Served Annually: Current # of Staff / Employees: Full Time_____ Part Time ____ Organizational Scope of Services Provided: _____State _____Regional _____National ____ Global Has IDEX Corporation or an IDEX Corporation owned business unit provided any funding to this organization in the past? 1) Yes_____ 2) No _____ If yes, please list dates, amount of the funding, and what the funds were used for. How many IDEX employees have volunteered for this organization in the most recent year?

If applicable, please list what business unit location they did work for:
Have any IDEX Employees / Retirees sat on their Board of Directors either currently or in the past?
If yes, please name them along with their roles:
List any other key relationship (s) with an IDEX Employee (s):
Funding Information
Requested Amount:
Requested Payment Time-Frame:
City & State Benefited by the Request:
In addition, please provide the following required supplementary information:
- Copy of current 501 C (3) Tax Exemption Letter
Additional Questions
1. How will this positively impact the local community?
2. How will IDEX Employees be volunteering their time for this organization?
3. How many total employees are at your site?
4. How many IDEX employees will be participating in this event?

5. Any further reasons why the IDEX Foundation should make the decision to donate towards the cause:	
Please provide this application along with all of the above required supplemental information to:	
idexfoundation@idexcorp.com	
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