For calendar year 2017 or tax year beginning

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

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

1 2017.03030 BYRON A. ROOT MEMORIAL TRUS 421____

, and ending

| | of four dation | | | | | A Employer identificat | ion number | | |
|--|---|---|---|-----------------|------------|---|--|--|--|
| BY | RON A. ROOT | | | | | | | | |
| BU | | A & CARBERRY | | E | | 31-619261 | <u>.3</u> | | |
| | r and street (or P O box number | of mail is not delivered to street | t address) | 1 | Room/suite | B Telephone number | | | |
| | 91 BROADWAY | | | | | 219-769-1313 | | | |
| | town, state or province, co | ountry, and ZIP or foreign p | oostal code | | | C if exemption application i | s pending, check here | | |
| | ck all that apply: | Initial return | Initial return of a fo | ormer nublic cl | harity | D 1. Foreign organization | ons check here | | |
| 1 0110 | CK all tives apply: | Final return | Amended return | ormor public of | ilailiy | J. Foreign organizatio | ona, encontrible | | |
| | | Address change | Name change | | | Foreign organizations check here and attach | meeting the 85% test, | | |
| Cha | ck type of organization: | X Section 501(c)(3) ex | | | 7 | 7 | · | | |
| | Section 4947(a)(1) nonexer | | Other taxable private founda | ition (| 14 | E If private foundation s under section 507(b) | | | |
| | narket value of all assets at | | ng method: X Cash | Accru | ial | 1 | | | |
| | Part II, col. (c), line 16) | | her (specify) | 7,0070 | | F If the foundation is in under section 507(b)(| | | |
| ▶ \$ | 85 | | nn (d) must be on cash basis | s.) | | dider section our (b) | (1)(0), oneck nere | | |
| | 1 Analysis of Revenue a | nd Expenses | (a) Revenue and | (b) Net inv | estment | (c) Adjusted net | (d) Disbursements | | |
| - 411 | (The total of amounts in colunecessarily equal the amounts) | imns (b), (c), and (d) may not | expenses per books | incol | | income | for charitable purposes (cash basis only) | | |
| 1 | | | | | | N/A | (cash basis only) | | |
| 2 | المناسبة المعالم | | | | | | | | |
| 1 2 | Interest on savings and temp | | | | | | † | | |
| 1 4 | Dividends and interest fro | om securities | 27,042. | 2.7 | 7,042. | | STATEMENT 1 | | |
| 5 | a Gross rents | | | | / 4 = 2 • | | | | |
| , - | b Net rental income or (loss) | | | | | | | | |
| 6 | Net gain or (loss) from sale of | assets not on line 10 | 79,288. | | | | | | |
| Revenue 7 | Gross sales price for all | 102,786. | , | | | | | | |
| ۶ آھ | D assets on line 6a Capital gain net income (from | | | 79 | ,288. | | | | |
| æ ' | | ľ | | | 1200. | | | | |
| _ 8 | | " | | | | | | | |
| 9 | Gross sales less returns | | | | | | | | |
| - 1 | a and allowances | | | | | | | | |
| ì | b Less Cost of goods sold c Gross profit or (1088) | | | | | | | | |
| 111 | | ŀ | | | | | | | |
| 12 | | h 11 | 106,330. | 106 | ,330. | | | | |
| 13 | Compensation of officers, dire | | 5,000. | | 939. | | 4,061. | | |
| 14 | Other employee salaries a | · · · · · · · · · · · · · · · · · · · | 3,000. | | 757. | | 4,001. | | |
| 15 | • • | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | a Legal fees | STMT 2 | 619. | | 619. | | 0. | | |
| ë 1 | b Accounting fees | STMT 3 | 2,400. | 2 | ,400. | | 0. | | |
| (2. 1 | c Other professional fees | SIMI 5 | 2,200. | 4 | , 400 . | | | | |
| י וע | • | } | | | | | | | |
| 17 18 | | } | | | | | | | |
| ST | Depreciation and depletion | <u>,</u> | | | | | | | |
| Administrative 17 8 19 20 21 | Occupancy | '' <u> </u> | | <u> </u> | | | | | |
| Ē 20 | Travel, conferences, and r | maatings | | · | | | | | |
| 21 | Printing and publications | ileemiys | - | | | | | | |
| ē ²² | - | STMT 4 | 129. | | 129. | | 0. | | |
| 23 | Other expenses | | | | 149. | · · · · · · · · · · · · · · · · · · · | | | |
| 22 23 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25 | Total operating and admi | mananve | 7 8,148. | А | ,087. | | 4 061 | | |
| | expenses. Add lines 13 | c paid | 23 150 | 4 | , 001. | | 4,061. 33,158. | | |
| | Contributions, gifts, grants | Jemens 9 2018 | 32,120. | | | | 33,130. | | |
| 26 | Total expenses and disbu | JUC" 9 2018 | 41,306. | A | ,087. | | 37,219. | | |
| $-\!\!\!\!-\!\!\!\!\!-$ | - 1.00 III 100 E T U.I.O E O | | #T'300. | 4 | ,00/. | | 31,413. | | |
| 27 | Subtract line 26 from line Excess of revenue over expens | GDEN LIT | 65,024. | | J | | | | |
| | | | 1 65,044. | 100 | ,243. | | | | |
| 1 | Net investment income (if | T T | | 102 | , 443. | N/A | | | |
| | Adjusted net income (if ne | gative, enter -0-) /ork Reduction Act Notice. | | | | 1V / FA | Form 990-PF (2017) | | |

723511 01-03-18

414,418.

351,844.

Form **990-PF** (2017)

62,574.

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ► PRIOR YEARS ADJUSTMENTS

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

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 990-PF (2017)

30,154.

37,219.

Add lines 5 and 6

7

BYRON A. ROOT MEMORIAL TRUST FUND COSTANZA & CARBERRY LLP. Form 990-PF (2017) BURKE. TRUSTEE Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: b Domestic foundations that meet the section 4940(e) requirements in Part V, check here \(\bigverext{X}\) and enter 1% 1,022. 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 022. 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 1.022 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 489. 6a b Exempt foreign organizations - tax withheld at source 0. 6b 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0 d Backup withholding erroneously withheld 6d 489. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ____ if Form 2220 is attached SEE STATEMENT Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 533. 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х 12 any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition X 1b 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. c Did the foundation file Form 1120-POL for this year? X 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law Х remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered. See instructions.

IN

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)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

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

of each state as required by General Instruction G? if "No," attach explanation

X

Form 990-PF (2017)

8h

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N/A

4a

Form **990-PF** (2017)

Х

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

| | | | | | Ĺ <u> </u> |
|----|--|---|---------------------------------------|---|---------------------------------------|
| 2 | Compensation of five highest-paid employees (other than those in | cluded on line 1). If none, | enter "NONE." | | |
| | (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| _ | NONE | | | | |
| | | | <u> </u> | | |
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| To | otal number of other employees paid over \$50,000 | | · · · · · · · · · · · · · · · · · · · | | 0 |
| | | | | Form ! | 990-PF (2017) |

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| BYRON A. ROOT MEMORIAL TRUST FUN Form 990-PF (2017) BURKE, COSTANZA & CARBERRY LLP, | | -6192613 Page 7 |
|--|--|-------------------|
| Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued) | | -0192013 rage? |
| 3 Five highest-paid independent contractors for professional services. If none, enter | · "NONE " | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | (2) 1350 01 001100 | (C) Odripensation |
| NOZV | | |
| | _ | |
| | | |
| | | |
| | - | |
| | _ | |
| The same of others recovered over \$50,000 for professional sequence | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | <u></u> |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti number of organizations and other beneficiaries served, conferences convened, research papers produced in N/A | uced, etc. | Expenses |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on li | nes 1 and 2. | Amount |
| N/A | | l |
| ! | | |
| All other program-related investments. See instructions. | | |

0 . Form **990-PF** (2017)

Total. Add lines 1 through 3

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, | see instructions) |
|----|--|--------------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| 'a | Average monthly fair market value of securities | 1a | 783,475. |
| b | a wathly seek holonose | 1b | 38,148. |
| C | 5 Lawalus of all other goods | 1c | |
| đ | Total (add lines 1a, b, and c) | 1d | 821,623. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach de tailed explanation) | 1 1 | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 821,623. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 12,324. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 809,299. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 40,465. |
| P | foreign organizations, check here and do not complete this part.) | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 40,465. |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | | |
| þ | Income tax for 2017. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 1,022. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 39,443. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 39,443. |
| 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 | 39,443. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 37,219. |
| b | The state of the s | 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 | 37,219. |
| 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 | 1,022. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 36,197. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q | ualifies for | the section |

Part XIII Undistributed Income (see instructions)

| (a) (b) Corpus Years prior to 2016 | (c) 2016 | (d) 2017 |
|--|-------------|---------------------------|
| 1 Distributable amount for 2017 from Part XI, line 7 | | 39,443. |
| 2 Undistributed income, if any, as of the end of 2017 | | 33,4431 |
| a Enter amount for 2016 only | 36,908. | |
| b Total for prior years: | 30,300. | |
| O. | | |
| 3 Excess distributions carryover, if any, to 2017: | | |
| a From 2012 | | |
| b From 2013 | | |
| e From 2014 | } | |
| d From 2015 | | |
| e From 2016 | | |
| f Total of lines 3a through e O . | | |
| 4 Qualifying distributions for 2017 from | | |
| Part XII, line 4: ► \$ 37, 219. | | |
| a Applied to 2016, but not more than line 2a | 36,908. | |
| b Applied to undistributed income of prior | | |
| years (Election required - see instructions) | • | |
| c Treated as distributions out of corpus | | |
| (Election required - see instructions) | } | |
| d Applied to 2017 distributable amount | | 311. |
| e Remaining amount distributed out of corpus | | |
| 5 Excess distributions carryover applied to 2017 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 | | |
| b Prior years' undistributed income. Subtract | } | |
| line 4b from line 2b | | |
| 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 | | |
| e Undistributed income for 2016. Subtract line | | |
| 4a from line 2a. Taxable amount - see instr. | 0. | |
| f Undistributed income for 2017. Subtract | | |
| lines 4d and 5 from line 1. This amount must | | |
| be distributed in 2018 | | 39,132. |
| 7 Amounts treated as distributions out of | | |
| corpus to satisfy requirements imposed by | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | Į. | |
| may be required - see instructions) | | |
| 8 Excess distributions carryover from 2012 | | |
| not applied on line 5 or line 7 | | |
| 9 Excess distributions carryover to 2018. | | |
| Subtract lines 7 and 8 from line 6a | | |
| O Analysis of line 9: | | |
| a Excess from 2013 | | |
| b Excess from 2014 | | |
| c Excess from 2015 | 1 | |
| d Excess from 2016 | | |
| e Excess from 2017 | | Form 990-PF (2017) |

Form 990-PF (2017) BURKE, COSTANZA & CARBERRY LLP, Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2017 (b) 2016 (c) 2015 (d) 2014 (e) Total income from Part I or the minimum 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 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 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 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) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗶 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: Form **990-PF** (2017) 723801 01-03-18

BYRON A. ROOT MEMORIAL TRUST FUND

| orm 990-PF (2017) BURKE, COST Part XV Supplementary Informati | ANZA & CARBERRY | LLP, TRUS | TEE 31-619 | 2613 Page 1 |
|--|---|--|---|-------------|
| | | Payment | | |
| Recipient | If recipient is an individual | 1 | Duna | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| a Paid during the year | | | | |
| | | | | |
| NDIANA UNIVERSITY FOUNDATION | N/A | ₽C | | |
| 500 STATE ROAD 46 BYPASS | | } | } | |
| LOOMINGTON, IN 47408 | | 1 | 1 | |
| | | | | |
| | | | FUNDING OF ROOT | 33,158 |
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| | | Future Payment Tividual, ship to anager tributor PC FUNDING OF ROOT 31-6192613 Page 1 Purpose of grant or contribution Amount Amount 33,158 | | |
| | Internation Continued | | | |
| | | | | |
| |] | Funding of Root Funding of Foundation status of recipient Funding of Root Funding of Root Funding of Root | | |
| | 1 | | | |
| | 1 | | Purpose of grant or contribution ** FUNDING OF ROOT | |

723611 01-03-18 ** SEE PURPOSE OF GRANT CONTINUATIONS

Form **990-PF** (2017)

Total

| er gross amounts unless otherwise indicated. | Unrelated b | usiness income | | by section 512, 513, or 514 | (e) |
|--|-------------------------|-----------------------|--|-----------------------------|---------------------------------------|
| - | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | Related or exemption income |
| Program service revenue: a b | | | | | |
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| Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 14 | 79,288. | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory | | · | | | |
| Other revenue: | | | | | |
| a | | | | | - |
| b | | | | | |
| | | | 1 1 | 1 | |
| c | 1 1 | | | | |
| c | 1 1 | | | | |
| cde | 1 1 | | | 106 220 | |
| c d E Subtotal. Add columns (b), (d), and (e) | 1 1 | 0 | | | |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) | | 0 | | | |
| c d Total Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations | 5.) | | | 13 | |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Relationship of Activitie | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculations Belationship of Activitie Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculations Belationship of Activitie Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
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| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which in | s to the Accom | plishment of E | Exempt Pu | 13 | 106,3 |

| b If " | /es," co | omplete the following schedule. | | | | |
|--------------|--|--|--------------------------|-----------------|-----------------------|--|
| | | (a) Name of organization | (b) Type of organization | <u> </u> | (c) Description of re | elationship |
| | | N/A | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Sign Here | and be | penalties of perjury, I declare that I have examined Ms return chief, it is true, correct and complete Declaration of preparer (nature of officer or trustee Print/Type preparer's name Prep | 6/25/18 Date Date | Partno Title | Check If | May the IRS discuss this return with the preparer shown below? See instr X Yes N |
| Paid | | MARK T. ROWLEY | 1 moly | 6.21-18 | self- employed | P00361858 |
| • | Preparer Firm's name ► ROWLEY & COMPANY LLP Firm | | | | Firm's EIN ► 3 | 5-1866709 |
| | | Firm's address ► 409 WEST KIEFF MICHIGAN CITY, | · _ | | Phone no. 21 | 9-874-1437 |
| | | - | | | | Form 990-PF (201 |

BYRON A. ROOT MEMORIAL TRUST FUND BURKE, COSTANZA & CARBERRY LLP, TRUSTEE 31-6192613 Part XV Supplementary Information 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution NAME OF RECIPIENT - INDIANA UNIVERSITY FOUNDATION FUNDING OF ROOT SYMPOSIUMS OF GERIATIC ISSUES

| FORM 990-P F | DIVIDENDS | AND INTER | EST FROM SEC | JRITIES S' | PATEMENT 1 |
|--|-----------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | REVENUE | | (C) ADJUSTED NET INCOME |
| DIVIDENDS - AT&T DIVIDENDS - INC | 2,266. | | 0. 2,260 | 2,266. | |
| SIMON PROP GROUP COMMON DIVIDENDS - KINDER | 9,209. | | 0. 9,209 | 9,209. | |
| MORGAN DIVIDENDS - ONEOK | 520. | | 0. 520 | 520. | |
| PARTNERS DIVIDENDS - | 2,612. | | 0. 2,612 | 2,612. | |
| VECTREN DIVIDENDS - | 9,658. | | 0. 9,658 | 9,658. | |
| WASHINGTON PRIME GRP | 277. | | 0. 277 | 277. | |
| DIVIDENDS - WP GLIMCHER INC INTEREST - 5% | 0. | ı | 0. | 0. | |
| NEXTERA NOTE INTEREST - 7% GMAC | 2,500. | (| 0. 2,500 | 2,500. | |
| NOTE INTEREST - GEN | 0. | (| | . 0. | |
| ELEC 6% NOTE | 0. | | | 0. | |
| TO PART I, LINE 4 | 27,042. | | 27,042 | 27,042. | |
| FORM 990-PF | | LEGAL | FEES | ST | ATEMENT 2 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| LEGAL FEES - BURKE, COSTANZA & CARBERRY | LLP | 619. | 619. | | 0. |
| TO FM 990~PF, PG 1, | LN 16A | 619. | 619. | · . | 0. |

| FORM 990-PF | ACCOUNT | ING FEES | | | STATEMENT | 3 |
|--|------------------------------|--|-------------|--|-------------|------|
| DESCRIPTION . | (A) EXPENSES PER BOOKS | (B) NET INV MENT IN | EST- | (C) ADJUSTEI NET INCOI | | ABLE |
| ACCOUNTING FEES - RCO | 2,400. | . 2 | 2,400. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 2,400. | . 2 | 2,400. | | | 0. |
| FORM 990-PF | OTHER E | EXPENSES | | | STATEMENT | 4 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INV MENT IN | EST- | (C) ADJUSTEI NET INCOM | | ABLE |
| MISCELLANEOUS FEES | 129. | | 129. | | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 129. | | 129. | | | 0. |
| FORM 990-PF | OTHER INV | ESTMENTS | | | STATEMENT | 5 |
| DESCRIPTION | | LUATION ETHOD | ВОС | K VALUE | FAIR MARK | ET |
| VECTREN CORP - 5648 SHARES SIMON PROP - 1288 SHARES ONEOK INC NEW - 1970 SHARES NEXTERA ENERGY - 5% 1993 SHAR AT&T - 1156 SHARES KINDER MORGAN - 1039 SHARES WASH PRIME GROUP - SIMON SPIN 644 SHARES | E <i>S</i> | COST COST COST COST COST COST | | 84,485. 75,333. 17,350. 49,990. 40,000. 40,000. | 44,9 18, | 201. |
| TOTAL TO FORM 990-PF, PART II | , LINE 13 | | | 307,158. | 811, | 781. |
| | | | | | | |

| FORM 990-PF | INTERE | ST AND | PENALTIES | | | STAT | PEMENT | |
|---|----------------------|--------|-------------|--------------|--------------|--------|-------------|-----------------|
| TAX DUE FROM FORM LATE PAYMENT INT LATE PAYMENT PEN | EREST | VI | | | | | 5 | 33. 3. 5. |
| TOTAL AMOUNT DUE | | | | | | | 5 | 41. |
| FORM 990-PF | LA | TE PAY | MENT PENAL | TY | | STAT | PEMENT | 7 |
| DESCRIPTION | DAT | E | AMOUNT | BALAN | CE | MONTHS | PENAL | ΤΥ |
| TAX DUE DATE FILED | 05/15 06/30 | | 533. | | 533. 533. | 2 | | 5. |
| TOTAL LATE PAYMENT | PENALTY | | | | | | | 5. |
| FORM 990-PF | LA | TE PAY | MENT INTERI | EST | | STAT | EMENT | 8 |
| DESCRIPTION | DATE | AMOU | NT BAI | LANCE | RATE | DAYS | INTER | EST |
| TAX DUE DATE FILED | 05/15/18 06/30/18 | | 533. | 533. 536. | .050 | 0 46 | | 3. |
| TOTAL LATE PAYMENT | INTEREST | | | | | | | 3. |