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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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.  
Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation  
MAURER FAMILY FOUNDATION INC  
C/O JILL BURNETT

A Employer identification number  
35-1787262

Number and street (or P O box number if mail is not delivered to street address)  
1311 REGAL DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
CARMEL, IN 46032

C If exemption application is pending, check here

G Check all that apply  

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

D 1. Foreign organizations, check here  
2 Foreign organizations meeting the 85% test, check here and attach computation

H Check type of organization  

Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,219,727

J Accounting method  

Cash

Accrual

Other (specify)

(Part I, column (d) must be on cash basis )

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

Revenue

1 Contributions, gifts, grants, etc , received (attach schedule)

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

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule)

12 Total. Add lines 1 through 11

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach schedule)

c Other professional fees (attach schedule)

17 Interest

18 Taxes (attach schedule) (see instructions)

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule)

24 Total operating and administrative expenses. Add lines 13 through 23

25 Contributions, gifts, grants paid

26 Total expenses and disbursements. Add lines 24 and 25

27 Subtract line 26 from line 12

a Excess of revenue over expenses and disbursements

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

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

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2017)

| <b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) |                                                                                                                                                      | Beginning of year | End of year    |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                                                                                                                                                  |                                                                                                                                                      | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>                                                                                                                                    | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                         |                   |                |                       |
|                                                                                                                                                  | <b>2</b> Savings and temporary cash investments . . . . .                                                                                            | 23,282            | 30,120         | 30,120                |
|                                                                                                                                                  | <b>3</b> Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                 |                   |                |                       |
|                                                                                                                                                  | <b>4</b> Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                  |                   |                |                       |
|                                                                                                                                                  | <b>5</b> Grants receivable . . . . .                                                                                                                 |                   |                |                       |
|                                                                                                                                                  | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .           |                   |                |                       |
|                                                                                                                                                  | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                  |                   |                |                       |
|                                                                                                                                                  | <b>8</b> Inventories for sale or use . . . . .                                                                                                       |                   |                |                       |
|                                                                                                                                                  | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                             |                   |                |                       |
|                                                                                                                                                  | <b>10a</b> Investments—U S and state government obligations (attach schedule)                                                                        |                   |                |                       |
|                                                                                                                                                  | <b>b</b> Investments—corporate stock (attach schedule) . . . . .                                                                                     |                   |                |                       |
|                                                                                                                                                  | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .                                                                                     |                   |                |                       |
|                                                                                                                                                  | <b>11</b> Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                        |                   |                |                       |
|                                                                                                                                                  | <b>12</b> Investments—mortgage loans . . . . .                                                                                                       |                   |                |                       |
|                                                                                                                                                  | <b>13</b> Investments—other (attach schedule) . . . . .                                                                                              | 876,904           | 850,731        | 1,189,607             |
|                                                                                                                                                  | <b>14</b> Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                                    |                   |                |                       |
| <b>15</b> Other assets (describe ▶ _____)                                                                                                        |                                                                                                                                                      |                   |                |                       |
| <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                      | 900,186                                                                                                                                              | 880,851           | 1,219,727      |                       |
| <b>Liabilities</b>                                                                                                                               | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                            |                   |                |                       |
|                                                                                                                                                  | <b>18</b> Grants payable . . . . .                                                                                                                   |                   |                |                       |
|                                                                                                                                                  | <b>19</b> Deferred revenue . . . . .                                                                                                                 |                   |                |                       |
|                                                                                                                                                  | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons                                                                   |                   |                |                       |
|                                                                                                                                                  | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .                                                                              |                   |                |                       |
|                                                                                                                                                  | <b>22</b> Other liabilities (describe ▶ _____)                                                                                                       |                   |                |                       |
|                                                                                                                                                  | <b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                               | 0                 | 0              |                       |
| <b>Net Assets or Fund Balances</b>                                                                                                               | <b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b> |                   |                |                       |
|                                                                                                                                                  | <b>24</b> Unrestricted . . . . .                                                                                                                     | 900,186           | 880,851        |                       |
|                                                                                                                                                  | <b>25</b> Temporarily restricted . . . . .                                                                                                           |                   |                |                       |
|                                                                                                                                                  | <b>26</b> Permanently restricted . . . . .                                                                                                           |                   |                |                       |
|                                                                                                                                                  | <b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>                         |                   |                |                       |
|                                                                                                                                                  | <b>27</b> Capital stock, trust principal, or current funds . . . . .                                                                                 |                   |                |                       |
|                                                                                                                                                  | <b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund                                                                             |                   |                |                       |
|                                                                                                                                                  | <b>29</b> Retained earnings, accumulated income, endowment, or other funds                                                                           |                   |                |                       |
|                                                                                                                                                  | <b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                      | 900,186           | 880,851        |                       |
| <b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                             | 900,186                                                                                                                                              | 880,851           |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|                                                                                                                                                                             |          |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|
| <b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>1</b> | 900,186 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | -23,073 |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | <b>3</b> | 3,738   |
| <b>4</b> Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 880,851 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | <b>5</b> | 0       |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                              | <b>6</b> | 880,851 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a)<br>List and describe the kind(s) of property sold (e g , real estate,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1 a</b> ENDOCYTE INC                                                                                                                 |                                                 | 2012-04-11                              | 2017-10-30                          |
| <b>b</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                                |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> 30,556          |                                               | 26,173                                             | 4,383                                           |
| <b>b</b>                 |                                               |                                                    |                                                 |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b>                                                                                    |                                         |                                                  | 4,383                                                                                           |
| <b>b</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>c</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>d</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

  

|                                                                                                                                                                                                         |   |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                  | 2 | 4,383 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 | 3 |       |

**Part V 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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

| (a)<br>Base period years Calendar<br>year (or tax year beginning in)                                                                                                                   | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2016                                                                                                                                                                                   | 196,845                                  | 1,026,716                                    | 0 191723                                                  |
| 2015                                                                                                                                                                                   | 160,920                                  | 975,335                                      | 0 164989                                                  |
| 2014                                                                                                                                                                                   | 169,200                                  | 1,060,420                                    | 0 159559                                                  |
| 2013                                                                                                                                                                                   | 228,066                                  | 1,146,806                                    | 0 198871                                                  |
| 2012                                                                                                                                                                                   | 193,852                                  | 988,618                                      | 0 196084                                                  |
| <b>2</b> Total of line 1, column (d)                                                                                                                                                   |                                          |                                              | 0 911226                                                  |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years |                                          |                                              | 0 182245                                                  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5                                                                                                  |                                          |                                              | 1,171,592                                                 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                     |                                          |                                              | 213,517                                                   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                    |                                          |                                              | 30                                                        |
| <b>7</b> Add lines 5 and 6                                                                                                                                                             |                                          |                                              | 213,547                                                   |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                          |                                          |                                              | 163,990                                                   |

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                   |           |     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |     |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                         | <b>1</b>  | 60  |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |     |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  | 0   |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 60  |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  | 0   |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 60  |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |     |
| <b>a</b>  | 2017 estimated tax payments and 2016 overpayment credited to 2017                                                                                                                                                                 | <b>6a</b> | 0   |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |     |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> |     |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> | 0   |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 100 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | <b>8</b>  | 0   |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>                                                                                                                    | <b>9</b>  |     |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>                                                                                                        | <b>10</b> | 40  |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <b>▶</b> 40 <b>Refunded</b> <b>▶</b>                                                                                                                      | <b>11</b> | 0   |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                  | Yes       | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                         | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .<br><i>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</i> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                   | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br><b>(1)</b> On the foundation <b>▶</b> \$ _____ <b>(2)</b> On foundation managers <b>▶</b> \$ _____                                                                                                                                                 |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____                                                                                                                                                                                                  |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities</i>                                                                                                                                                                           | <b>2</b>  | No  |
| <b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                             | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                  | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                       | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                                     | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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? . . . . .             | <b>6</b>  | Yes |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .                                                                                                                                                                                                       | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><b>▶</b> IN _____                                                                                                                                                                                                                                |           |     |
| <b>b</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? <i>If "No," attach explanation</i> .                                                                                                                                    | <b>8b</b> | Yes |
| <b>9</b> 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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)?<br><i>If "Yes," complete Part XIV</i> . . . . .                                                                                | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .                                                                                                                                                                                                    | <b>10</b> | No  |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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). | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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) | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <b>►</b> N/A                                      | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>►</b> JILL M BURNETT Telephone no <b>►</b> (317) 334-0444                                                                                                    |           |            |           |

Located at **►** 1311 REGAL DR CARMEL IN ZIP+4 **►** 46032

|           |                                                                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> 15                                                                                                                                    |           |            |           |
| <b>16</b> | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>►</b> | <b>16</b> | <b>Yes</b> | <b>No</b> |

**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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <b>Yes</b> | <b>No</b> |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                               |           |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                       |           |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                           |           |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                 |           |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                        |           |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                              |           |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? <input type="checkbox"/><br>Organizations relying on a current notice regarding disaster assistance check here. <b>►</b> <input type="checkbox"/>                                                                                                                                            | <b>1b</b> |            |           |
| <b>c</b>  | 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 2017? <input type="checkbox"/>                                                                                                                                                                                                                                                                                                         | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                                            |           |            |           |
| <b>a</b>  | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/> | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4a</b> |            | <b>No</b> |
| <b>b</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 2017?                                                                                                                                                                                                                                                                                        | <b>4b</b> |            | <b>No</b> |

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

|           |                                                                                                                                                                                                                                |                                                                     |           |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                  |                                                                     |           |           |
|           | <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? |                                                                     | <b>5b</b> |           |
|           | Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                            | <input type="checkbox"/>                                            |           |           |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |           |           |
|           | <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>                                                                                                                                             |                                                                     |           |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                     |                                                                     | <b>6b</b> | <b>No</b> |
|           | <i>If "Yes" to 6b, file Form 8870</i>                                                                                                                                                                                          |                                                                     |           |           |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                        |                                                                     | <b>7b</b> |           |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address      | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| See Additional Data Table |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | Title, and average hours per week (b) devoted to position | (c) Compensation | Contributions to employee benefit plans and deferred compensation (d) | Expense account, (e) other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

**Total** number of other employees paid over \$50,000. . . . . **0****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>2</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>3</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| <b>4</b>                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |

**Part IX-B Summary of Program-Related Investments (see instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See instructions.                                                         |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |

**Total.** Add lines 1 through 3. . . . . **0**

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                              |           |           |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |           |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 1,102,896 |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 86,538    |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 0         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 1,189,434 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  | 0         |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 1,189,434 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 17,842    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 1,171,592 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 58,580    |

**Part 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.)

|           |                                                                                                            |           |        |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 58,580 |
| <b>2a</b> | Tax on investment income for 2017 from Part VI, line 5.                                                    | <b>2a</b> | 60     |
| <b>b</b>  | Income tax for 2017 (This does not include the tax from Part VI).                                          | <b>2b</b> |        |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 60     |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 58,520 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  | 0      |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 58,520 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  | 0      |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 58,520 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                       |           |         |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                             |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                          | <b>1a</b> | 163,990 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                     | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                            | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                   |           |         |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                       | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                                | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                    | <b>4</b>  | 163,990 |
| <b>5</b> | 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). | <b>5</b>  | 0       |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                                | <b>6</b>  | 163,990 |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | (d)<br>2017 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2017 from Part XI, line 7                                                                                                                                |               |                            |             | 58,520      |
| <b>2</b> Undistributed income, if any, as of the end of 2017                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2016 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2017                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2012. . . . .                                                                                                                                                                | 130,375       |                            |             |             |
| <b>b</b> From 2013. . . . .                                                                                                                                                                | 170,726       |                            |             |             |
| <b>c</b> From 2014. . . . .                                                                                                                                                                | 121,647       |                            |             |             |
| <b>d</b> From 2015. . . . .                                                                                                                                                                | 112,153       |                            |             |             |
| <b>e</b> From 2016. . . . .                                                                                                                                                                | 145,509       |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 680,410       |                            |             |             |
| <b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 163,990                                                                                                              |               |                            |             |             |
| <b>a</b> Applied to 2016, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2017 distributable amount. . . . .                                                                                                                                     |               |                            |             | 58,520      |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 105,470       |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2017<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              | 0             |                            |             | 0           |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 785,880       |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> 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                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> 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             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 130,375       |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2018.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 655,505       |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2013. . . . .                                                                                                                                                         | 170,726       |                            |             |             |
| <b>b</b> Excess from 2014. . . . .                                                                                                                                                         | 121,647       |                            |             |             |
| <b>c</b> Excess from 2015. . . . .                                                                                                                                                         | 112,153       |                            |             |             |
| <b>d</b> Excess from 2016. . . . .                                                                                                                                                         | 145,509       |                            |             |             |
| <b>e</b> Excess from 2017. . . . .                                                                                                                                                         | 105,470       |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** 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 organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

|                                                                                                                                                                    | Tax year | Prior 3 years |          |          | (e) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
|                                                                                                                                                                    | (a) 2017 | (b) 2016      | (c) 2015 | (d) 2014 |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                 |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                           |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .                                    |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                   |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                                 |          |               |          |          |           |

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

**1 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

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or 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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3a</b>                           | 163,990 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           | 0       |

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated                                                                                      |                      | Unrelated business income |                       | Excluded by section 512, 513, or 514 |  | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|-----------------------|--------------------------------------|--|--------------------------------------------------------------------|
|                                                                                                                                     | (a)<br>Business code | (b)<br>Amount             | (c)<br>Exclusion code | (d)<br>Amount                        |  |                                                                    |
| <b>1</b> Program service revenue                                                                                                    |                      |                           |                       |                                      |  |                                                                    |
| <b>a</b> _____                                                                                                                      |                      |                           |                       |                                      |  |                                                                    |
| <b>b</b> _____                                                                                                                      |                      |                           |                       |                                      |  |                                                                    |
| <b>c</b> _____                                                                                                                      |                      |                           |                       |                                      |  |                                                                    |
| <b>d</b> _____                                                                                                                      |                      |                           |                       |                                      |  |                                                                    |
| <b>e</b> _____                                                                                                                      |                      |                           |                       |                                      |  |                                                                    |
| <b>f</b> _____                                                                                                                      |                      |                           |                       |                                      |  |                                                                    |
| <b>g</b> Fees and contracts from government agencies                                                                                |                      |                           |                       |                                      |  |                                                                    |
| <b>2</b> Membership dues and assessments. . . . .                                                                                   |                      |                           |                       |                                      |  |                                                                    |
| <b>3</b> Interest on savings and temporary cash<br>investments . . . . .                                                            |                      |                           | 14                    | 76                                   |  |                                                                    |
| <b>4</b> Dividends and interest from securities. . . . .                                                                            |                      |                           |                       |                                      |  |                                                                    |
| <b>5</b> Net rental income or (loss) from real estate                                                                               |                      |                           |                       |                                      |  |                                                                    |
| <b>a</b> Debt-financed property. . . . .                                                                                            |                      |                           |                       |                                      |  |                                                                    |
| <b>b</b> Not debt-financed property. . . . .                                                                                        |                      |                           |                       |                                      |  |                                                                    |
| <b>6</b> Net rental income or (loss) from personal property                                                                         |                      |                           |                       |                                      |  |                                                                    |
| <b>7</b> Other investment income. . . . .                                                                                           |                      |                           |                       |                                      |  |                                                                    |
| <b>8</b> Gain or (loss) from sales of assets other than<br>inventory . . . . .                                                      |                      |                           | 18                    | 4,383                                |  |                                                                    |
| <b>9</b> Net income or (loss) from special events                                                                                   |                      |                           | 01                    | -13,645                              |  |                                                                    |
| <b>10</b> Gross profit or (loss) from sales of inventory                                                                            |                      |                           |                       |                                      |  |                                                                    |
| <b>11</b> Other revenue <b>a</b> _____                                                                                              |                      |                           |                       |                                      |  |                                                                    |
| <b>b</b> _____                                                                                                                      |                      |                           |                       |                                      |  |                                                                    |
| <b>c</b> _____                                                                                                                      |                      |                           |                       |                                      |  |                                                                    |
| <b>d</b> _____                                                                                                                      |                      |                           |                       |                                      |  |                                                                    |
| <b>e</b> _____                                                                                                                      |                      |                           |                       |                                      |  |                                                                    |
| <b>12</b> Subtotal Add columns (b), (d), and (e). . .                                                                               |                      | 0                         |                       | -9,186                               |  | 0                                                                  |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .<br>(See worksheet in line 13 instructions to verify calculations ) |                      |                           | <b>13</b>             |                                      |  | <b>-9,186</b>                                                      |

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

|  |  |            |           |
|--|--|------------|-----------|
|  |  | <b>Yes</b> | <b>No</b> |
|--|--|------------|-----------|

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|              |           |
|--------------|-----------|
| <b>1a(1)</b> | <b>No</b> |
|--------------|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1a(2)</b> |  | <b>No</b> |
|--------------|--|-----------|

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|              |           |
|--------------|-----------|
| <b>1b(1)</b> | <b>No</b> |
|--------------|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(2)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(3)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(4)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(5)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(6)</b> |  | <b>No</b> |
|--------------|--|-----------|

|           |  |           |
|-----------|--|-----------|
| <b>1c</b> |  | <b>No</b> |
|-----------|--|-----------|

value  
ue

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

**Sign  
Here**

2018-07-31

May the IRS discuss this return with the preparer shown below

(see instr) ? ☒ Yes ☐ No

Date \_\_\_\_\_

Title

P00681836

2018-07-31

Firm's EIN ► 35-2123203

Phone no (317) 580-2000

Form **990-PF** (2017)

| Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation |                                                              |                                           |                                                                       |                                          |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| (a) Name and address                                                                                             | Title, and average hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account,<br>(e) other allowances |
| MICHAEL S MAURER                                                                                                 | DIRECTOR<br>5 00                                             | 0                                         | 0                                                                     | 0                                        |
| 1300 W 106TH STREET<br>CARMEL, IN 46032                                                                          |                                                              |                                           |                                                                       |                                          |
| JANIE MAURER                                                                                                     | DIRECTOR<br>5 00                                             | 0                                         | 0                                                                     | 0                                        |
| 1300 W 106TH STREET<br>CARMEL, IN 46032                                                                          |                                                              |                                           |                                                                       |                                          |
| TODD MAURER                                                                                                      | DIRECTOR<br>5 00                                             | 0                                         | 0                                                                     | 0                                        |
| 2985 CAMEO ROAD<br>CARMEL, IN 46032                                                                              |                                                              |                                           |                                                                       |                                          |
| JILL BURNETT                                                                                                     | DIRECTOR<br>5 00                                             | 0                                         | 0                                                                     | 0                                        |
| 1311 REGAL DRIVE<br>CARMEL, IN 46032                                                                             |                                                              |                                           |                                                                       |                                          |
| MATTHEW BURNETT                                                                                                  | DIRECTOR<br>1 00                                             | 0                                         | 0                                                                     | 0                                        |
| 1311 REGAL DRIVE<br>CARMEL, IN 46032                                                                             |                                                              |                                           |                                                                       |                                          |
| LINDA MAURER                                                                                                     | DIRECTOR<br>1 00                                             | 0                                         | 0                                                                     | 0                                        |
| 2985 CAMEO ROAD<br>CARMEL, IN 46032                                                                              |                                                              |                                           |                                                                       |                                          |
| GREG MAURER                                                                                                      | DIRECTOR<br>1 00                                             | 0                                         | 0                                                                     | 0                                        |
| 10743 BUNKER HILL DR<br>CARMEL, IN 46032                                                                         |                                                              |                                           |                                                                       |                                          |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| ACLU OF INDIANA<br>1031 E WASHINGTON ST<br>INDIANAPOLIS, IN 46202                                        | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| AGAPE THERAPEUTIC RIDING RESOURCES INC<br>24970 MT PLEASANT ROAD PO BOX 207<br>CICERO, IN 46034          | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| ALEX'S LEMONADE STAND<br>111 PRESIDENTIAL BLVD SUITE 203<br>BALA CYNWYD, PA 19004                        | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 840     |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| ALS ASSOCIATION - INDIANA CHAPTER<br>7202 E 87TH STREET NO 102<br>INDIANAPOLIS, IN 46256                 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| AMERICA TURKISH ASSOCIATION OF INDIANA<br>PO BOX 441431<br>INDIANAPOLIS, IN 46244                        | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| AMERICAN HEART ASSOCIATION INC<br>7272 GREENVILLE AVENUE<br>DALLAS, TX 75231                             | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 1,770   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| AMERICAN PIANISTS ASSOCIATION INC<br>4603 CLARENDON RD STE 30<br>INDIANAPOLIS, IN 46208                  | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| AMERICAN RED CROSS OF INDIANA<br>441 EAST 10TH STREET<br>INDIANAPOLIS, IN 46202                          | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| ANDERSON YOUNG BALLET THEATRE<br>29 YOUNG DRIVE<br>ANDERSON, IN 46016                                    | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| ANTI-DEFAMATION LEAGUE<br>605 THIRD AVE<br>NEW YORK, NY 10158                                            | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 3,900   |
| ASSISTANCE LEAGUE OF INDIANAPOLIS<br>1475 WEST 86TH STREET SUITE E<br>INDIANAPOLIS, IN 46260             | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| BOY SCOUTS OF AMERICA -<br>CROSSROADS COUNCIL<br>7125 FALL CREEK RD N<br>INDIANAPOLIS, IN 46256          | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| BUILDING AND IMPACTING COMMUNITIES INC<br>5902 EAST 34TH STREET SUITE I<br>INDIANAPOLIS, IN 46218        | N/A                                                                                                       | EO                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| CANCER SUPPORT COMMUNITY - CENTRAL INDIANA INC<br>5150 W 71ST ST<br>INDIANAPOLIS, IN 46268               | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 1,140   |
| CARMEL DADS CLUB INC<br>5459 E MAIN STREET<br>CARMEL, IN 46033                                           | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| <b>Total . . . . .</b><br><b>3a</b>                                                                      |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CENTER FOR LEADERSHIP DEVELOPMENT<br>2425 DOCTOR MLK JR STREET<br>INDIANAPOLIS, IN 46208                 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| CHILD ADVOCATES INC<br>8200 HAVERSTICK RD STE 240<br>INDIANAPOLIS, IN 46240                              | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| CHILDREN'S BUREAU OF INDIANAPOLIS INC<br>1575 DR MARTIN LUTHER KING JR ST<br>INDIANAPOLIS, IN 46202      | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 720     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CHILDREN'S MUSEUM OF INDIANAPOLIS<br>3000 N MERIDIAN STREET<br>INDIANAPOLIS, IN 46208                    | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| CHRISTEL HOUSE INTERNATIONAL INC<br>10 WEST MARKET ST STE 1990<br>INDIANAPOLIS, IN 46204                 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| CHRISTIAN THEOLOGICAL SEMINARY<br>1000 W 42ND STREET<br>INDIANAPOLIS, IN 46208                           | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CICOA AGING & IN HOME SOLUTIONS INC (AKA CICOA)<br>4755 KINGSWAY DR STE 200<br>INDIANAPOLIS, IN 46205    | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| COLLEGE MENTORS FOR KIDS INC<br>212 W 10TH ST STE B260<br>INDIANAPOLIS, IN 46202                         | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 1,260   |
| COLLEGE PARK BAPTIST CHURCH INC<br>2606 WEST 96TH STREET<br>INDIANAPOLIS, IN 46268                       | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 1,260   |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| COMBINED JEWISH PHILANTHROPIES<br>126 HIGH ST<br>BOSTON, MA 02110                                        | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| CONGREGATION BETH EL ZEDEK<br>FOUNDATION INC<br>600 W 70TH ST<br>INDIANAPOLIS, IN 46260                  | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 8,180   |
| DAMIEN CENTER<br>3808 26 N ARSENAL AVE<br>INDIANAPOLIS, IN 46201                                         | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| <b>Total . . . . . ►</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                           |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                          | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                           |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                           |         |
| DANCE KALEIDOSCOPE<br>4603 CLARENDON RD<br>INDIANAPOLIS, IN 46208                                        | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND                              | 300     |
| DEPAUL READING AND LEARNING ASSOCIATION INC<br>2164 W INDUSTRIAL PARK DR<br>BLOOMINGTON, IN 47404        | N/A                                                                                                       | PC                             | PINNACLE SCHOOL FOR DYSLEXIA                              | 300     |
| DREAM ALIVE INC7828 E 88TH STREET<br>INDIANAPOLIS, IN 46256                                              | N/A                                                                                                       | PC                             | ZKLING - 05/31/18 03 45PM<br>WORKSHEET PRIVATE FOUNDATION | 420     |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                                           | 163,990 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| EITELJORG MUSEUM<br>500 W WASHINGTON ST<br>INDIANAPOLIS, IN 46204                                        | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| ESKENAZI HEALTH FOUNDATION INC<br>1001 W TENTH ST<br>INDIANAPOLIS, IN 46202                              | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 3,000   |
| ETZ CHAIM SYNAGOGUE<br>10167 SAN JOSE BOULEVARD<br>JACKSONVILLE, FL 32257                                | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment       |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                      | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                            |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                           |                                                                                                           |                                |                                  |         |
| FAIRBANKS HOSPITAL INC<br>8102 CLEARVISTA PARKWAY<br>INDIANAPOLIS, IN 46256                                    | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| FOUNDATION AGAINST COMPANION ANIMAL EUTHANASIA INC (FACE)<br>1505 MASSACHUSETTES AVE<br>INDIANAPOLIS, IN 46201 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| GIRL SCOUTS OF CENTRAL INDIANA INC<br>2611 WATERFRONT PKWY E DRIVE STE 100<br>INDIANAPOLIS, IN 46214           | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 8,818   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                          |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| GLEANERS FOOD BANK OF INDIANA INC<br>3737 WALDEMERE AVENUE<br>INDIANAPOLIS, IN 46241                     | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 1,600   |
| GOODWILL INDUSTRIES FOUNDATION OF CENTRAL INDIANA<br>1635 WEST MICHIGAN STREET<br>INDIANAPOLIS, IN 46222 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 14,999  |
| GREATER YELLOWSTONE COALITION<br>215 S WALLACE AVE<br>BOZEMAN, MT 59715                                  |                                                                                                           | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment         |                                                                                                           |                                |                                  |         |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                        | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                                    |                                                                                                           |                                |                                  |         |
| HAMILTON COUNTY VESTA FOUNDATION FOR CHILDREN INC DBA CHAUCIE'S PLACE<br>4607 E 106TH STREET<br>CARMEL, IN 46033 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 10,964  |
| HARVEST BIBLE CHAPEL<br>14550 RIVER RD<br>CARMEL, IN 46033                                                       | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| HILLEL TORAH NORTH SUBURBAN DAY SCHOOL<br>7120 LARAMIE AVE<br>SKOKIE, IL 60077                                   | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                            |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| HISTORIC PARAMOUNT THEATRE INC<br>352 CYPRESS ST<br>ABILENE, TX 79601                                    | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| HOOVERWOOD INDIANAPOLIS JEWISH HOME INC<br>7001 HOOVER RD<br>INDIANAPOLIS, IN 46260                      | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| HORIZON HOUSE INC<br>1033 E WASHINGTON ST<br>INDIANAPOLIS, IN 46202                                      | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| HUMANE SOCIETY OF INDIANAPOLIS INC<br>7929 MICHIGAN ROAD<br>INDIANAPOLIS, IN 46268                       | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| HUNTINGTON DISEASE SOCIETY OF AMERICA<br>505 EIGHTH AVE SUITE 902<br>NEW YORK, NY 10018                  | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| INDIANA BLACK EXPO INC<br>3145 N MERIDIAN STREET<br>INDIANAPOLIS, IN 46208                               | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 600     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| INDIANA CANINE ASSISTANT NETWORK INC<br>5610 CRAWFORDSVILLE ROAD NO 2101<br>INDIANAPOLIS, IN 46224       | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| INDIANA COALITION AGAINST DOMESTIC VIOLENCE INC<br>1915 W 18TH STREET SUITE B<br>INDIANAPOLIS, IN 46202  | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 600     |
| INDIANA UNIVERSITY FOUNDATION<br>PO BOX 500<br>BLOOMINGTON, IN 47402                                     | N/A                                                                                                       | PC                             | IU LIBRARIES                     | 300     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                       |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution      | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                       |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                       |         |
| INDIANA UNIVERSITY FOUNDATION<br>PO BOX 500<br>BLOOMINGTON, IN 47402                                     | N/A                                                                                                       | PC                             | CANCER RESEARCH                       | 420     |
| INDIANA UNIVERSITY FOUNDATION<br>PO BOX 500<br>BLOOMINGTON, IN 47402                                     | N/A                                                                                                       | PC                             | KELLEY SCHOOL OF BUSINESS             | 420     |
| INDIANA UNIVERSITY FOUNDATION<br>PO BOX 500<br>BLOOMINGTON, IN 47402                                     | N/A                                                                                                       | PC                             | MAURER SCHOOL OF LAW - EXCELLENE FUND | 420     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                       | 163,990 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| INDIANA UNIVERSITY FOUNDATION<br>PO BOX 500<br>BLOOMINGTON, IN 47402                                     | N/A                                                                                                       | PC                             | MCKINNEY SCHOOL OF LAW           | 420     |
| INDIANA UNIVERSITY FOUNDATION<br>PO BOX 500<br>BLOOMINGTON, IN 47402                                     | N/A                                                                                                       | PC                             | MAURER SCHOOL OF LAW             | 1,140   |
| INDIANA UNIVERSITY FOUNDATION<br>PO BOX 500<br>BLOOMINGTON, IN 47402                                     | N/A                                                                                                       | PC                             | BRADFORD WOODS                   | 20,308  |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment          |                                                                                                           |                                |                                  |         |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                         | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                               |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                              |                                                                                                           |                                |                                  |         |
| INDIANA UNIVERSITY HEALTH FOUNDATION<br>METHODIST MEDICAL TOWER 1633 N CAPITOL AVE 1200<br>INDIANAPOLIS, IN 46202 | N/A                                                                                                       | PC                             | METHODIST HEALTH FOUNDATION      | 150     |
| INDIANAPOLIS CHILDREN'S CHOIR<br>4600 SUNSET AVE<br>INDIANAPOLIS, IN 46208                                        | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY FOUNDATION<br>PO BOX 6134<br>INDIANAPOLIS, IN 46206                     | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                             |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| INDY HUB FOUNDATION INC<br>705 E WALNUT ST NO A<br>INDIANAPOLIS, IN 46202                                | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 150     |
| INTERACTIVE INTELLIGENCE FOUNDATION<br>7601 INTERACTIVE WAY<br>INDIANAPOLIS, IN 46278                    | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| IPS EDUCATION FOUNDATION INC<br>120 EAST WALNUT ST<br>INDIANAPOLIS, IN 46204                             | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 14,733  |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| IVY TECH FOUNDATION INC<br>50 W FALL CREEK PRKWAY N DR<br>INDIANAPOLIS, IN 46208                         | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 600     |
| JAMES WHITCOMB RILEY MEMORIAL ASSOCIATION<br>30 SOUTH MERIDIAN STREET NO 200<br>INDIANAPOLIS, IN 46204   | N/A                                                                                                       | PC                             | MINDY BAILEY RED SHOES           | 420     |
| JAMESON INC2001 BRIDGEPORT RD<br>INDIANAPOLIS, IN 46231                                                  | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| <b>Total . . . . .</b><br><b>3a</b>                                                                      |                                                                                                           |                                |                                  | 163,990 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                                                     | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                                                                           |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                                                                          |                                                                                                                    |                                      |                                     |         |
| JEWISH BIG BROTHER & BIG SISTER<br>ASSN OF GR BOSTON ENDOWMENT<br>FUND I<br>333 NAHANTON ST<br>NEWTON, MA 02459               | N/A                                                                                                                | PC                                   | CONTRIBUTION TO GENERAL<br>FUND     | 420     |
| JEWISH COMMUNITY CENTER<br>ASSOCIATION OF INDIANAPOLIS INC<br>AKA JCC OF INDPLS<br>6701 HOOVER ROAD<br>INDIANAPOLIS, IN 46260 | N/A                                                                                                                | PC                                   | CONTRIBUTION TO GENERAL<br>FUND     | 12,773  |
| JEWISH FEDERATION OF GREATER<br>INDIANAPOLIS (JFGI)<br>6705 HOOVER RD<br>INDIANAPOLIS, IN 46260                               | N/A                                                                                                                | PC                                   | CONTRIBUTION TO GENERAL<br>FUND     | 5,500   |
| <b>Total . . . . .</b> <br><b>3a</b>       |                                                                                                                    |                                      |                                     | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| JOY'S HOUSE (AKA TMP ENTERPRISES INC)<br>2028 BROAD RIPPLE AVENUE<br>INDIANAPOLIS, IN 46220              | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 900     |
| KID' VOICE OF INDIANA INC<br>9150 HARRISON PARK CT C<br>INDIANAPOLIS, IN 46216                           | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| KURT VONNEGUT MEMORIAL LIBRARY INC<br>340 N SENATE AVENUE<br>INDIANAPOLIS, IN 46204                      | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 720     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| LINK OBSERVATORY AND SPACE SCIENCE CENTER CORPORATION<br>629 E COLUMBINE LN<br>WESTFIELD, IN 46074       | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 2,100   |
| LITTLE RED DOOR CANCER AGENCY INC<br>1801 NORTH MERIDIAN STREET<br>INDIANAPOLIS, IN 46202                | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 720     |
| LITTLE STAR CENTER INC<br>12650 HAMILTON CROSSING BLVD<br>CARMEL, IN 46032                               | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 3,720   |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| LOVE WITHOUT BOUNDARIES INC<br>13268 MINK LANE<br>CARMEL, IN 46074                                       | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| LUTHERAN CHILD AND FAMILY SERVICES OF INKY INC<br>1525 NORTH RITTER AVENUE<br>INDIANAPOLIS, IN 46219     | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 630     |
| MARTIN UNIVERSITY<br>2171 AVONDALE PLACE<br>INDIANAPOLIS, IN 46218                                       | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 1,680   |
| <b>Total . . . . . ►</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment         |                                                                                                           |                                |                                  |         |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                        | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                             |                                                                                                           |                                |                                  |         |
| MILLION MEAL MOVEMENT<br>9250 CORPORATION DR SUITE 300<br>INDIANAPOLIS, IN 46256                                 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY INDIANA STATE CHAPTER<br>3500 DEPAUW BLVD STE 1040<br>INDIANAPOLIS, IN 46268 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| NEIGHBORHOOD CHRISTIAN LEGAL CLINIC<br>3333 N MERIDIAN ST 201<br>INDIANAPOLIS, IN 46208                          | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| <b>Total . . . . .</b><br><b>3a</b>                                                                              |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| OAKS ACADEMY INC<br>2301 N PARK AVENUE<br>INDIANAPOLIS, IN 46205                                         | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| PEACE LEARNING CENTER<br>6040 DELONG RD<br>INDIANAPOLIS, IN 46254                                        | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| RECYCLEFORCE COLUMBUS INC<br>2048 BRITAINS LN STE 2050<br>COLUMBUS, OH 43224                             | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 1,140   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| SECOND HELPINGS<br>1121 SOUTHEASTERN AVE<br>INDIANAPOLIS, IN 46202                                       | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| SEVEN ACRES JEWISH SENIOR CARE SERVICES INC<br>6200 N BRAESWOOD BLVD<br>HOUSTON, TX 77074                | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| SHAAREY TEFILLA CONGREGATION INC<br>3085 WEST 116TH STREET<br>CARMEL, IN 46032                           | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| SHELTERING WINGS CENTER FOR WOMEN INC<br>PO BOX 92<br>DANVILLE, IN 46122                                 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| SPAY NEUTER SERVICES OF INDIANA<br>1100 W 42ND STREET 205<br>INDIANAPOLIS, IN 46208                      | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 600     |
| SPECIAL OLYMPICS INDIANA<br>6200 TECHNOLOGY CENTER DR 105<br>INDIANAPOLIS, IN 46278                      | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment                     |                                                                                                           |                                |                                  |         |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                                    | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                                          |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                                         |                                                                                                           |                                |                                  |         |
| ST LUKE CATHOLIC CHURCH<br>INDIANAPOLIS INC<br>7575 HOLLIDAY DRIVE EAST<br>INDIANAPOLIS, IN 46260                            | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| ST JOHN LUTHERAN CHURCH AND SCHOOL<br>6330 SOUTHEASTERN AVE<br>INDIANAPOLIS, IN 46203                                        | N/A                                                                                                       | PC                             | ST JOHN'S ACADEMY                | 420     |
| SUSAN G KOMEN BREAST CANCER FOUNDATION CENTRAL INDIANA AFFILIATE<br>3500 DEPAUW BOULEVARD STE 2070<br>INDIANAPOLIS, IN 46268 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| <b>Total</b> . . . . .                    |                                                                                                           |                                |                                  | 163,990 |
| <b>3a</b>                                                                                                                    |                                                                                                           |                                |                                  |         |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| SYCAMORE SCHOOL1750 W 64TH ST<br>INDIANAPOLIS, IN 46260                                                  | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| TRUST CORP1919 N MERIDIAN STREET<br>INDIANAPOLIS, IN 46202                                               | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| TANGRAM INC5155 PENNWOOD DRIVE<br>INDIANAPOLIS, IN 46205                                                 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 8,065   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| TEENWORKS INC<br>2820 N MERIDIAN STREET 1250<br>INDIANAPOLIS, IN 46208                                   | N/A                                                                                                       | SO-I                           | CONTRIBUTION TO GENERAL FUND     | 600     |
| THE ARC OF INDIANA<br>107 N PENNSYLVANIA STREET 800<br>INDIANAPOLIS, IN 46204                            | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| THE COST OF FREEDOM<br>17738 EAGLETOWN RD<br>WESTFIELD, IN 46074                                         | N/A                                                                                                       | POF                            | CONTRIBUTION TO GENERAL FUND     | 420     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| THE INDY LEARNING TEAM<br>4627 BOULEVARD PLACE<br>INDIANAPOLIS, IN 46208                                 | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| THE INTERNATIONAL CENTER<br>ONE INDIANA SQUARE SUITE 2000<br>INDIANAPOLIS, IN 46204                      | N/A                                                                                                       | SO-I                           | CONTRIBUTION TO GENERAL FUND     | 150     |
| THE SALVATION ARMY<br>3100 N MERIDIAN ST<br>INDIANAPOLIS, IN 46208                                       | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 600     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| TRINITY FREE CLINIC INC<br>1045 W 146TH ST<br>CARMEL, IN 46032                                           | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 150     |
| UNITED WAY OF CENTRAL INDIANA<br>2955 N MERIDIAN ST 300<br>INDIANAPOLIS, IN 46208                        | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 720     |
| VERA BRADLEY FOUNDATION FOR BREAST CANCER<br>12420 STONEBRIDGE RD<br>ROANOKE, IN 46783                   | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 300     |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| VOLUNTEERS OF AMERICA - INDIANA<br>927 N PENNSYLVANIA ST<br>INDIANAPOLIS, IN 46204                       | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| WABASH COLLEGEPO BOX 352<br>CRAWFORDSVILLE, IN 47933                                                     | N/A                                                                                                       | PC                             | CONTRIBUTION TO GENERAL FUND     | 420     |
| YMCA FOUNDATION OF GREATER INDIANAPOLIS<br>615 N ALABAMA ST<br>INDIANAPOLIS, IN 46202                    | N/A                                                                                                       | PC                             | YMCA - ANTHENAEUM                | 150     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 163,990 |

**TY 2017 Investments - Other Schedule**

**Name:** MAURER FAMILY FOUNDATION INC  
C/O JILL BURNETT

**EIN:** 35-1787262

**Investments Other Schedule 2**

| <b>Category/ Item</b>                                   | <b>Listed at Cost or FMV</b> | <b>Book Value</b> | <b>End of Year Fair Market Value</b> |
|---------------------------------------------------------|------------------------------|-------------------|--------------------------------------|
| ENDOCYTE INC                                            | AT COST                      | 349,531           | 119,840                              |
| NAT BANK OF INDPLS - 11,999 SHS HELD AT CITY SECURITIES | AT COST                      | 493,850           | 1,043,673                            |
| NAT. BANK OF INDPLS - 300 SHS                           | AT COST                      | 7,350             | 26,094                               |

**TY 2017 Legal Fees Schedule**

**Name:** MAURER FAMILY FOUNDATION INC  
C/O JILL BURNETT

**EIN:** 35-1787262

| Category      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------|--------|--------------------------|------------------------|---------------------------------------------|
| ATTORNEY FEES | 200    | 0                        | 200                    | 0                                           |

**TY 2017 Other Expenses Schedule**

**Name:** MAURER FAMILY FOUNDATION INC  
C/O JILL BURNETT

**EIN:** 35-1787262

**Other Expenses Schedule**

| Description | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| EVENT COSTS | 180,125                              | 0                        | 180,125                | 0                                           |

## TY 2017 Other Income Schedule

**Name:** MAURER FAMILY FOUNDATION INC

C/O JILL BURNETT

**EIN:** 35-1787262

### Other Income Schedule

| Description                                  | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|----------------------------------------------|-----------------------------------|--------------------------|---------------------|
| GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS | 162,706                           |                          | 162,706             |

**TY 2017 Other Increases Schedule****Name:** MAURER FAMILY FOUNDATION INC

C/O JILL BURNETT

**EIN:** 35-1787262**Description****Amount**

PRIOR YEAR UNCASHED DONATIONS

3,738

**TY 2017 Other Professional Fees Schedule**

**Name:** MAURER FAMILY FOUNDATION INC  
C/O JILL BURNETT

**EIN:** 35-1787262

| Category                              | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| NBI AND CITY SECURITIES ADVISORY FEES | 1,465  | 1,465                    | 0                      | 0                                           |