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Form 990-PF

## **Return of Private Foundation**

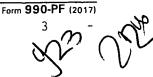
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PFfor instructions and the latest information.

OMB No. 1545-0052

		HEIL OF THE TLEASURY T	ocial security numbers or		•	•	Open to Public Inspection
_			s.gov/Form990PFfor instr				
		lendar year 2017 or tax year beginning of foundation KURT & TESSYE SIMO	יסיו מסים מותוים ואו		, and endir		, 20
		EMBRANCE 480027010	וטא אטז עמטז מי	LOCAUSI		1	
		per and street (or P.O. box number if mail is not delivered	ed to street address)		Room/suite		5-1925020 nber (see instructions)
	1401110	ier and street for P.O. Dox number it mail is not deliven	en to street anniess)		Acom/suite	b reseptione num	inei (see maridettons)
	D 0	DOV 1600				· [	- 74 025 0700
		. BOX 1602 r town, state or province, country, and ZIP or foreign pr			l		574-235-2790
	City of	r town, state or province, country, and ZIP or foreign po	ostal code			C If exemption app	lication is
		WILL DEND THE ACCOL				pending, check h	ere ▶ □
_		TH BEND, IN 46634	<del></del>			<del></del>	. 🗀
Ġ	Une	eck all that apply: Initial return	<b>├</b> ─-	of a former p	oublic chari	. D	
		Final return	Amended re				zations meeting the k here and attach
ä	CL	Address change	Name chang		1	computation	▶ □
7		eck type of organization: X Section 50			O y	E If private foundat	ion status was terminated
Ť		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr			under section 50	7(b)(1)(A), check here . P
•			ounting method: X C	ash Acc	rual /	1	is in a 60-month termination
		,	Other (specify)	· · · · · · · · ·		under section 50	7(b)(1)(B), check here . ►
P			, column (d) must be on ca	asn basis.)	<del></del> 1-		(d) Disbursements
Lj	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(b) Hovestac and	(b) Net inve	estment	(c) Adjusted net	for charitable
		may not necessarily equal the amounts in	expenses per books	incom		income	purposes
_		column (a) (see instructions).)	20000	ļ		<del></del>	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule).					
	2	Check Lift the foundation is not required to attach Sch. B	ļ				<del></del>
	3	Interest on savings and temporary cash investments-			2 2 2 2		C C C C C C C C C C C C C C C C C C C
	4	Dividends and interest from securities	8,998.		<u>8,998.</u>	8,998	S. STMT 1
	5a	Gross rents					
	Ь	Net rental income or (loss)					
ņ	6a	Net gain or (loss) from sale of assets not on line 10	18,774.	<b></b>			
en	b	Gross sales price for all 60,975	<del></del>	ļ		(20,000	-
Revenue	7	Capital gain net income (from Part IV, line 2) .		1	8,774.	IRECE	VED
щ.	8	Net short-term capital gain		<u> </u>		m	- S
	9	Income modifications				S AUG 28	2018   5
	104	and allowances				I I	
		Less Cost of goods sold .				OGDEN	
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)			E 550	2 22	<del>.   </del>
	12	Total. Add lines 1 through 11		2	7,772.	8,998	
'n	13	Compensation of officers, directors, trustees, etc			668.		4,291
Ses	14	Other employee salaries and wages					
en	15	Pension plans, employee benefits					<del> </del>
Administrative Expen	16a	Legal fees (attach schedule)			7 050		77077
ē	b	Accounting fees (attach schedule) STMT. 2.	1,050.		1,050.	NON	IE NON
\$	С	Other professional fees (attach schedule)		_		·-·	
tra	17	Interest					
Sic	18	Taxes (attach schedule) (see instructions). 3.	61.			<del>.</del>	
Ē	19	Depreciation (attach schedule) and depletion .				<del></del>	<del> </del>
힑	20	Occupancy		<u> </u>			
او	21	Travel, conferences, and meetings				<del></del> -	
ē	22	Printing and publications					<del> </del>
덤	21 22 23 24 25	Other expenses (attach schedule)					
Ħ	24	Total operating and administrative expenses.					
ě		Add lines 13 through 23	5,402.		1,718.	NON	
킭	25	Contributions, gifts, grants paid	22,108.				22,108
- 1	26	Total expenses and disbursements Add lines 24 and 25	27,510.		1,718.	NON	E 26,399
_	27	Subtract line 26 from line 12.					
		Excess of revenue over expenses and disbursements	262.				
	b	Net investment income (if negative, enter -0-)		2	6,054.		
- [		Adjusted net income (if negative, enter -0-)				8,998	

JSA For Paperwork Reduction Act Notice, see instructions.
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Part	Attached schedules and amounts in the	Beginning of year	End of y	/ear
Fent	Balance Sheets description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	34.		
2	Savings and temporary cash investments			
3	Accounts receivable			
1	Less. allowance for doubtful accounts ▶			
4	Pledges receivable			• • • •
1	Less. allowance for doubtful accounts			
_	Grants receivable			
5	1	<del></del>	<del></del>	
6	Receivables due from officers, directors, trustees, and other			
1_	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less: allowance for doubtful accounts		<del></del>	<del></del> <del>-</del>
8	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			27037
<b>▼</b> 10a	Investments - U.S and state government obligations (attach schedule).	1,191.	NONE	NON
b		207,909.	204,087.	280,720
C		215,252.	226,507.	226,301
111	Investments - land, buildings, and equipment basis			
-	Less accumulated depreciation (attach schedule)		<del></del>	
12	Investments - mortgage loans			
13	Investments - other (attach schedule)			
14	Land, buildings, and equipment basis			
	equipment basis Less accumulated depreciation (attach schedule)			
15	Other assets (describe >)			
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	424,386.	430,594.	507,021
17	Accounts payable and accrued expenses			
18	Grants payable			
	Deferred revenue		<del></del>	
19 19			<del></del>	
20	Loans from officers, directors, trustees, and other disqualified persons.			
Liabilities 20 21 22	Mortgages and other notes payable (attach schedule)		5,991.	
<b>-</b>   22	Other habilities (describe >)		<u> </u>	
	Table State State ( 11 State 47 Absorbt 00)		5,991.	
_ 23	Total liabilities (add lines 17 through 22)		3,331.	
	Foundations that follow SFAS 117, check here ▶			
ë	and complete lines 24 through 26, and lines 30 and 31.			
듄 24	Unrestricted			
g 25	Temporarily restricted			
24 25 26	Permanently restricted			
5	Foundations that do not follow SFAS 117, check here		İ	
	and complete lines 27 through 31.			
Net Assets or Ful 2	Capital stock, trust principal, or current funds	424,386.	424,603.	
S 28	Paid-in or capital surplus, or land, bldg., and equipment fund			
S 29	Retained earnings, accumulated income, endowment, or other funds			
<b>∑</b>  30	Total net assets or fund balances (see instructions)	424,386.	424,603.	
31	Total liabilities and net assets/fund balances (see			
-	ınstructions)	424,386.	430,594.	
Part			130/3314	<del></del>
	tal net assets or fund balances at beginning of year - Part II		ust agree with	
				121 206
	d-of-year figure reported on prior year's return),	•		424,386.
	ter amount from Part I, line 27a			262.
	ner increases not included in line 2 (itemize)			101 215
	d lines 1, 2, and 3		1	424,648.
	creases not included in line 2 (itemize) DIFFERENCE DUE TO T		5	45.
6 Tot	tal net assets or fund balances at end of year (line 4 minus lir	ne 5) - Part II, column (b),	line 30 6	424,603.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and des 2-story b	(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)				
1a PUBLICLY TRADED	<del></del>		D - Donation				
b							
d							
_ е							
(e) Gross sales price		(h) Gain or (lo ((e) plus (f) min					
a 60,975.		42,201.			18,774.		
b							
С							
d							
е							
Complete only for assets sh	lowing gain in column (h) and owned b	y the foundation on 12/31/69.	(1)	Gains (Col (h) ga	in minus		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less the Losses (from col			
а					18,774.		
b							
С							
d							
e		<u> </u>					
2 Capital gain net income	or (not capital loss) ( If ga	ain, also enter in Part I, line 7	1 1				
_	( IT (IC	oss), enter -0- in Part I, line 7	2	<del></del> . <b>–</b>	<u> 18,774.</u>		
	ain or (loss) as defined in sections						
<del>-</del>	Part I, line 8, column (c). See ins						
	· · · · · · · · · · · · · · · · · · ·		3				
	Inder Section 4940(e) for Redu private foundations subject to the						
	the section 4942 tax on the distrib 't qualify under section 4940(e). Do		ase perio	d?	Yes X No		
	nount in each column for each year		ng any an	tries			
(a)			ig any en	(d)	<del></del>		
Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution rat (col. (b) divided by			
Calendar year (or tax year beginning in) 2016	23,314.	460,722.	<del>                                     </del>		0.050603		
2015	11,956.	470,943.			0.025387		
2014	28,988.	462,250.			0.062711		
2013	13,889.	376,343.			0.036905		
2012	15,102.	298,837.			0.050536		
2 Total of line 1, column (	d)		2		0.226142		
	o for the 5-year base period - divid						
	foundation has been in existence i		3		0.045228		
4 Enter the net value of no	oncharitable-use assets for 2017 fro	om Part X, line 5	4		475,471.		
5 Multiply line 4 by line 3.			5		21,505.		
6 Enter 1% of net investme	ent income (1% of Part I, line 27b) -		6		261.		
7 Add lines 5 and 6			7		21,766.		
8 Enter qualifying distribut If line 8 is equal to or g Part VI instructions.	ions from Part XII, line 4 greater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	26,399. k rate. See the		

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see ii	istru	ctions	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2	61.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		N	<u>IONE</u>
3	Add lines 1 and 2			61.
4	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			<u>IONE</u>
5	Tax based on investment income. Subtract line 4 from line 3, If zero or less, enter -0		2	<u>61.</u>
6	Credits/Payments:			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 313.			
b	Exempt foreign organizations - tax withheld at source 6b NONE			
c	Tax paid with application for extension of time to file (Form 8868) 6c 500.			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		8	<u> 313.</u>
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	_		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		5	<u>52.</u>
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ► 552 . Refunded ► 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	Instructions for the definition	1b		<u> X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c	_	<u>X</u>
d				
	(1) On the foundation. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers.    \$			, ,,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.		,	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	_		v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b 5		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-5		<u></u>
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	Х	
_	conflict with the state law remain in the governing instrument?	7	X	$\vdash$
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, coi. (c), and Part XV	<del>                                     </del>	- ^	<del> </del>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	IN			
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	Х	
_	(or designate) of each state as required by General Instruction G?If "No," attach explanation	<del>""</del>	<u> </u>	<del>                                     </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	]		
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"	9	1	X
	complete Part XIV	<del></del>	<b></b>	<del>  ^</del>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		X
	names and addresses	10		<u> </u>

Form 990-PF (2017)

Part VII-A Statements Regarding Activities (continued)  11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	<del></del>
meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	X  O  Yes No
meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	X  O  Yes No
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	X  O  Yes No
person had advisory privileges? If "Yes," attach statement. See instructions	X 0 Ves No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A  14 The books are in care of ► 1ST SOURCE BANK Telephone no. ► (574) 235-279 Located at ► 100 N MICHIGAN, SOUTH BEND, IN ZIP+4 ► 46601  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	X 0 Ves No
Website address ► N/A  14 The books are in care of ► 1ST SOURCE BANK Telephone no. ► (574) 235-279  Located at ► 100 N MICHIGAN, SOUTH BEND, IN ZIP+4 ► 46601  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	0 Yes No
14 The books are in care of ▶ <u>1ST SOURCE BANK</u> Located at ▶ 100 N MICHIGAN, SOUTH BEND, IN  Telephone no. ▶ (574) 235-279 ZIP+4 ▶ 46601  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	Yes No
Located at ► 100 N MICHIGAN, SOUTH BEND, IN ZIP+4 ► 46601  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here · · · · · · · · · · · · · · · · · ·	Yes No
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	Yes No
	Yes No
and onter the assume of the control	
and enter the amount of tax-exempt interest received or accrued during the year	
16 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?	
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	Marie Labora
the foreign country ►  Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	
[caracter]	Yes No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	THE STATE OF THE S
1a During the year, did the foundation (either directly or indirectly):	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	
disqualified person?	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	
foundation agreed to make a grant to or to employ the official for a period after	
termination of government service, if terminating within 90 days.), Yes X No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	COLUMN STREET
Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	20 12   00 15 1
were not corrected before the first day of the tax year beginning in 2017?	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	
operating foundation defined in section 4942(j)(3) or 4942(j)(5)).	
a 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 20177	
If "Yes," list the years	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	$ \mathcal{A}  _{\mathcal{A}_{2}}$
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	
all years listed, answer "No" and attach statement - see instructions.)	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	
▶ <u></u> ,,,,,,,,,	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	
at any time during the year?	
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.)	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	X
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? 4b	Х

3 Five hig	hest-paid independent contractors for professional services. See instructions. If none, enter "NONI	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE		NONE
		NONE
tal number	of others receiving over \$50,000 for professional services	NONE
art IX-A	Summary of Direct Charitable Activities	
	ation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
NONE		
	<del></del>	
2		
3		<u>.                                    </u>
	<del>-</del>	
art IX-B	Summary of Program-Related Investments (see instructions)	
Describe the tv	o largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>NONE</u>		
2		
<del></del>		
	m-related investments. See instructions.	
NONE		
	ì	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	482,712.
	Average of monthly cash balances	1b	NONE
	Fair market value of all other assets (see instructions)	1c	NONE
d		1d	482,712.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	482,712.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	7,241.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	475,471.
6	Minimum investment return. Enter 5% of line 5	6	23,774.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here      and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	23,774.
2 a	Tax on investment income for 2017 from Part VI, line 5 2a 261.		
b		]	
С		2c	261.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	23,513.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	23,513.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	23,513.
Par 1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
' a		1a	26,399.
b		1b	20,333.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2			NONE
•	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:	a-	MOND
a	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	26,399.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	0.63
_	Enter 1% of Part I, line 27b. See instructions	5	261.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,138.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	iculating wh	letner the foundation

Part XIII Undistributed Income (see instru	ctions)		<del></del>	Page S
	(a)	(b)	(c)	(d)
1 Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
line 7		<del></del>		23,513
2 Undistributed income, if any, as of the end of 2017		'	22 000	
a Enter amount for 2016 only	<del></del>	NONE	22,999.	<del></del>
3 Excess distributions carryover, if any, to 2017		NONE		
a From 2012 NONE				
b From 2013 NONE				
c From 2014 NONE			}	
d From 2015 NONE				
e From 2016 NONE				
f Total of lines 3a through e	NONE			
4 Qualifying distributions for 2017 from Part XII,				
line 4: ▶ \$26,399.				
a Applied to 2016, but not more than line 2a			22,999.	
b Applied to undistributed income of prior years				
(Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election	MONT			
required - see instructions)	NONB	<del></del>		2 400
d Applied to 2017 distributable amount	NONB	<del></del>	<del></del>	3,400.
e Remaining amount distributed out of corpus	NONB	<del></del>	<del></del>	NONE
(If an amount appears in column (d), the same	HOND			NONE
amount must be shown in column (a).)		l		
6 Enter the net total of each column as indicated below:			,	
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		NONE		
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		NONE		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		NONE		
4a from line 2a. Taxable amount - see	Ì			
instructions		<del></del>	····	
f Undistributed income for 2017. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2018				20,113.
				20,113.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section	Ì		ĺ	
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)	NONE			
8 Excess distributions carryover from 2012 not				
applied on line 5 or line 7 (see instructions)	NONE			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	NONB			
10 Analysis of line 9				
a Excess from 2013 NONE				
b Excess from 2014 NONE				
c Excess from 2015 NONE		<b>\</b>		
d Excess from 2016 NONE	ļ			
e Excess from 2017 NONE			<del></del>	orm 990-PF (2017)

factors:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture 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)	or substantial contributor	recipient	Contribution	
a Paid during the year			(	
IPLE BETH EL			}	
W MADISON SOUTH BEND IN 46601	NONE	PC	HOLOCUST TEMEMBERANCE	22,
William Booth Bang In 10001	IIONB	PC	HOBOCOS1 TEMENDERANCE	22,
		{		
		}		
		1	1	
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		) 1		
	}	1		
	1	(		
		1		
			1	
		<u> </u>		
Total	<del> </del>	<del></del>	▶ 3a	22,
Approved for future payment			}	
			ì	
		}	j	
			}	
		1		
	]			
	j	}		
		l		
Total		_	▶ 3b	

Part XVI-A Analysis of Income-Produ					<del></del>
Enter gross amounts unless otherwise indicated.	(a)	eted business income (b)	Excluded by	section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions.)
a	<del></del>		<u> </u>		
b	<u> </u>	<del></del>			
d	}		<del> </del>	<del></del>	
<del></del>			<del> </del>		
ef			<del> </del>	<del></del>	
g Fees and contracts from government agencies		<del></del>	<del>   </del>		
2 Membership dues and assessments		!			
3 Interest on savings and temporary cash investments.					
4 Dividends and interest from securities			14	8,998.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			<del>                                     </del>		
6 Net rental income or (loss) from personal property		<del></del>	<del>  </del>		
7 Other investment income			18	18,774.	
8 Gain or (loss) from sales of assets other than inventory		<del></del>	10	10,774.	
9 Net income or (loss) from special events · · · 10 Gross profit or (loss) from sales of inventory			<del>   </del>		
11 Other revenue. a		<del></del>		<del></del>	
b					
c					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)				27,772.	
13 Total. Add line 12, columns (b), (d), and (e)				13	27,772.
See worksheet in line 13 instructions to verify calculus   Part XVI-B   Relationship of Activities					
Line No. Explain below how each activity accomplishment of the foundation	for which	income is reported in	column (e	) of Part XVI-A contribu	
		<del></del>			
<del></del>	<del></del>			<del> </del>	
<del></del>	<del></del>			<del> </del>	
		NOT APPLICABLE	<del></del>		
		NOT APPLICABLE	<u>'</u>		
				<del></del>	
				<del></del>	
ICA					Form 990-PF (2017)

Form 990-PF (2					35-19250	120		Pa	ge <b>1</b>
Part XVII	Information F Exempt Orga	legarding Tra	ensfers to and Transac	tions and	l Relation	ships With Non	charit	able	!
1 Did the	e organization direct	ly or indirectly	engage in any of the followi	ing with an	y other org	anization described		Yes	No
		than section	501(c)(3) organizations) of	r in secti	on 527, re	elating to political			
_	ations?								
			a noncharitable exempt orga						١
									X
	er assets ransactions:	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • •	1a(2)		X
							45/41		X
			pt organization						X
			assets					$\neg$	X
	-	-							X
									X
			or fundraising solicitations						X
c Sharing	of facilities, equipm	nent, mailing list	s, other assets, or paid emplo	oyees			1c	J	<u> </u>
			s," complete the following s						
value o value ir	of the goods, other In any transaction of	assets, or servic r sharing arrang	ces given by the reporting fement, show in column (d)	oundation. the value	If the found of the good	dation received less s. other assets, or s	than 1 services	air m rece	iarke eived
(a) Line no.	(b) Amount involved		oncharitable exempt organization			fers, transactions, and sha			
	<del></del>	<del> </del>	<del></del>	<del> </del>				<del></del>	
		<del> </del>		<del></del>					
		<del> </del>	<del></del>	<del></del>					
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			· · · · · · · · · · · · · · · · · · ·	+					
				<u> </u>					
<del></del>	<del></del>	<u> </u>			<del></del>				
		<del></del>		<del> </del>					
		<del></del>	<del></del>	<del> </del>					
				<del> </del>					
		<del></del>	<del></del>	1					
2a Is the f	oundation directly of	or indirectly affile	liated with, or related to, or	ne or more	tax-exemp	t organizations			
		•	ion 501(c)(3)) or in section 5		-		Ye	s X	No
b If "Yes,"	complete the follow	ving schedule.							
	(a) Name of organization	n	(b) Type of organization			(c) Description of relation	ship		
	<del></del>	<del></del>							
			· · · · · · · · · · · · · · · · · · ·						—
	<del></del>					<del></del>			
	<del></del>	<del></del>							
Under	penalties of perjury, I declar	re that I have examine	d this return, including accompanying a	schedules and s	statements, and t	to the best of my knowledge	e and be	hef, it i	is tru
Sign K	and complete, Declaration of	preparer tomer man tax		preparer nas an	y knowledge	May the IR	dicense	this i	return
lere	dante to	201/2-	8-23 1B	OFFIC	ER VE	with the pri			
Signa	ture of officer or trustee	_	Date	Title		See instruction	.s	Yes	No
	tomela C	frams	16		15.				
Paid	Print/Type preparer's nar	ne	Preparer's signature		Date	Cineck ii	PTIN		
Preparer	Euro's name				L	self-employed			
1 0-1-	Firm's name Firm's address		<del></del>	<del></del>	<del></del>	Firm's EIN			—
	3 0001635					Phone no.			
	<del></del>						m 990	-PF $\iota$ :	2017

ADJUSTED NET	TIN COME	817. 578. 943	ישי	527. 2,004.	Н	LC (	295. 1,047.	ഗഥ	) 🖽	H	8,998.	
NET INVESTMENT INCOME		817. 578. 943.	യത	527. 2,004.	12.	154.	) 4 r	156.	4.	. 4/ / 4		
FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES ====================================	AOR STYI, R PREMIA ALT T	81 77 UND		52 37 BD-I 2,00	IGA-SS NTL EO	3 1.7. Cad val tages 2	1,04	7AL-INS	4 77		_	

STATEMENT

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	NONE
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	1,050.
REVENUE AND EXPENSES PER BOOKS	1,050.
	TOTALS
DESCRIPTION	TAX PREPARATION FEES

FORM 990PF, PART I - TAXES 

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	57. 4.
TOTALS	61.

KURT & TESSYE SIMON FUND FOR HOLOCAUST

35-1925020

PART II - CORPORATE STOCK	
FORM 990PF,	

DESCRIPTION	AQR STYLE PREMIA ALT-I BOSTON PARTNERS INV ALL CAP VA FIDELITY CONTRAFUND GOLDMAN SACHS US EQ DIV/PR-I MORGAN STANLEY INS INTL EQ-I AMER FNDS NEW WORLD F3 SPDR S & P DIVIDENT ETF STERLING CAP STR S/C VAL-INS T. ROWE PRICE MID-CAP GROWTH OAKWARK INTERNATIONAL INST
-------------	--

ENDING FMV	11,541 75,755 85,755 7,696	21,212 11,810 17,055 18,154 31,742 280,720
BOOK VALUE	11,484. 47,118. 50,484. 7,364.	17,173. 9,552. 14,950. 15,252. 30,710. 204,087.

TOTALS

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KURT & TESSYE SIMON FUND FOR HOLOCAUST

- CORPORATE BONDS FORM 990PF, PART II

DESCRIPTION

BLACKROCK STRAT INC OPP-INS FEDERATED INST HI YLD BOND FUN METROPOLITAN WEST TOTAL RETURN WASATCH 1ST SOURCE INCOME FUND

35-1925020

ENDING BOOK VALUE

ENDING

17,162. 17,540. 96,064. 95,535. FMV

17,267. 17,329. 95,789. 96,122.

226,507.

226,301.

TOTALS

GP1824 A491 05/09/2018 08:13:35

OFFICER NAME:

TERRY TULCHINSKY

ADDRESS:

1376 SOUTHFIELD CIRCLE SOUTH BEND, IN 46614

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MARY FISCHER

ADDRESS:

16302 THRUSH ST

GRANGER, IN 46530

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

SID SHROYER

ADDRESS:

1406 CHESTER ST

SOUTH BEND, IN 46515

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MARA BOETTCHER

ADDRESS:

2801 PRIVET LANE

SOUTH BEND, IN 46614

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

RABBI KAREN COMPANEZ

ADDRESS:

52082 HEATHER COVE

SOUTH BNED, IN 46635

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MICHELLE FREEL

ADDRESS:

1339 SUNNYMEDE AVE

SOUTH BEND, IN 46615

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MARC RAYBIN

ADDRESS:

125 MARQUETTE AVE

SOUTH BEND, IN 46617

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

JOE BAUER

ADDRESS:

1426 E WAYNE ST

SOUTH BEND, IN 46615

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

FRANCIE DAVIS

ADDRESS:

14590 TRANQUIL CT

GRANGER, IN 46530

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

NATALIE KLEIN

ADDRESS:

6016 HARROW DR

SOUTH BEND, IN 46614

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

SID SHROYER

ADDRESS:

1406 CHESTER ST

SOUTH BEND, IN 46615

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

JILL TULCHINSKY

ADDRESS:

1376 SOUTHFIELD CIR

SOUTH BEND, IN 46614

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME: ZABE WILLIAMS

ADDRESS:

16186 BAYWOOD LN GRANGER, IN 46530

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

1ST SOURCE BANK

ADDRESS:

PO BOX 1602

SOUTH BEND, IN 46634

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION ...... 4,291.

TOTAL COMPENSATION:

4,291.

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