Department of the Treasury

2949334210908
EXTENDED TO NOVEMBER 15, 2018
of Organization Exercises **Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

	II ILCIT	ai noveis	GO to www.iis.gov/r ormisso for misa actions and	tile latest	miorination.	
	A F	or the	2017 calendar year, or tax year beginning and el	nding		
	B	heck If	C Name of organization	-	D Employer identific	ation number
	a	plicable	- Common of the			
		Addres change	RAMTELL, INC.			
	$\vdash$	Name			35-19	925455
	$\vdash$	Jchange ∏Initial		oom/suite	E Telephone number	
	누	Jreturn ∏Fınal	The state of the s	OOIII/Suite	•	547-2334
	<u> </u>	Jreturn/ termin-	804 7TH STREET			
	_	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,635,015.
	_	Jreturn Applica	TELL CITY, IN 47380		H(a) Is this a group re	
	<u> </u>	tion pending	F Name and address of principal officer REABERT 0. SCHOOLE	1	for subordinates	= = -
			804 /TH ST, TELL CITY, IN 4/586	, <u>y</u>	H(b) Are all subordinates in	
			mpt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	1	list (see instructions)
			e: ► N/A		H(c) Group exemption	_
			organization: X Corporation	L Year	of formation: 1994 M	State of legal domicile: KY
	Pa		Summary			
5	ą.		Briefly describe the organization's mission or most significant activities TO SU			
2019	Governance	_	501(C)(3) EXEMPT ORGANIZATIONS (WHICH ARE			
<b>ෆ</b>	ř	2 (	Check this box 🕨 📖 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	_
<u></u>	Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	6
~	ა გ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
FEB	es 6	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
ட	Activities	6	Total number of volunteers (estimate if necessary)		6	2
SCANNED	cţį	7 a ]	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	⋖	b f	Net unrelated business taxable income from Form 990-T, line 34-		7b	0.
Z			RECEIVED	i	Prior Year	Current Year
Z	a)	8 (	Contributions and grants (Part VIII, line 1h)	S-08C	0.	0.
Ö	Revenue	9 F	Program service revenue (Part VIII, line 2g)	Ö	0.	0.
43	eve	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	S	<502,175.	> 28,910.
	ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14e)	ן≝ ─	1,920,925.	1,576,141.
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	, i 🗀	1,418,750.	1,605,051.
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		387,165.	841,305.
			Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		Ö.	0.
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	per			0.	•	
	Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,784.	8,231.
			Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		392,949.	849,536.
			Revenue less expenses Subtract line 18 from line 12		1,025,801.	755,515.
	es		Totalida lasa angantasa angantasa mila na manin ma na	Be	ginning of Current Year	End of Year
	Assets or d Balances	20	Fotal assets (Part X, line 16)		24,346,971.	25,028,474.
	Ass		Fotal liabilities (Part X, line 26)		2,945.	800.
	Fund		Net assets or fund balances. Subtract line 21 from line 20		24,344,026.	25,027,674.
		rt II	Signature Block		<u> </u>	20/02//07/
			ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of my	knowledge and belief, it is
			, and complete. Declaration of preparer (other than officer) is based on all information of whic			, momodgo and bonon, icio
	1100,	COLLECT	de let	on properor		<del>1</del> -18
	C:		Signature of officer	•	Date	7 7 0
	Sign		•	REASU	סקס	
	Her	•	Type or print name and title	KBADO	INDIN	
				_ 10	Date Check	PTIN
	םם		Print/Type preparer's name  Preparer's signature  Preparer's signature		1113/18 of self-employe	<b></b>
	Paid		MELINDA L HECK I I LUCIOUS COMPONE	DCC	· J · · · · · · · · · · · · · · · · · ·	61-1064249
	Prep		Firm's name DEMING MALONE LIVESAY & OSTROFF Firm's address S 9300 SHELBYVILLE ROAD SUITE 1100		Firm's EIN	01-1004747
	use	Onlv	Firm Sanniess & 9 300 Saleties VIIIIE KUAD SUITE IIUU		i	

LOUISVILLE, KY 40222-5187

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

Form **990** (2017)

Phone no. (502)426-9660

orm	990 (2017) RAMTELL, INC.	35-1925	455	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission			
٠	TO SUPPORT AT LEAST FIVE 501(C)(3) EXEMPT ORGANIZATIONS	(WHICH	ARE	NOT
	PRIVATE FOUNDATIONS).			
	<del></del>			
2	Did the organization undertake any significant program services during the year which were not listed on the	Г		X No
	prior Form 990 or 990-EZ?	L	res	LALI NO
_	If "Yes," describe these new services on Schedule O	Г		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	1es	LAL NO
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as	measured by	ynense	2
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other			
	revenue, if any, for each program service reported	,	,	<b>-</b>
4a	(Code ) (Expenses \$ 841,605 including grants of \$ 841,305 ) (Revenue	ie \$		)
	THE ORGANIZATION'S PURPOSES ARE TO RECEIVE CONTRIBUTED I		NVES	T
	THOSE FUNDS, AND MAKE DISTRIBUTIONS TO THE SUPPORTED 501			
	ORGANIZATIONS (WHICH ARE NOT PRIVATE FOUNDATIONS). SEE S		OF	
	SUPPORTED ORGANIZATIONS.			
				<del></del>
4b	(Code) (Expenses \$) (Revenue	e\$		
		•-		·
			_	
		-		
٠				
4c	(Code) (Expenses \$) (Revenue)	ie \$		)
				<del></del>
			_	
		<del> </del>		
				<del></del>
A ~!	Other program services (Describe in Schedule O )			<del></del>
4d			)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 841,605.			
76	Total program de ride enpurides p		Form \$	990 (2017)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
<b>L</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ů	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			.,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		X
42	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	7	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		į	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			3,7
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
	complete Schedule G, Part III	19 Form	990	
		1 01111		(~~ ( ) ( )

Form 990 (2017) RAMTELL, INC.

Part IV Checklist of Required Schedules (continued)

20a but the organization operate one or more hospital facilities? If "Yes," complete Schedule I, Part I and II 21 but the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Part I and II 22 but the organization report more than \$5,000 of grants or other assistance to any domestic organization or other assistance to any domestic organization or other assistance to any domestic organization organization from than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Part I and III 22 but the organization investor travels or the Interest I and III of the organization organization any of the organization any of the organization any of the organization and office organization and office organization and organiza		•		Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic operament on Part IX, column (A), line 1º II "Yes," complete Schedule I, Parts I and II  22 Did the organization report more than \$5,000 of grants or other assistance to of rot domestic organization or part IX, column (A), line 1º II "Yes," complete Schedule I, Parts I and III  23 Did the organization report more than \$5,000 of grants or other assistance to of rot domestic individuals on Part IX, column (A), line 1º II "Yes," complete Schedule I, Parts I and III  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? II "Yes," answer lines 24d through 24d and complete Schedule IX II "No", go to line 25a  25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  26d Did the organization available person during the year?  26d Did the organization available person during the year?  26d Did the organization available person during the year?  26d Did the organization available person during the year?  26d Did the organization available person during the year?  26d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officiar, directors, trustees, levy employees, highest compensated employees, or disqualified persons? II "Yes," complete Schedule I, Part IV  27d Did the organization provide a grant or other assistance to an officer, director, trustee, prophyse substantial contributions of a "Yes," complete Schedule II, Part IV  28d Did the organization provide a grant or other assistance to a	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 if 17/ex, "complete Schedule I, Part I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if 17/ex, "complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 8 about compensation of the organization's current and former officers, directors, trustees, key employees, and hippers compensated employees? If "Yes," complete Schedule I 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If If I was a proceeded of tax-exempt bonds beyond a temporary penid exception?  In the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  In the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  In the organization maintain an escrow account other than a refunding escrow at any time during the year?  If Yes, "complete Schedule I, Part II transaction with a disqualified person during the year?" If Yes," complete Schedule I, Part II transaction with a disqualified person during the year? If Yes, "complete Schedule I, Part II to the organization in provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors of any of these persons? If "Yes," complete Schedule I, Part II to instructions for applicable fring threeholds, conditions, and exceptions?  If Yes, "complete Schedule I, Part II to instructions for applicable fring threeholds, conditions, and exceptions? If Yes, "complete Schedule I, Part IV instructions for applicable fring threeholds, conditions, and exceptions? If Yes, "complete Schedule I, Part IV instructions for applicable fr	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Do the organization report more shain \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Part I and III 2 Do the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II. Schedule IVI "No"; go to line 25a Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  22 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  23 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year?  25 Section 501(5)3, 501(5)4, and 501(5)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  25 In the organization and the stream of the organization engage in an excess benefit transaction with a disqualified person or a prior year, and that the transaction has not been reported on any of the organization from or payables to any current or former officer, director, fursities, level in the transaction and acceptance of any of these persons? If "Yes," complete Schedule I, Part IV  26 Dd the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a prair selection committee member, or to a 35% controlled entity or family member of a ray of these persons? If "Yes," complete Schedule I, Part IV  27 A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV  28 A current or former officer, director, trustee, or key	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), Iner 2? If "Yes," complete Schedule I, Parts I and III 2		domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," enswer lines 24b through 24d and complete Schedule II. If "Yes," or to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the organization maintain an escrow account other than a refunding escrow at any time during the year? do Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II bis the organization aware that it engaged in an excess benefit transaction with a disqualified person may prove year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II and the organization report any amount on Part X, line 5.6, or 22 for receivables from or payables to any current or former officer, furestor, trustee, or others, directors, trustees, which accurred to other assistance to an officer, director, trustee, which accurred to other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization liquidate, terminate, or key employee? If "Yes," complete Schedule L, Part IV and the organization inquidate, terminate, or dissol	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K I" No", go to line 25a 24b 2  b Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b 2  Did the organization mental an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24c 24d 2  24d 24d 2  25d 24d 2  26c 25d		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule K "No", go to him e 25a     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b     Did the organization invest any an exceeds of tax-exempt bonds beyond a temporary period exception? 24b     Did the organization and eas an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?     Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?     25a Section 601(c)(3), 601(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?     25b Is the organization are start at engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I     Did the organization report any amount on Part X, line 5. 6, or 22 for receivables from or payables to any current or former officers, directors, frustees, levy employees, or disqualified persons? If "Yes," complete Schedule L, Part IV     Did the organization provide a grant or other assistance to an officer, director, frustee, key employee, substantial contribution or enployee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV     Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV     A tamily member of a current of former officer, director, frustee, or key employee? If "Yes	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
Schedule / 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization and as a an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization and as as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization and as as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization and as as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization and as as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization and as as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization and as as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, are any of the organization sprore smooth or payables to any current or former officer, are payables to any current or former officer, the pay and the payables to any current or former officer, the pay and the payables to any current or former officer, the pay and the payables to any current or former officer, the pay and the payables (see Schedule L, Part IV and the organization payables to any current or former officer, director, trustee, or key employee or a					
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director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Z  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O					
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30	29				Х
contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O					
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If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  334	31				
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Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	34				
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36			35b		}
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Note. All Form 990 filers are required to complete Schedule O	36		<u> </u>		<del></del>
	JU	·	38	x	
		14030.7 mili odd maid aid roddinad to ddingioto ddinddalo d		_	(2017

Form **990** (2017)

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	"No" r	espon	se
				X
200	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			لهــا
<u> </u>	tion A. Governing body and management	_	Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	: [		110
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	_		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	₽	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		х
12	Did the organization have a written whistleblower policy?	13	X	
13 14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		i	
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fınan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOHN GUILLAUME - (812) 548-2206			
	706 JEFFERSON ST, TELL CITY, IN 47586			

Form **990** (2017)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

· Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in	ın thıs Part VII
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## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons

1) JOHN A. OBERHAUSEN PRESIDENT/DIRECTOR 2) ZAREDA A. SHERWOOD PRECTOR 3) FATHER DANIEL STAUBLIN	(list any hours for related organizations below line)  1.00  1.00  1.00	X Individual trustee or director	Institutional trustee	Х	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
RESIDENT/DIRECTOR  2) ZAREDA A. SHERWOOD  DIRECTOR  3) FATHER DANIEL STAUBLIN	1.00			X					i	
2) ZAREDA A. SHERWOOD DIRECTOR 3) FATHER DANIEL STAUBLIN	1.00			X					_	_
IRECTOR 3) FATHER DANIEL STAUBLIN	1.00	x				_		500.	0.	0
3) FATHER DANIEL STAUBLIN		X							_	
								500.	0.	0
	1.00									
IRECTOR	1.00	X						500.	0.	0
4) MICKI KIDDER										
IRECTOR		X	<u> </u>					500.	0.	0
5) GUY N. RAMSEY	1.00									
IRECTOR/CHAIRMAN		X		X				0.	0.	0
6) LAVERNE T. RAMSEY	1.00									
IRECTOR		X						0.	0.	0
7) HERBERT J. SCHULTE	1.00									
ICE PRESIDENT/TREASURER				X				0.	0.	0
8) NEIL P. RAMSEY	1.00		'							
ECRETARY				X		L		0.	0.	0
		-								
						<u>.</u>				
		-								
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	<u> </u>	-	-			-				
		_			<u></u>					
		{	1							

orm	1 990 (2017) RAMTELL,  1 VII Section A. Officers, Directors, Trus									35-19	254	155	Pa	age <b>8</b>
<u>rai</u>	T VII   Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do box	not c	Posi heck i ss pe	tion more rson		one h an	(D)  Reportable compensation from	(E)  Reportable compensation from related	Estin on amou		(F) imate ount other	
, 		(list any hours for related organizations below line)	Individual trustee or director	Individual trustee or director Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comp fro orga and		e ion ed
•											$\Box$			
													-	
													-	
	Sub-total  Total from continuation sheets to Part VI	I, Section A	•				·	<b>&gt;</b>	2,000.		0.			0
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no re	2,000. eceived more than \$100	0,000 of reportable	0. e			0
	compensation from the organization									·			Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y en	nplo	yee	or i	highest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co							the organization		4		Х
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr			idual for services	-	5		X
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	piete Scriedur	e	Or St	ucn ,	pers	OII					<u> </u>		
1	Complete this table for your five highest co the organization Report compensation for										pensa	ition fr	om	
	(A) Name and business			ONI					(B) Description of s		Cr	(C omper		n
		"	•											
		•												
									···					
	<del></del>	——————————————————————————————————————						$\dashv$						

732008 11-28-17

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2017)

\$100,000 of compensation from the organization

Pa	rt VI	II Statement of Rever	nue					
_	•	Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a				_	
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					,
Ω,Ĕ	c		1c					
a ii	d	I Balatada a a a a a a a a	1d					
S,E	е	0	tions) 1e	_				
i Sign	f	All other contributions, gifts, gran	its, and					
the per		similar amounts not included abo	1 1					
들임	g	Noncash contributions included in lines	s 1a-1f \$		_			
<u>용</u>	h	Total. Add lines 1a-1f		<b></b>				
				Business Code		_		
8	2 a	ı <u></u>						_
Program Service Revenue	b	·						_
Sell	С	·						
e a	d	I						
<u>Б</u> п	е							
ا ته	f	All other program service reve	enue					
_	g	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dividends, intere	est, and		[		
		other similar amounts)		<b>&gt;</b>	28,910.			28,910.
	4	Income from investment of ta	x-exempt bond p	roceeds >				
	5	Royalties		<u> </u>				
			(i) Real	(II) Personal				
	6 a		10,968.					
	b	•	29,964.					
	C	• •	<18,996.	<u> </u>				
	d	Net rental income or (loss)		<u> </u>	<18,996.	<b>&gt;</b>		<18,996.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b							
		and sales expenses						
	С	` '						
		Net gain or (loss)		<b></b>	<del></del>		_ <del> </del>	<del> </del> -
활	8 a	Gross income from fundraisin						•
ē		including \$						
æ		contributions reported on line	-					
Other Revenue		Part IV, line 18	a					
₹		Less direct expenses	b					
·		Net income or (loss) from fund	-					
	9 а	Gross income from gaming ac						
		Part IV, line 19	а					
		Less direct expenses	b anna antuutusa		•	-	-	
		Net income or (loss) from gar	-		<del></del>			
	io a	<ul> <li>Gross sales of inventory, less and allowances</li> </ul>						
			a b					
		Less cost of goods sold	_					
}		Net income or (loss) from sale		Rusinosa Cada				
}	11 -	Miscellaneous Revenu		Business Code			•	1 505 127
		RAMGUARD FKA D. QUANT		900099	1,595,137.			1,595,137.
	b							
	C	: I All other revenue				-		
	_	Total. Add lines 11a-11d			1,595,137.			
	12	Total revenue See instructions			1,595,137.		0	1 605 051

Form 990 (2017) RAMTELL, INC.
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon		this Part IX	<u>(C)</u>	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	841,305.	841,305.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				•
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				,
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				<del></del>
b	Legal	1 000	<u> </u>	1 200	
С	Accounting	1,200.		1,200.	
d	, ,				
е	Professional fundraising services See Part IV, line 17				-
f	Investment management fees				
g	, -				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				<del></del>
13	Office expenses				
14	Information technology		· · <del>-</del>		
15	Royalties				
16	Occupancy				
17	Travel	· ·			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates		,		
22	Depreciation, depletion, and amortization			<del></del>	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DEDUCAT MASS DASSEMBLE	2,044.		2,044.	· <del>-</del>
b		2,000.		2,000.	
c	DDODEDMY MANDO	1,725.	<u> </u>	1,725.	
d		866.		866.	
	All other expenses	396.	300.	96.	
25	Total functional expenses Add lines 1 through 24e	849,536.	841,605.	7,931.	0.
26	Joint costs Complete this line only if the organization	, ,	,		
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
					E 000 (2017)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X		1	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		982,735.	1	<u>154,587.</u>
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3_	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	mer officers, directors,			
		trustees, key employees, and highest compensa	ted employees Complete	•		
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined u	nder		
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of secti				
S		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net	·		7	
¥	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 1,073,5	560.		-
	ь	Less accumulated depreciation	10b 218,0		10c	855,461.
	11	Investments - publicly traded securities		430,000.	11	430,000.
	12	Investments other securities See Part IV, line 1	1	22,065,105.	12	23,588,326.
	13	Investments - program-related See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		100.	15	100.
	16_	Total assets. Add lines 1 through 15 (must equa	l line 34)	24,346,971.	16	25,028,474.
	17	Accounts payable and accrued expenses		2,145.	17	<u>.                                    </u>
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	<u> </u>
S	22	Loans and other payables to current and former	officers, directors, truste	es,		
Ě		key employees, highest compensated employees	s, and disqualified persor	ıs		
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela-	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24) Complete Part X			000
		Schedule D		800.	1 1	800.
	26	Total liabilities. Add lines 17 through 25		2,945.	26	800.
		Organizations that follow SFAS 117 (ASC 958)	,	and		
Ses		complete lines 27 through 29, and lines 33 and	134.		]	
au	27	Unrestricted net assets		· · · · · · · · · · · · · · · · · · ·	27	<u> </u>
Bai	28	Temporarily restricted net assets			28	
2	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (AS	SC 958), check here			
ğ		and complete lines 30 through 34.		_		
sets	30	Capital stock or trust principal, or current funds	0.		0.	
As	31	Paid in or capital surplus, or land, building, or eq		0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or other funds	24,344,026.		25,027,674.
_	33	Total net assets or fund balances		24,344,026.		25,027,674. 25,028,474.
	34	Total liabilities and net assets/fund balances		24,346,971.	34	50rm <b>990</b> (2017)

Form	990 (2017) RAMTELL, INC.	35-	19254	55	Page	e 12
Pa	rt XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI				Ĺ	X
1٠	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>605</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>849</u>		
3	Revenue less expenses Subtract line 2 from line 1	3		<u> 755</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,	<u>344</u>	<u>, 02</u>	<u> 16.</u>
5	Net unrealized gains (losses) on investments	5	_			
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				<u>50.</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<71	<u>, 91</u>	<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	25,	027	<u>, 67</u>	14.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u></u>
				Y	es	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both			1		
	Separate basis Consolidated basis Both consolidated and separate basis			}		
b	Were the organization's financial statements audited by an independent accountant?			2ь		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs	,	1		
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,			ŀ	
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	)		-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		I			
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit		$\Box$	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		ľ	3b		
			F	orm <b>9</b> 9	<b>90</b> (2	2017)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 35-1925455 RAMTELL INC Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ıv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. \_\_\_\_ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization 47 Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) CATHOLIC DIOCESE OF 1,500. EVANSVILLE |35-1044322 1 Х ROMAN CATHOLIC 1 23,000. ARCHDIOCESE OF INDI 35-1018460 X SAINT BERNARD'S 35-0979229 1 X 23,870. CHURCH SAINT PAUL'S CHURCH35-0891620 X 12,020.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-08-17 Schedule A (Form 990 or 990-EZ) 2017 SEE PART VI FOR LINE 312G CONTINUATION

Х

6,000.

839,285.

1

35-0868161

SAINT MEINRAD

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						/
	membership fees received (Do not					/	
	include any "unusual grants ")					_/	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			1			
	furnished by a governmental unit to			1	,	/	
	the organization without charge						
4	Total. Add lines 1 through 3			\	/	ĺ	<u> </u>
5	The portion of total contributions			1	<i>y</i> *		
	by each person (other than a			\		İ	
	governmental unit or publicly			1			
	supported organization) included						
	on line 1 that exceeds 2% of the				ľ		
	amount shown on line 11,	}			•		
	column (f)			\ /			
6	Public support. Subtract line 5 from line 4			V		•	
Sec	ction B. Total Support		·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			/ \			
8	Gross income from interest,			/			
	dividends, payments received on			\			
	securities loans, rents, royalties,		/				
	and income from similar sources		/	\			
9	Net income from unrelated business		<b>'</b>	١ ,			
	activities, whether or not the		,′				
	business is regularly carried on			, ,			
10	Other income Do not include gain		<b>'</b>				
	or loss from the sale of capital		/				
	assets (Explain in Part VI)		/				
11	Total support. Add lines 7 through 10		/		1		
12	Gross receipts from related activities,	etc (see instruction	oʻus)		1	12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	<del></del>
	organization, check this box and stor	here /					<u>▶</u> ∟
	ction C. Computation of Publ						
	Public support percentage for 2017 (I		•	column (f))	,	14	%
	Public support percentage from 2016	and the second s				15	%
16a	33 1/3% support test - 2017. If the c				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies				, , , , , , , , , , , , , , , , , , , ,		. •
b	33 1/3% support test - 2016. If the c				l line 15 is 33 1/3%	or more, check tr	nis box
	and stop here. The organization qual				\		
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt VI how the organ	nization
	meets the "facts-and-circumstances"					)	▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
	organization meets the "facts-and-circ						<b>P</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Sche	edule A (Form 990	or 990-EZ) 2017

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Se	ction A. Public Support	iow, picuse con	ipioto i die ii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						/
	include any "unusual grants ")				1		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					/	(
3	Gross receipts from activities that are not an unrelated trade or business under section 513					,	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf				,		
5	The value of services or facilities				1		
	furnished by a governmental unit to the organization without charge				\		
6	Total. Add lines 1 through 5					t	
	Amounts included on lines 1, 2, and					1	
	3 received from disqualified persons	<u></u>					
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			-		١	-
	Public support. (Subtract line 7c from line 6)					\	
	ction B. Total Support		_!	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6					,	
10	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		,				
. t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975		,				\
(	: Add lines 10a and 10b		//				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		,				
	Total support (Add lines 9, 10c, 11, and 12)		1/			- F01/c\/0\	
14	First five years. If the Form 990 is for	tne organization	is tirst, second, thir	a, tourth, or fifth t	ax year as a sectio	n su r(c)(3) org	janization,
50	check this box and stop here ction C. Computation of Publi	c Support P	ercentage				
			_	actume (f)	<del></del>	15	%
	Public support percentage for 2017 (III	T		column (i))		16	
	Public support percentage from 2016 ction D. Computation of Inves					10	
	Investment income percentage for 20	i ii		ne 13 column (fl)		17	%
	Investment income percentage for 20			ie 15, column (I))		18	
	a 33 1/3% support tests - 2017. If the			on line 14 and lin	e 15 is more than 3		
ושו	more than 33 1/3%, check this box an						<b>▶</b> □
ŀ	33 1/3% support tests - 2016. If the	organization did	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	
	line 18 is not more than 33 1/3%, chec						tion P
20	Private foundation. If the organization	n did not check a	<u>a box on line 14, 19</u>	a, or 19b, check t	his box and see in:	structions	<b></b>

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

<u>s</u>

ec	tion A. All Supporting Organizations			ı
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	١.,		<b>.</b>
	class or purpose, describe the designation If historic and continuing relationship, explain.	1		Х
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		Х
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	<del> </del>	Х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	_3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		_
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			۹,
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	_4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c_		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	_	47	
	was accomplished (such as by amendment to the organizing document)	5a	_ X_	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			v
	designated in the organization's organizing document?	5b_		X
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		v	
_	Part VI.	6	X	_
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		-	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	_		, v
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			, v
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<del> -</del>	X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			v
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<u> </u>	X
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			v
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<del> </del>	_X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			v
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	_ 9c		X
Οa	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40		v
	supporting organizations)? If "Yes," answer 10b below	10a	<del> </del>	X
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	104		
	determine whether the organization had excess business holdings.)	10b	1	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on I	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities .	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d_		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

c Remainder Subtract lines 4a and 4b from 4

Part VI See instructions

and 4c

8 Breakdown of line 7

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

than zero, explain in Part VI. See instructions,

Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater

Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2018. Add lines 3j

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1. Part IV. Section D. lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) PART IV, SECTION A, LINE 1 THE GOVERNING DOCUMENTS SPECIFY THE ROMAN CATHOLIC CHURCH AS A THOSE CHURCHES WHICH FALL UNDER THE GOVERNANCE SUPPORTED ORGANIZATION. OF THE ROMAN CATHOLIC CHURCH ARE INCLUDED AS SUPPORTED ORGANIZATIONS DUE TO THIS RELATIONSHIP. THE ORGANIZATION ALSO PROVIDED GRANTS TO NON-SPECIFIED SUPPORTED ORGANIZATIONS WHICH MEET THE DESIGNATED PURPOSES AS SPECIFIED IN THE ARTICLES OF INCORPORATION - TO FOSTER AND ASSIST CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL ENTERPRISES, ACTIVITIES AND INSTITUTIONS - AS THEY MAY BE DETERMINED AND SELECTED BY THE CORPORATION'S BOARD OF DIRECTORS IN ACCORDANCE WITH THE GOVERNING DOCUMENTS. PART IV, SECTION A, LINE 6 THE ORGANIZATION PROVIDED GRANTS TO ORGANIZATIONS THAT ARE NOT SUPPORTED ORGANIZATIONS, AS APPROVED BY THE BOARD OF DIRECTORS. THESE ORGANIZATIONS HAVE PURPOSES MEETING THOSE SPECIFIED IN THE ARTICLES OF INCORPORATION - TO FOSTER AND ASSIST CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL ENTERPRISES, ACTIVITIES AND INSTITUTIONS. NONE OF THESE RECEIPIENTS RECIEVED MORE THAN \$5,000. PART IV, SECTION A, LINE 5A NEW SUPPORTED ORGANIZATIONS INCLUDE ALL ORGANIZATIONS LISTED ON SCHEDULE A, PART I, LINE 12G EXCEPT FOR THE FOLLOWING: CATHOLIC DIOCESE OF EVANSVILLE ROMAN CATHOLIC ARCHDIOCESE OF INDIANAPOLIS

SAINT PAUL'S CHURCH

SAINT BERNARD'S CHURCH

(i) Name of supported	(II) EIN				(v) Amount of monetary	(vi) Amount of
organization		(described on lines 1-10 above)	governing	document?	support	other support
		·	Yes	No		
SAINT PIUS CHURCH	74-3199198	1		x	200.	
SISTERS OF ST.	74 3133130					
BENEDICT	35-0953517	10		x	15,000.	
SPENCER CO						
CHRISTIAN EDUCATION	35-1920521	1	X		10,000.	
SAINT LUKE PARISH						
CHURCH		1		X	3,000.	
COMMUNITY		<u>_</u>				
FOUNDATION ALLIANCE		7	Х		0.	
UNIVERSITY OF NOTRE		•	,,			
DAME	35-0868188	2	X		0.	
Olem approximately paper	20_1700317	10		x	5,000.	
21ST CENTURY PARKS		Τ.0	-	_ <u>^</u>	5,000.	
ALZHEIMER'S DISEASE & RELATED DISORDER		7		x	5,000.	
K VERWIED DIPOKDEK	13-3033001		<del> </del>		5,000.	
AMERICAN RED CROSS	53-0196605	7		x	145.	
CABBAGE PATCH	33 0130003	,	<del> </del>	47		
SETTLEMENT HOUSE, I	61-0458359	7		x	5,000.	
CATHOLIC EDUCATION	01 0130333					
FOUNDATION	61-1294640	7		x	500,000.	
CEDAR LAKE						
	61-1093278	7		X	1,000.	
CHILDREN'S RELIEF						
	57-0916790	7		X	50.	
CENTER FOR URBAN						
RENEWAL AND EDUCATI		7		X	5,000.	
DUCHESNE ACADEMY. OF						
	47-0376614	1		X	10,000.	
FEAT OF LOUISVILLE,		_				
INC.	61-1374663	7		X	20,000.	
	61 0470606	-		7,	2 200	
	61-0479626	7	<del>  -</del>	X	2,000.	
HUMAN LIFE	E2 1241765	7			200.	
INTERNATIONAL INC.	52-1241/65	/		X		
INDIANA RIGHT TO LIFE EDUCATION FUND	23-7392771	7		x	250.	
CIWANIS FOUNDATION	1304111	<i>'</i>			250.	<del></del>
	35-1845469	10		x	300.	
<u> </u>	20 10101		<u> </u>			
KOSAIR CHARITIES	61-0514703	7		х	30,000.	
LITTLE SISTERS OF		•				
THE POOR	35-1007734	7	1	х	100.	
LITTLE WAY						
	61-1055060	10	<u></u>	Х	45,000.	
MARCH OF DIMES						
FOUNDATION	13-1846366	7		Х	400.	
MERCY HOME FOR BOYS						<del></del>
GIRLS	36-2171726	1		X	50.	
PERRY CHILDCARE						
INITIATIVE, INC.	47-1712325	10		X	300.	
Continuation Totals	}			1	<u> </u>	

Schedule A (Form 990 or 990-EZ)  Part VI   Supplemental Info		A Dort Line 10s Jose				925455 Page 8
1 **	(ii) EIN				(ν) Amount of monetary	(vi) Amount of
(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10	listed	in vour	support	other support
organization		above)		document?	Support	other support
			Yes	No		
PERRY COUNTY 4H				1		
COUNCIL	23-7404489	10		X	9,000.	
RILEY CHILDRENS						· ·
FOUNDATION	35-0868147	7		x	100.	
SACRED HEART	33 0000117		_			
SCHOOLS, INC.	61-1181710	1		x	5,000.	
SHUBAEL LITTLE	01 1101/10				3,000.	
	61 1501540	7		x	100.	
PIONEER VILLAGE	61-1501540		<del> </del>	A	100.	_
SISTERS FOR LIFE	22 1061202	_			F 000	
EDUCATION FUND	33-1061393	7		Х	5,000.	
TELL CITY BAND						
BOOSTERS, INC.	31-1062293	10		X	5,000.	
			•			
CITY OF TELL CITY	•	6		X	10,000.	
TELL CITY-TROY						
TOWNSHIP SCHOOL	35-1184876	2		X	2,500.	
VANDERBILT		-				
UNIVERSITY	62-0476822	2		х	9,700.	
ONIVERBIII	02 0470022				3,7000	
AWAKE MINISTRIES	26-4436314	10		х	5,000.	
	20-4430314	10			3,000.	·
BIBLE LITERACY	12 4177641	7		37	20 000	
PROJECT	13-4177641	7		Х	20,000.	<del></del>
		_				
CAMPUS OUTREACH	58-1582598	1		Х	5,000.	
CHAINBREAKER	46-4714797	10		X	500.	
EDCHOICE KENTUCKY	47-3944426	7		X	5,000.	
INTERNATIONAL						
MISSION BOARD	54-0213930	1	}	Х	30,000.	
NAMI	52-1295484	10		х	3,000.	
111 1111	32 1233101				3,000	
· · · · · ·	<del></del>	<del></del>			-	<u> </u>
<u> </u>	+					
	1					
	<u> </u>		L			
-						
			<del> </del>	+		<del> </del>
	,					
		···	<del> </del>	1		
	<del> </del>					
			<u> </u>			
						•
Continuation Totals					772,895.	
		·- ·	•	•	<u> </u>	

## **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

RAMPET.T TNC Employer identification number 35-1925455

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
. u	organization answered "Yes" on Form 990, Part IV, Iin		or recognition complete in the
	organization answered Tes Officini 350,1 arc 14, iii	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(4)	1-7
1	Aggregate value of contributions to (during year)		
2	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)		
3			
4	Aggregate value at end of year  Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
5	are the organization's property, subject to the organization's	<del>-</del>	Yes No
	Did the organization inform all grantees, donors, and donor a	· ·	<del></del>
6	for charitable purposes and not for the benefit of the donor of		
		or donor advisor, or for any other purpose	Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990 F	
1	Purpose(s) of conservation easements held by the organization		art 14, mrs 7
'	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		med filstone structure
2	Complete lines 2a through 2d if the organization held a quali	fied conseniation contribution in the form	of a conseniation easement on the last
2	day of the tax year	ned conservation contribution in the form	Held at the End of the Tax Year
	Total number of conservation easements		2a
a	Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic str	aucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
u	listed in the National Register	and 1720/00, and not on a mistorio direct	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the	
Ü	year >	iodood, oxungalorioo, or tominated by the	organization dailing the tan
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	
Ŭ	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	<b>&gt;</b>		,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
•	<b>▶</b> \$		,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(ı)
_	and section 170(h)(4)(B)(II)?	, ,	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

732051 10-09-17

Schedule D (Form 990) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	dule D (Form 990) 2017 RAMTELL  † III Organizations Maintaining C		+ Histo	rical Tr	acuras or Oth	or Simi		25455	
						_			
3	Using the organization's acquisition, accessi	on, and other record	is, cneck a	iny of the	tollowing that are a	significant	use of its	collection	items
•	(check all that apply)								
a	Public exhibition	d			hange programs				
b	Scholarly research	е	Ot	her					
С	Preservation for future generations						5		
4	Provide a description of the organization's co		•		•		ose in Par	t XIII	
5	During the year, did the organization solicit of					ar assets		٦.,	<u> </u>
-	to be sold to raise funds rather than to be m							_ Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the oi	rganızatıoı	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa				<del></del>				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for co	ntribution	s or other assets no	ot included	· —	٦	
	on Form 990, Part X?							_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole		<del></del>	т		
								Amount	
¢	Beginning balance					1c	ļ		
d	Additions during the year					1d	<u> </u>		
е	Distributions during the year					1e	<u> </u>		
f	Ending balance					1f	<u> </u>		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	crow or cu	istodial account liab	olity?		Yes	∐_ No
b	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete	f the organization an	swered "Y	es" on Fo	rm 990, Part IV, line	10			
		(a) Current year	<b>(b)</b> Prio	r year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
_	and programs							1	
f	Administrative expenses								
g g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end halanc	e (line 1a	column (a	)) held as			· · ·	
a	Board designated or quasi-endowment	ioni your ond balano	%	u (u	,,, 1101 <b>a a</b> 0		•		
b	Permanent endowment	%							
	Temporarily restricted endowment	^% %							
С	The percentages on lines 2a, 2b, and 2c sho								
20	Are there endowment funds not in the posse		ation that a	are held a	nd administered for	the organ	zation		
Sa		ssion of the organiza	ation that a	are rielu ai	na administered for	ule olgan	Zation	[v	'es No
	by								65 140
	(i) unrelated organizations							3a(i)	<del></del>
	(ii) related organizations							3a(ii)	<del></del>
	If "Yes" on line 3a(ii), are the related organiza	•						3b	
4 Do	t VI Land, Buildings, and Equipm		wment fur	nas					
Par			. Don't IV I	11a C	on Form 000 Port )	/ lime 10			
	Complete if the organization answere	<u> </u>						4 D D	
	Description of property	(a) Cost or o	I	(b) Cost	, , ,	Accumulat	I	(d) Book	√aiue
	<del> </del>	basis (investr		basis (	(outlet) at	epreciation	<del>'  </del>		<u> </u>
	Land	581,				010 0	<del></del>		<u>,650.</u>
b	Buildings	491,	ATO -			218,0	99.	273	<u>,811.</u>
С	Leasehold improvements								
d	Equipment						$\longrightarrow$		
<u>e</u>	Other						$\longrightarrow$		
T-4-1	Add lines 1a through 1a (Column (d) must a	aual Form 000 Part	Y column	(R) line 1	001			255	461.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of				<del> </del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation Cost or end	d-of-year market value
1) Financial derivatives				
2) Closely-held equity interests	<del> </del>			
3) Other			<del></del>	
(A) RAMGUARD CORP	23,588,326	• END-OF-Y	EAR MARKET	VALUE
(B)				
(C)		-		
(D)			<del></del>	
(E)		<u>-</u>	<del></del>	
<u>(F)</u>	<del></del> -			
(G)	· · · <del>- · · ·</del> ·			
(H)	12 500 226			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	23,588,326	•		
<del></del>	a Form 000 Dort IV lin	o 11a Coo Form 000 (	Dort V. Iron 12	
Complete if the organization answered "Yes" of a Description of investment	(b) Book value			d-of-year market value
``	(b) Book value	(c) Memod of Ve	aldation Cool or one	or your market value
(1)	<u></u>			
(2)			<del></del>	
(3)			<del></del>	
(4)			-	
(5) (6)				
(7)				
(8)				
(9)				-
Fotal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	-	-		
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	ie 11d See Form 990, l	Part X, line 15	
(a) D	Description			(b) Book value
(1)				
(2)				
(3)				<u>-</u>
(4)				
(5)				
(6)				
(7)	<del></del>		. <u>.                                   </u>	
(8)			<u> </u>	
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, Im		1 990, Part X, line 25	)
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes	TOTTOR	000		
(2) TENANT DEP SELLERSBURG I	HOUSE	800.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)  Fotal (Column (h) must equal Form 990, Part X, col. (R) line	25.)	800.		
iorsi a Jamin ini musi Annai Form 990. Pan X-col IR) line	7:11 <b>=</b> 1	() (111 4)		

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16131112 757979 260557

Schedule D (Form 990) 2017

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2017 RAMTELL, INC.		<u> 35-1925455</u>	Page 4
	t XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 12a		
1,,	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	-
5 Do:	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Table 1	totomonte With Evne	nses per Peturn	
Pai			nses per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, II	ne iza	<u> </u>	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	00		
a	Donated services and use of facilities  Prior year adjustments	2a   2b		
b	Other losses	2c		
ç	Other (Describe in Part XIII )	2d		
d e	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
U	Other (Describe in Part All)	40		
	Add lines 4a and 4b	<u> 40  </u>	4c	
	Add lines 4a and 4b	<u> </u>	4c 5	
c 5	•	<u> </u>		
5 Pai	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	(8)	5	 
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  TXIII Supplemental Information.	4, Part IV, lines 1b and 2b,	5	l,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	, ,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	],
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	l,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	l,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	1,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	

#### SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

RAMTELL, INC.			,	35-1925	455
	rmation on A	ctivities Ou	tside the United States. Comple		
Form 990, Part IV					
			ds to substantiate the amount of its gra		¬,, ,
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
United States			procedures for monitoring the use of its		outside the
			an be duplicated if additional space is n		10.7.1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND		•			
THE CARIBBEAN -				, ·	
ANTIGUA & BARBUDA,					122 500 226
ARUBA, BAHAMAS,	0	0	INVESTMENTS		23,588,326,
3 a Sub-total  b Total from continuation  shoets to Part I	0				23,588,326,
sheets to Part I  c Totals (add lines 3a  and 3b)	0	-	,		23 588 326
LHA For Paperwork Reduct	ion Act Notice.	see the Instruc	tions for Form 990.	Schedule	F (Form 990) 2017

732071 10-06-17

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

RAMTELL, INC.

Schedule F (Form 990) 2017

(i) Method of valuation (book, FMV, appraisal, other)			-		
(h) Description of noncash assistance					
(g) Amount of noncash assistance					xemot
(f) Manner of cash disbursement					recognized as tax-e
(e) Amount of cash grant		•			foreign country.
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
(c) Region					is listed above that are r
(b) IRS code section and EIN (if applicable)				:	ecipient organization
1 (a) Name of organization					2 Enter total number of r

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

3

Schedule F (Form 990) 2017

35-1925455

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Schedule F (Form 990) 2017

RAMTELL, INC.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
,							
			-	,			
				•			
							į
						Sched	Schedule F (Form 990) 2017

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2017

Yes

Yes

X No

X No

6

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713, don't file with Form 990)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2017.
Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest information.

	Ç,						Employer identification number
Part   General Information on Grants and Assistance	LINC.						CC#C7£T-CC
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	c Governments. C	omplete if the org	anization answered "\	res" on Form 990, Part	t IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (d)	\$5,000 Part II can	be duplicated if addit	(d) Amount of	(e) Amount of	(f) Method of	(a) Description of	(h) Purpose of grant
or government		(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
CATHOLIC EDUCATION FOUNDATION 401 W. MAIN ST, SUITE 806	-						
LOUISVILLE, KY 40202	61-1294640	3	500,000.	0.	CASH		SCHOLARSHIP FUND
CITY OF TELL CITY P.O. BOX 515 TELL CITY, IN 47586			10,000,	• 0	CASH		GENERAL SUPPORT
DUCHESNE ACADEMY OF THE SACRED HEART - 3601 BURT ST - OMAHA, NE 68131	47-0376614	en	000	o	HS & C		GENERAL SUPPORT
FEAT OF LOUISVILLE, INC. 1100 E. MARKET ST						•	
LOUISVILLE, KY 40206	61-1374663	2	20,000.	0.	САЅН		GENERAL SUPPORT
KOSAIR CHARITIES P.O. BOX 37370							
LOUISVILLE, KY 40233	61-0514703	3	30,000.	0.	саѕн		GENERAL SUPPORT
LOUISVILLE, KY 40203	61-1055060	3	45,000,	0.	CASH		GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations	and government or		isted in the line 1 table				▶ 16.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					0
ہ ا	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

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Schedule I (Form 990) RAMTELL, INC.  Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	INC. Assistance to Gov	rernments and Organ	rizations in the Ur	ited States (Schi	edule I (Form 990), Par		35-1925455 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERRY COUNTY 4H COUNCIL 65 PARK AVENUE TELL CITY, IN 47586	23-7404489	3	000 6	*0	CASH		GENERAL SUPPORT
SAINT BERNARD'S CHURCH 547 ELM STREET ROCKPORT, IN 47635	35-0979229	33	35,870.	0	CASH.		GENERAL SUPPORT
SAINT MEINRAD SCHOOL OF THEOLOGY 200 HILL DRIVE ST. MEINRAD, IN 47577	35-0868161	3	.000,3	0	саѕн		GENERAL SUPPORT
SAINT PAUL'S CHURCH 802 9TH STREET TELL CITY, IN 47586	35-0891620	3	12,020.	0	CASH		GENERAL SUPPORT
SISTERS OF ST. BENEDICT 802 EAST 10TH STREET FERDINAND, IN 47532	35-0953517	3	15,000.	•0	CASH		GENERAL SUPPORT
CF.		3	10,000.	.0	CASH		l I
ARCHDIOCESE OF INDIANAPOLIS P.O. BOX 1410 INDIANAPOLIS, IN 46206	35-1018460	33	22,000.	0	CASH		UNITED CATHOLIC APPEAL
VANDERBILT UNIVERSITY 401 21ST AVE NASHVILLE, TN 37203	62-0476822	.3.	. 700.	0	CASH		GENERAL SUPPORT
BIBLE LITERACY PROJECT 115 EAST 62ND ST NEW YORK, NY 10065	13-4177641	3	20,000.	0	САЅН		GENERAL SUPPORT
							Schedule I (Form 990)

35-1925455 Page 1		
chedule   (Form 990) RAMTELL, INC.	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	
й		

					1	· 		(066
	(h) Purpose of grant or assistance	GENERAL SUPPORT		-		-		Schedule I (Form 990)
μI)	(g) Description of non-cash assistance	O			,			
edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)	САЅН						
nited States (Sch	(e) Amount of non-cash assistance	0.						
anizations in the L	(d) Amount of cash grant	30,000.						
vernments and Organ	(c) IRC section if applicable	3					,	
Assistance to Go	(b) EIN	54-0213930						
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	INTERNATIONAL MISSION BOARD 3806 MONUMNET AVE RICHMOND, VA 23230		·				

Page 2 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) USE OF GRANT FUNDS IS MONITORED BY THE BOARD OF DIRECTORS THROUGH REPORTS Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed RECEIVED BY THE SUPPORTED ORGANIZATIONS AND THROUGH BOARD MEMBER (d) Amount of non-cash assistance (c) Amount of cash grant REPRESENTATIVES OF THE SUPPORTED ORGANIZATIONS. (b) Number of recipients RAMTELL, INC. (a) Type of grant or assistance PART I, LINE 2: Schedule I (Form 990) (2017) Part III

35-1925455

Schedule I (Form 990) (2017)

36

732102 11-01-17

#### **SCHEDULE L**

Department of the Treasury

## **Transactions With Interested Persons**

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

Internal Revenue Service	- uc	, 10 1		<i>/</i> 111100		isa actions and		atcot inioination.	,		L			
Name of the organization									1	-	ident		on nu	mber
	RAMTELL		INC.								254	<u>55</u>		
Part I Excess Ber	nefit Transa	acti	ons (section 5	01(c)(	3), sect	ion 501(c)(4), an	d 50	1(c)(29) organization	s only	y)				
Complete if the	e organization	ansv	vered "Yes" on	Form	990. P	art IV. line 25a oi	r 25b	, or Form 990-EZ, Pa	art V.	line 40	)b			
4			Relationship bet									(d)	Corre	cted?
(a) Name of disqualified	d person	(-, -	person and o		•		(c)	) Description of tran	sactio	on			es	No
	-		<del>.</del>									<del>                                     </del>	-	
											•			
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										<del>-</del>		-	+	
		-	_									<del>                                     </del>	-	
2 Enter the amount of ta	v marred by	ho o	racouration man		or dis	aualified person	c dur	ing the year under						
	x incurred by t	He U	rganization mar	ayers	o u uis	qualified persons	s uur	ing the year under		•				
section 4958		- 0		ممالم.	معاله ،					<b>▶</b> \$				
3 Enter the amount of ta	x, if any, on line	e 2, a	above, reimburs	sea by	r trie or	ganization				•				
Part II Loans to a	nd/or From	Int	erested Per	sons				<del></del>						
						. D. 4 V I 00-		000 Dart IV Ira	- 00	£ 41e				
	=					., Paπ V, line 38a	a or F	orm 990, Part IV, lin	e 26,	or ii tr	ie orga	ınızatı	ori	
		-	, Part X, line 5, 6	T	oan to or	1	$\overline{}$	40 Dala and da		\	( <b>h)</b> Ap	oroved	(:) M	Iritton
(a) Name of	(b) Relations	momb (c) a bose		fro	m the	(e) Original principal amou		(f) Balance due		) In ault?	by bo	ard or		ritten ment?
interested person   with organ		Zalion Orioan			ization?	i principaramoc					comm		_	
				To	From				Yes	No	Yes	No	Yes	No
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				<u> </u>	<u> </u>					<u> </u>				
Total							<u>   \$                                 </u>						<u> </u>	
Part III Grants or A	Assistance	Ber	nefiting Inte	reste	ed Pe	rsons.								
Complete if the	e organization	ansv	vered "Yes" on	Form	990, P	art IV, line 27	_							
(a) Name of interested	d person	(	<b>b)</b> Relationship			(c) Amount		(d) Type				) Purp		f
			interested pers		nd	assistand	e	assistan	ce		,	assist	ance	
			the organiza	ation										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (c) Amount of (b) Relationship between interested (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? Yes Νo 302,329.SEE PART V OWNERSHIP BY OFFICE Х RAMGUARD CORP. Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: RAMGUARD CORP. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OWNERSHIP BY OFFICERS, BOARD MEMBERS SCHEDULE L, PART V (1) RAMTELL, INC MAINTAINS AN INVESTMENT IN RAMGUARD CORP. ("RAMGUARD"). RAMGUARD IS MANAGED BY NEIL RAMSEY. NEIL RAMSEY IS THE SON OF BOARD MEMBERS GUY NEIL AND LAVERNE RAMSEY AND IS ALSO THE NONVOTING ASSISTANT SECRETARY FOR RAMTELL, INC. RAMGUARD OWNS 91% OF RAMGUARD LLC, WHICH IS A SECURITIES INVESTMENT LLC WHICH INVESTS IN NUMEROUS TYPES OF INVESTMENTS. COMPANIES DIRECTLY OR INDIRECTLY CONTROLLED BY NEIL RAMSEY PROVIDE SOME OF THE INVESTMENT MANAGEMENT SERVICES TO RAMGUARD AND RAMGUARD LLC. RAMTELL'S INVESTMENT IN RAMGUARD AT 12/31/17 WAS \$23,588,326 WHICH REPRESENTS 5.85% OF THE TOTAL NET ASSETS OF THE FUND. THE TOTAL FEES PAID DIRECTLY OR INDIRECTLY TO COMPANIES CONTROLLED BY NEIL RAMSEY RELATED TO THE COMPANY'S INVESTMENT IN THE FUND TOTALED APPROXIMATELY \$302,329 DURING 2017.

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

**Employer identification number** Name of the organization 35-1925455 RAMTELL, INC. FORM 990, PART VI, SECTION A, LINE 2: GUY NEIL RAMSEY AND LAVERNE T RAMSEY ARE MARRIED. GUY NEIL RAMSEY AND NEIL RAMSEY ARE FATHER/SON. FORM 990, PART VI, SECTION A, LINE 7A: THE SUPPORTED ORGANIZATIONS DESIGNATED IN THE ORGANIZATION'S BYLAWS HAVE THE AUTHORITY TO APPOINT BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: THE RETURN IS REVIEWED BY THE VICE-PRESIDENT. FORM 990, PART VI, SECTION C, LINE 19: NONE OF THESE SPECIFIED DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -71,917. UNREALIZED GAIN/LOSS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)