Form **990-P.F** 

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.

	Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Forms	990PF for instructions and	the latest info	ormation.	Open to Public Inspection	
	For calendar year 2017 o		, and e			Open to Public Inspection	1
		Jour positional	, and e		A Familiary Identification		
	Name of foundation	ATT DESIGNATION			A Employer identification n	uniuer 19unu	
		ALL REEVES AND	7370		25 000000		
		MEN REEVES FOUNDATION,	INC.	<u> </u>	35-2026200		
		ox number if mail is not delivered to street address)		Room/suite	B Telephone number	_	1
	346 HARBOR		<del></del>	L	812-343-178	.7	
$\sim$		ovince, country, and ZIP or foreign postal code			C If exemption application is pend	ding, check here 🕨 🔲 🥠	
る	FENTON, MO	63026-7517				v	
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CARL MARSHALL REEVES AND

35-2026200 ALMEN REEVES FOUNDATION MILDRED INC. Page 2 Form 990-PF (2017) Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (c) Fair Market Value (a) Book Value (b) Book Value 1 Cash - non-interest-bearing 371,215. 175,489. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons Other notes and loans receivable Less: allowance for doubtful accounts Inventories for sale or use Assets 9 Prepaid expenses and deferred charges 50,086. STMT 9 50,086. 94,255. 10a Investments - U.S. and state government obligations 7,699,001. 7,750,059. 12,345,833. 10 STMT **b** Investments - corporate stock

Form 990-PF (2017) - MILI Part IV   Capital Gains a	ORED ALMEN REEVE	S FOUNI	DATION,	INC	ATI	ועי) גי		-202		Page
(a) List and describe	the kind(s) of property sold (for extending the kind (s) of property sold (s) of proper	ample, real esta		(b) t	low acqui Purchas Donatio	red	(c) Date a (mo., da	cquired	(d) Dat (mo., da	
1a				۲-۲	- Donatio	<del>"</del>				
b				†		$\neg +$				
С										
<u>d</u>										
_e		<del></del>		<u> </u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	_				n or (loss) (f) minus (		
<u>-a</u>		<del>-</del>								
<u>b</u>		<del> </del>	<del></del>				<del></del>			
<u>c</u> <u>d</u>		<del> </del>								
e 808,322.	<del></del>	<del> </del>	535,70	4.					272	,618
	gain in column (h) and owned by	the foundation				(II)	Gains (Co	l. (h) gain		<u> </u>
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E)	cess of col. (1)				(k), but no	ot less than from col. (I	1 -0-) or	
_a		ļ								
<u>b</u>		<u> </u>								
<u>c</u>	<del></del>	<del></del>	<del></del>							
<u>d</u>		<del> </del>		-+					272	,618.
<u>e</u>				$\overline{}$					414	010
2 Capital gain net income or (net cap		0- ın Part İ, line		}	2				272	,618.
3 Net short-term capital gain or (losing gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8		nd (6):		}	3			N/A		
Part V Qualification Ur	ider Section 4940(e) for	Reduced	Tax on Net	Inve	stmen	Inco	me			
(For optional use by domestic private if section 4940(d)(2) applies, leave th Was the foundation liable for the section "Yes," the foundation doesn't qualify	s part blank. on 4942 tax on the distributable ar under section 4940(e). Do not cor	nount of any ye	ar in the base per	ıod?					Yes	X No
	ach column for each year; see the r	nstructions bef	ore making any ei	ntries.			<del></del>		(4)	
(a) Base period years Calendar year (or tax year beginnin			Net value of no					Distrib ol. (b) divi	(d) ution ratio ded by col.	
2016		6,548.	<del></del>		274,					7902
2015		37,847.			561,					17238
2014		3,954. 5,012.	<del></del>		622, 506,					11304 17756
2013 2012		3,501.	<del></del> _		808,					55339
2012		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	000,	731	+			, , , , , ,
<ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio for the 5</li></ul>	-vear hase period - divide the total	on line 2 by 5 (	) or by the numbe	er of ve	are		2		. 24	19539
the foundation has been in existen	·	511 III.0 2 By 51.0	, 01 by 110 11011115	o. o. y.	, a. o		3		.04	19908
4 Enter the net value of noncharitable	e-use assets for 2017 from Part X,	line 5					4	15	5,173,	851.
5 Multiply line 4 by line 3							5		757,	297.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)						6		6,	691.
7 Add lines 5 and 6							7		763,	988.
8 Enter qualifying distributions from	Part XII, line 4						8		369,	429.
If line 8 is equal to or greater than	line 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	g a 1%	tax rate.					

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Form 990-PF (2017) MILDRED ALMEN REEVES FOUND	ATION, INC. 35-2026200 Page 4
	4940(a), 4940(b), 4940(e), or 4948 - see instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here	
Date of ruling or determination letter: (attach copy of lett	
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check h	nere and enter 1% 13,382.
of Part I, line 27b	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, 6	, , , , , , , , , , , , , , , , , , ,
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations	only; others, enter -0-)
3 Add lines 1 and 2	3 13,382.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter	-0- <u>5 13,382.</u>
6 Credits/Payments:	17 (00)
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 17,600.
<b>b</b> Exempt foreign organizations - tax withheld at source	6b 0 ·
c Tax paid with application for extension of time to file (Form 8868)	6c 0.
d Backup withholding erroneously withheld	6d 0.
7 Total credits and payments. Add lines 6a through 6d	7 17,600.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 222	- 1 - 1
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over	rpaid • 10 4,218.
11 Enter the amount of line 10 to be; Credited to 2018 estimated tax	4,218. Refunded ► 11 0.
Part, VII-A   Statements Regarding Activities	T No No
1a During the tax year, did the foundation attempt to influence any national, state, or loan	
any political campaign?	1a X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	copies of any materials published or
distributed by the foundation in connection with the activities.	
c Did the foundation file Form 1120-POL for this year?	1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed du	
(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation m	
e Enter the reimbursement (if any) paid by the foundation during the year for political	expenditure tax imposed on foundation.
managers. ▶ \$	to the IRS?
2 Has the foundation engaged in any activities that have not previously been reported	to the IRS?
If "Yes," attach a detailed description of the activities.	
3 Has the foundation made any changes, not previously reported to the IRS, in its gov	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	·
4a Did the foundation have unrelated business gross income of \$1,000 or more during	37/3
b If "Yes," has it filed a tax return on Form 990-T for this year?	<del></del>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	ne year?
If "Yes," attach the statement required by General Instruction T.	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sat	isned either:
By language in the governing instrument, or	
By state legislation that effectively amends the governing instrument so that no management is a second control of the second c	( · · · · · · · · · · · · · · · · · · ·
remain in the governing instrument?  7. Did the foundation have at least \$5,000 in access at any time during the year? If You	
Lift the tonedoring point of facot & Dilli in accord of any time diffing the facot fit was	A DEMONSTRUCTURE OF THE PART TO THE PART T
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CARL MARSHALL REEVES AND

Part VII-A   Statements Regarding Activities (continued)   Yes   N
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If Yes, attach schedule, See instructions  12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?  13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address ▶ WWW.CARLANDMILDREDREVESFOUNDATION.ORG  14 The books are in care of ▶ MARY ANN NUNN  Located at ▶ 346 HARBOR BLUFF DR, FENTON, MO  21P4 ▶63026  15 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year  16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  See the instructions for exceptions and filling requirements for FinCEN Form 114. If Yes, enter the name of the foreign country  Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required  File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  1a During the year, did the foundation (either directly or indirectly):  11 Engage in the sale or exchange, or leasing of property with a disqualified person?  12 Surmish goods, services, or facilities to (or accept them from) a disqualified person?  13 Furnish goods, services, or facilities to (or accept them from) a disqualified person?  14 Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  15 Part VII-B   Statement of the pay of them from the pay of either available for the benefit or use of a disqualified person?  16 Transfer any income or assets to a disqualified person?  17 Pay to make a pay of them is compensation to, or pay or reimburse the expenses of, a disqualified person?  18 Apper to may proper to may proper
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Telephone no. ▶812-343-1787  Located at ▶346 HARBOR BLUFF DR, FENTON, MO  Tolephone no. ▶812-343-1787  Located at ▶346 HARBOR BLUFF DR, FENTON, MO  Tolephone no. ▶812-343-1787  Telephone no
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(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  (6) Angre to pay money or property to a powernment official? (Exception Check No)
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  (6) Agree to pay money or property to a government official? (Exception Check No.
a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  (6) Angree to pay property to a government official? (Exception Check No.)
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  (6) Agree to pay property to a government official? (Exception Check No.)
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  (6) Agree to pay property to a government official? / Exception Check *Mo*
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  (6) Agree to pay property to a government official? (Exception Check No.
for the benefit or use of a disqualified person)?  (6) Agree to pay money or property to a government official? (Evention Check No.
(6) Appe to half mores or property to a consemplent official? (Excention Check Mos
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CARL MARSHALL REEVES AND Form 990-PF (2017) MILDRED ALMEN REEVES FOUNDATION, INC. 35[Part VII B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 35-2026200 5a During the year, did the foundation pay or incur any amount to: Yes No 

	mation About Officers, Directors, Trustees, Employees, and Contractors (continued)		
	independent contractors for professional services. If n Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	CIAL BANK, N.A.	INVESTMENT	(c) compensation
	, COLUMBUS, IN 47202	MANAGEMENT FEES	62,316.
1 0 DON 323	, COHORDOD, IN 4/202	HANAGEMENT PEED	02,310.
<del></del>			
<del>-</del>			
	<del></del>		
		<u></u>	
Total number of others r	receiving over \$50,000 for professional services  mary of Direct Charitable Activities		<u> </u>
			<del></del>
List the foundation's fou	ir largest direct charitable activities during the tax year. Include re and other beneficiaries served, conferences convened, research	elevant statistical information such as the	Expenses
	PORT TO VARIOUS ORGANIZED CHA	<del></del>	
I DIVECT POLI	FORT TO VARIOUS ORGANIZED CHA	WITABLE ONGANIZATIONS	
			324,120.
2			321,120.
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Part IX-B Sumn	nary of Program-Related Investments		
Part IX-B Sumn Describe the two largest			Amount
Part IX-B Sumn	nary of Program-Related Investments		Amount
Part IX-B Sumn Describe the two largest	nary of Program-Related Investments		
Part IX-B Sumn Describe the two largest NONE	nary of Program-Related Investments		Amount 0.
Part IX-B Sumn Describe the two largest	nary of Program-Related Investments		
Part IX-B Sumn Describe the two largest NONE	nary of Program-Related Investments		0.
Part IX-B   Sumn Describe the two largest 1 NONE 2 NONE	nary of Program-Related Investments  program-related investments made by the foundation during the		
Part IX-B   Sumn Describe the two largest 1 NONE 2 NONE	nary of Program-Related Investments		0.
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Part IX-B Sumn Describe the two largest 1 NONE 2 NONE	nary of Program-Related Investments  program-related investments made by the foundation during the		0.
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Part IX-B Sumn Describe the two largest 1 NONE 2 NONE	nary of Program-Related Investments  program-related investments made by the foundation during the		0.
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Part IX-B Sumn Describe the two largest 1 NONE 2 NONE	nary of Program-Related Investments  program-related investments made by the foundation during the		0.
Part IX-B Sumn Describe the two largest 1 NONE 2 NONE	nary of Program-Related Investments  program-related investments made by the foundation during the		0.

Form 990-PF (2017)	CARL MARSHAL MILDRED ALME n Investment Return	N REEVES FOU	NDATION, INC		5-2026200	Page
1 Fair market value of as a Average monthly fair in b Average of monthly ca c Fair market value of all d Total (add lines 1a, b,	sets not used (or held for use) narket value of securities sh balances other assets and c) blockage or other factors repo	directly in carrying out ch		1a 1b 1c 1d	15,228	,736 ,189
LECTION REGAR	DING EXCESS QU	JALIFYING				<del></del>

CARL MARSHALL REEVES AND MILDRED ALMEN REEVES FOUNDATION, INC. HEREBY ELECTS \$ 320,471 OF 2017'S QUALIFYING DISTRIBUTIONS TO BE APPLIED TO 2016'S UNDISTRIBUTED INCOME UNDER IRC SEC 4942.

Form 990-PF (2017)

FAIR MARKET

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DESCRIPTION				AMOUNT
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-				24.97
AND INVESTMENT INC				<del></del>
AND INVESTMENT INC TOTAL TO FORM 990-PF, PA				24.97 24,97 STATEMENT 9
AND INVESTMENT INC  TOTAL TO FORM 990-PF, PAI  FORM 990-PF U.S.	RT III, LINE 3			24,97
AND INVESTMENT INC  TOTAL TO FORM 990-PF, PAI  FORM 990-PF U.S. I	RT III, LINE 3  AND STATE/CITY GOV	ERNMENT	OBLIGATIONS	24,97 STATEMENT 9 FAIR MARKET
AND INVESTMENT INC  TOTAL TO FORM 990-PF, PAI  FORM 990-PF U.S. I  DESCRIPTION  VARIOUS BONDS	RT III, LINE 3  AND STATE/CITY GOV  U.S.  GOV'T  X	ERNMENT	OBLIGATIONS BOOK VALUE	24,97 STATEMENT 9 FAIR MARKET VALUE
AND INVESTMENT INC  TOTAL TO FORM 990-PF, PAI  FORM 990-PF U.S.  DESCRIPTION  VARIOUS BONDS  TOTAL U.S. GOVERNMENT OBS	RT III, LINE 3  AND STATE/CITY GOV  U.S.  GOV'T  X	ERNMENT OTHER GOV'T	OBLIGATIONS  BOOK VALUE  50,086.	24,97  STATEMENT 9  FAIR MARKET VALUE  94,25
AND INVESTMENT INC TOTAL TO FORM 990-PF, PA	RT III, LINE 3  AND STATE/CITY GOV  U.S.  GOV'T  X  LIGATIONS  L GOVERNMENT OBLIG	ERNMENT OTHER GOV'T	OBLIGATIONS  BOOK VALUE  50,086.	24,97  STATEMENT 9  FAIR MARKET VALUE  94,25
AND INVESTMENT INC  TOTAL TO FORM 990-PF, PAI  FORM 990-PF U.S.  DESCRIPTION  VARIOUS BONDS  TOTAL U.S. GOVERNMENT OB:  TOTAL STATE AND MUNICIPAL	RT III, LINE 3  AND STATE/CITY GOV  U.S.  GOV'T  X  LIGATIONS  L GOVERNMENT OBLIG	ERNMENT OTHER GOV'T	OBLIGATIONS  BOOK VALUE  50,086.	STATEMENT 9  FAIR MARKET VALUE  94,25

CARL MARSHALL REEVES AND

Form 990-PF (2017) MILDRED ALMEN REEVES FOUNDATION, INC. 35-2026200 Page 10

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

1 a If the foundation has received a ruling or determination letter that it is a private operating

STATEMENT(S) 13

MILDRED ALMEN REEVES FOUNDATION, INC. Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year ARTS FOR LEARNING, THE INDIANA NONE CHARITABLE ART EDUCATION PROJECT AFFLIATE OF YOUNG AUDIENCES EXPENSES AT ELEMENTARY 546 E 17TH STREET, SUITE 200 SCHOOT. INDIANAPOLIS, IN 46202 1,652. BARTHOLOMEW CONSOLIDATED SCHOOL NONE CHARITABLE REPLACE SCULPTURE AT FOUNDATION BARTHOLOMEW 1200 CENTRAL AVE CONSOLIDATED SCHOOL COLUMBUS, IN 47201 CORP ADMINISTRATION BUILDING 7,931. COLUMBUS AREA CHAMBER FOUNDATION NONE CHARITABLE CURRICULUM DESIGN AND 500 FRANKLIN ST LEARNING MANAGEMENT COLUMBUS, IN 47201 SOFTWARE FOR HIGH schoors 6,000. COLUMBUS CHILD CARE CENTER INC NONE CHARITABLE LAPTOP AT CHILD CARE 715 MC CLURE RD, STE A FACILITY COLUMBUS, IN 47201 4,080. COLUMBUS EAST HIGH SCHOOL NONE CHARITABLE SOUND SYSTEM FOR 230 SOUTH MARR ROAD SCHOOL BAND PROGRAM COLUMBUS, IN 47201 10,546. SEE CONTINUATION SHEET(S 324,120 3a Total b Approved for future payment ARTS FOR LEARNING, THE INDIANA NONE CHARITABLE ART EDUCATION PROJECT AFFLIATE OF YOUNG AUDIENCES EXPENSES AT ELEMENTARY 546 E 17TH STREET, SUITE 200 SCHOOL INDIANAPOLIS, IN 46202 1,750. COLUMBUS AREA CHAMBER FOUNDATION NONE CHARITABLE CURRICULUM DESIGN AND 500 FRANKLIN ST LEARNING MANAGEMENT COLUMBUS, IN 47201 SOFTWARE FOR HIGH SCHOOLS 23,500. COLUMBUS EAST HIGH SCHOOL NONE CHARITABLE SOUND SYSTEM FOR 230 SOUTH MARR ROAD SCHOOL BAND PROGRAM COLUMBUS, IN 47201 500. CONTINUATION SHEET(S 1,077,829. Total

## Part XVI-A Analysis of Income-Producing Activities

Enter gross	amounts unless ot	herwise ind	icated.	Unrelat	ed busines	sincome		ded by section 512, 513, or 514	(e)
J				(a) Business		(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program	n service revenue:			code	ļ	\mount	code	Amount	function income
a					<u> </u>		<b></b>		
b					<del> </del>		<del> </del>		
c					<b> </b>		<b>├</b>		
d					<del> </del>	<del></del>		<del></del>	
e				·	<u> </u>		┼─		
a Fees	and contracts from		nt agencies	·	<del> </del>		<del> </del>		
	rship dues and asse		ni agonolos				$\vdash$		
	on savings and ten		h				<u> </u>		
investm	-	,			ĺ		14	11,304.	
4 Dividen	ds and interest from	n securities					14		
5 Net rent	tal income or (loss)	from real e	state:			y, k	<b>N</b>		. (**):
a Debi	t-financed property						ļ		<del></del>
<b>b</b> Not	debt-financed prope	erty					ļ		
6 Net rent	tal income or (loss)	from perso	nal						
property	/			ļ	ļ		<b>-</b>		
	vestment income			<u> </u>	<u> </u>		<b>├</b>		
	(loss) from sales of	f assets oth	er				1 4	170 057	04 261
than inv	•	•			<del> </del>		14	178,257.	94,361.
	ome or (loss) from s	•		<b> </b>	<del> </del>		<del> </del>		
•	rofit or (loss) from	sales of Inv	entory				<del> </del>		<del></del>
11 Other re				Ì			ł		
				·	<del>                                     </del>		<del> </del>		
_	<del>_</del>			·			-		
							<del> </del>		
e					,				
12 Subtota	I. Add columns (b),	(d), and (e	)	- 37		0.	2	658,381.	94,361.
	idd line 12, column							13	752,742.
(See works	heet in line 13 instr	uctions to v	erify calculations.)						
Part X	/l <sub>≼</sub> B Relat	ionship	of Activities t	o the Acco	mplish	ment of Exe	empt	Purposes	
Line No.	Explain below	how each a	ctivity for which inco	ome is reported	ın column	e) of Part XVI-A	contrib	uted importantly to the accom	plishment of
	the foundation	's exempt p	urposes (other than	by providing fu	nds for suc	h purposes).			· 
			INVESTME						<del></del>
			INVESTME						
8	EARNINGS	FROM	INVESTME	NTS USE	o FOR	EXEMPT	PUR	POSES	<del>-</del>
			<del></del>	<del></del>					
								<del></del>	
								<del></del>	<del></del>
	<del> </del>		<del></del>						
								<del></del>	
								<del></del>	<del></del>
		·			<del></del>				
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								<del></del>	

## Part XVII | Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

_		· · · · ·				<del></del>			Yes	NIA
1					ig with any other organization	on described in sec	ction 501(c)	<u> </u>	1 65	No
	-	nan section 501(c)(3) organ						i		
a		rs from the reporting founda	ation to a noncharitat	ole exempt org	ganization of:			<u> </u>		لــــا
	(1) Cas	sh						1a(1)		_X_
	(2) Oth	er assets						1a(2)		X
b	Other tra	ansactions;								
	(1) Sale	es of assets to a noncharital	ble exempt organizat	ION				1b(1)		X
	(2) Pur	chases of assets from a nor	ncharitable exempt o	rganization				1b(2)		X
	• •	ntal of facilities, equipment,	•	ŭ				1b(3)		X
		mbursement arrangements						1b(4)		X
		ins or loan guarantees						1b(5)		<u>x</u>
	` '	formance of services or me	mharchin ar fundraid	una caliaitatia	ne.					X
			· ·	_				1b(6)	$\vdash$	<u>x</u>
		of facilities, equipment, mai						1c_	لــــــا	
đ							market value of the goods, other		ets,	
					ed less than fair market valu	ie in any transactio	n or sharing arrangement, sho	w in		
	$\overline{}$	(d) the value of the goods, of					_ <del></del>			
1)L	ne no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	on of transfers, transactions, and sha	aring arra	angemen	ts
			h	<u> N/A</u>	<del></del>					
						<del></del>				
			<del></del>		<del></del>					
_					<del>-</del> ,					
	-+		<del></del>		<del></del>	<del> </del>				
_			·			<del> </del>				
	-+	<del></del>			<del></del>	<del> </del>				
			<u> </u>			<del></del>				
					<del></del>	<del></del>				
 ?a	is the for	undation directly or indirect	ly affiliated with, or r	elated to, one	or more tax-exempt organiz	zations described				
		n 501(c) (other than section	-					Yes	X	] No
		complete the following sche								
	11 100,	(a) Name of orga			(b) Type of organization		(c) Description of relationship	0	_	
		N/A			(a) ye or or garnean	<del></del>	(0)	·		
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		<del></del>	<del></del>			<del>                                     </del>				
		<del></del>			<u> </u>	<u> </u>			_	
		Santan Parkin 1997 2 1 2 1				<u> </u>	- A of - What when the			
٠.					accompanying schedules and sta taxpayer) is based on all informat		May ti		scuss the	
Sig	Jii   🔽	W			3-15-18	<b>' L</b>	shown		See inst	
łe	re Z	1 puly			2-13-10	PRESI	DENT	Yes		No
	Sıç	gnature of officer of trustee			Date	Title				_
		Print/Type preparer's nai	me	Preparer's si	gnature	Date	Check If PTIN			
							self- employed			
Pai	id									
	parer	Firm's name					Firm's EIN ▶		-	
	e Only						THIN SERVE			
	y	<del></del>	<del></del>				<del></del>			
		Firm's address					D			
		<u></u>				·	Phone no.	-	- F-	
							Fori	ո 990	PF (	2017)

CONTINUATION FOR 990-PF, PART IV CARL MARSHALL REEVES AND 35-2026200 MILDRED ALMEN REEVES FOUNDATION, Part IV (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 11/09/17 1a EXELON P b BLACKROCK INV TRUST 10/27/17 D c VANGUARD REIT INDEX P 06/28/17 11/09/17 d I SHARES SILVER P e REMC CREDITS 12/31/17 D 12/31/17 I SHARES SILVER P g CAPITAL GAINS DIVIDENDS

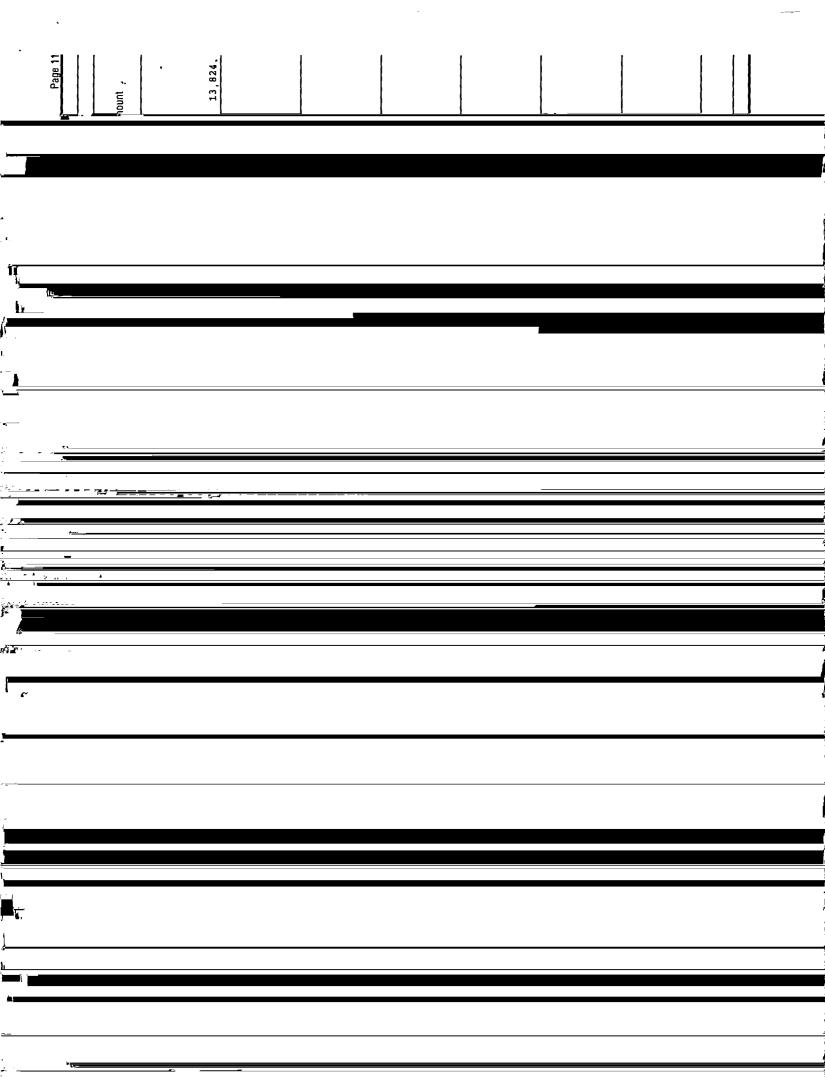
	INC.	
AND	NEEVES FOUNDATION,	
I REEVES	REEVES	
RSHALL	MILDRED ALMEN	n (continued)
CARL MARSHALI	MILDREI	<b>y Information</b> (con
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		ddnS 🖟
	Form 990-PF	Part XV

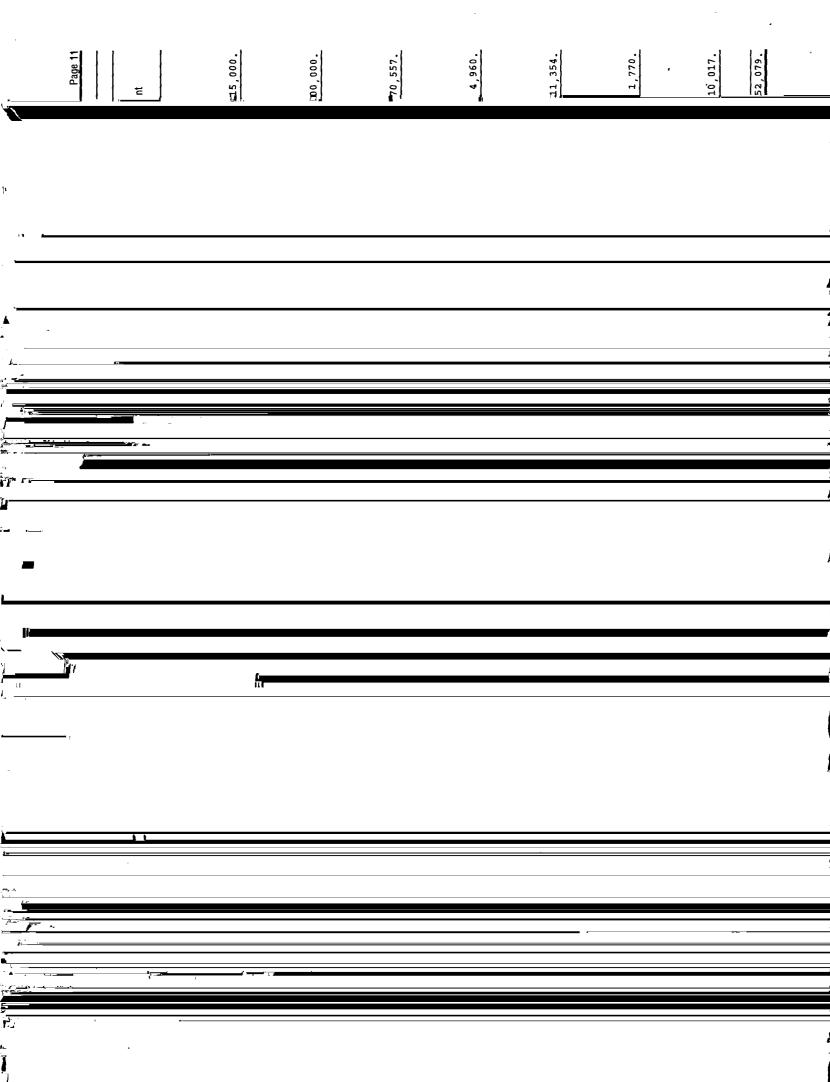
Page 11

35-2026200

	(50.00)			
sa Grants and Contributions Faid During the Tear Recipient	If recipient is an individual,	200000	The state of the s	
Name and address (home or business)	snow any relationship to any foundation manager or substantial contributor	roundation status of recipient	contribution	Amount .
COLUMBUS INDIANA PHILHARMONIC 015 PRANKLIN ST COLUMBUS, IN 47201	NONE	CHARITABLE	MUSIC EDUCATION PROGRAMS	15,000.
FAMILY SERVICE, INC. P O BOX 1002 COLUMBUS, IN 47202	NONE	CHARITABLE	ELEMENTARY EDUCATION PROGRAMS TO COMBAT BULLYING	7,025.
FAMILY SERVICE, INC. P O BOX 1002 COLUMBUS, IN 47202	NONE	CHARITABLE	COUNSELING TO SUPPORT CHILDREN OF BARTHOLOMEW COUNTY	11,520.
POUNDATION FOR YOUTH 405 HOPE AVENUE COLUMBUS, IN 47201	NONE	CHARITABLE	REAL ESTATE ACQUISTION COSTS FOR LOCAL YOUTH CAMP	35,327.
FOUNDATION FOR YOUTH 405 HOPE AVENUE COLUMBUS, IN 47202	NONE	CHARITABLE	ENGINEERING STUDY OF DAM AT LOCAL YOUTH CAMP	13,130.
GLEANERS FOOD BANK OF INDIANA 3737 WALDERMERE AVENUE INDIANAPOLIS, IN 46241	NONE	CHARITABLE	FOOD ACQUISITION COSTS FOR SCHOOLS WITHIN BARTHOLOMEW	14,985.
KIDSCOMMONS 309 WASHINGTON ST COLUMBUS, IN 47201	NONE	CHARITABLE	EXHIBIT MATERIALS, PROGRAMS AND CURRICULAM EDUCATION MATERIALS IN CHILDRENS MUSEUM	7,500.
Total from continuation sheets				293,911.

RSHALL ALMEN (continued)	REEVES REEVES	AND FOUNDATION, INC.	35-2026200	Page 11
ear	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation Status of recipient	Purpose of grant or contribution	Amount
	NONE	CHAI	PLAYGROUND RENNOVATION AT ELEMENTARY SCHOOL	7,450.
NTER	NONE	CHARITABLE	PROJECTORS AND RELATED EQUIPMENT AS WELL AS COMPUTER AND RELATED COMPUTER ACCESSORIES	8,635.
1.	NONE	CHARITABLE	GENERAL CONTRIBUTION TO HOSPICE FACILITY	100.
ក ក	NONE	CHARITABLE	SPECIALIZED ACTIVITIES AND OUTINGS FOR VICTIMIZED CHILDREN	4,000.
	NONE	CHARITABLE	MACULAR DEGENERATION OF THE EYE RESEARCH STUDIES	131 482
	NONE	CHARITABLE	MACULAR DEGENERATION OF THE EYE RESEARCH STUDIES	21,024.
	NONE	CHARITABLE	DIABETIC AND MEDICAL SUPPLIES FOR VOLUNTEER MEDICAL	2,909.
		7		





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MARSHALL
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MILDRED ALMEN REEVES FOUNDATION,

Form 990-PF

Page 11

35-2026200

INC.

49,282. 7,200. 219,282, 15,000, 15,000, 11,172, 000 06 Amount -EXHIBIT MATERIALS, PROGRAMS, AND CURRICULAM EDUCATION PROJECTORS AND RELATED EQUIPMENT AS WELL AS COMPUTER MESSAGING SYSTEM FOR MEDICAL AND CLINICAL STAFF AT MACULAR DEGENERATION OF THE EYE RESEARCH STUDIES CHEMISTRY LAB RENNOVATIONS AT LOCAL COLLEGE PLAYGROUND PROJECT AT ELEMENTARY SCHOOL MOBILE AG CENTER FOR LOCAL COLLEGE Purpose of grant or contribution AND RELATED COMPUTER ACCESSORIES MATERIALS IN CHILDRENS MUSEUM HOSPICE FACILITY Foundation status of recipient CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARITABLE If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE NONE JONE VONE NONE Grants and Contributions Approved for Future Payment Supplementary Information (continued) LINCOLN CENTRAL NEIGHBORHOOD FAMILY CENTER OUR HOSPICE OF SOUTH CENTRAL INDIANA Name and address (home or business) Total from continuation sheets Recipient INDIANAPOLIS, IN 46202 INDIANAPOLIS, IN 47201 1160 WEST MICHIGAN ST IVY TECH FOUNDATION COLUMBUS, IN 47203 COLUMBUS, IN 47201 INDIANA UNIVERSITY COLUMBUS, IN 47203 COLUMBUS, IN 47201 COLUMBUS, IN 47201 2626 EAST 17TH ST 309 WASHINGTON ST 1200 CENTRAL AVE 4601 CENTRAL AVE 4475 CENTRAL AVE 1039 SYCAMORE ST LINDEN PROJECT KIDSCOMMONS IUPUC

723645 04-01-17

	N, INC	ic. 35-2026200	Page 11
<u> </u>	dation us of pient	Purpose of grant or contribution	Amount
<u> ,</u>	BLE	SPECIAL ACTIVITES AND OUTINGS FOR VICTIMIZED CHILDREN	
***	BLE	MACULAR DEGENERATION OF THE RYE RESEARCH STUDIES	53 018
	BLE	MACULAR DEGENERATION OF THE BYE RESEARCH STUDIES	, 900, 000
	BLE	DIABETIC AND MEDICAL SUPPLIES FOR VOLUNTEER MEDICAL CLINIC	18,721.
	BLE	MACULAR DEGENERATION OF THE EYE RESEARCH STUDIES	265 746
J. J.			
	20		
			•

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEN	IPORARY	CASH IN	VESTMENTS	STATEMENT 1	
SOURCE		REVE	(A) REVENUE PER BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
FIRST FINANCIAL - A			11,300.		11,300.	<del></del>	
FIRST FINANCIAL - CHECKING			4.		4.		
TOTAL TO PART I, LI	NE 3	<del></del>	11,304.		11,304.		
FORM 990-PF	DIVIDEND	S AND INTER	REST FRO	M SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	RE	(A) EVENUE BOOKS	(B) NET INVES MENT INCO		
FIRST FINANCIAL AGENCY	647,077	7. 178,25	57. 4	168,820.	468,82	0.	
TO PART I, LINE 4	647,077	178,25	57. 468,820.		468,82	<u>0.</u>	
FORM 990-PF		ACCOUNTI	NG FEES	 S		STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	( E NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM		
TAX PREPARATION FEE	_ S	2,475.	<del></del>	0.		2,475.	
TO FORM 990-PF, PG	1, LN 16B =	2,475.		0.	<del></del>	2,475.	
FORM 990-PF	0	THER PROFES	SSIONAL	FEES		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	IVEST-	(C) ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES	
INVESTMENT MANAGEME ASSET MANAGEMENT FE		62,316. 38,246.		52,316.		0. 38,246.	
TO FORM 990-PF, PG	1, LN 16C	100,562.	. •	52,316.		38,246.	

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EXCISE TAXES FOREIGN TAXES	18,943. 2,396.			0.	
TO FORM 990-PF, PG 1, LN 18	21,339.	21,339.		0.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE SUPPLIES, POSTAGE, & WEB MAINTENANE SEMI ANNUAL MEETINGS	620.	0.		622.	
ASSOCIATED COSTS	1,966.	0.		1,966.	

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otal. Add lines 1 through 3		0.
		Form <b>990-PF</b> (2017)

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FORM 990-PF OTHER	INVESTMENTS		STATĖMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VARIOUS MUTUAL FUNDS	COST	4,592,720.	3,537,946.
TOTAL TO FORM 990-PF, PART II, LINE 1	13	4,592,720.	3,537,946.

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
MARY ANN NUNN 346 HARBOR BLUFF DR FENTON, MO 63026	PRESIDENT / TR 3.00	EASURER 400.	0.	0.
LISA M DEBORD 630 WINTER VIEW CIRCLE FENTON, MO 63026	VICE PRESIDENT 1.00	/ SECRETARY 200.	0.	0.
MARY LU ORR 9232 W TULIP DR COLUMBUS, IN 47201	DIRECTOR 1.00	400.	0.	0.
EMILY A MABE 5151 MONTPELIER CT COLUMBUS, IN 47203	DIRECTOR 1.00	200.	0.	0.
ASHLEY ABNER 348 S 250 E COLUMBUS, IN 47201	DIRECTOR 1.00	400.	0.	0.
STEPHEN BRUEGGEMANN 411 PLAZA DR COLUMBUS, IN 47201	DIRECTOR 1.00	400.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	2,000.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARY ANN NUNN 346 HARBOR BLUFF DR FENTON, MO 63026

TELEPHONE NUMBER

812-343-1787

EMAIL ADDRESS

NUNNMARYANN@GMAIL.COM

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM STATING THE PURPOSE OF THE