

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

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

OMB No 1545-0052

Open to Public Inspection

| F | or calen | dar year 2017 or tax year beginning | | , and | ending | | <u>-</u> | |
|----------------------------------|------------|---|---|--|------------------------|---|--|--------------------|
| N | ame of fou | ndation | | | A Employe | r Identification number | | |
| _ <u>C</u> ; | avalıer F | oundation, Inc | | | | | | |
| N | umber and | street (or P.O box number if mail is not delivered to street address) | | Room/suite | | 35-2063027 | | |
| _ | | Colony Drive, Apt 1604 | | | B Telephone | e number (see instruction | ns) | |
| | = | , state or province, country, and ZIP or foreign postal code | | | | | | |
| | aples | FL | 34108 | 3 | <u> </u> | 239-592-997 | 1 | |
| F | oreign cou | ntry name Foreign province/state/county | Foreign | postal code | C If exempt | ion application is pendin | g, check here | ▶□ |
| _ | · | | | | 4 | | | _ |
| G | Check | | of a former pub | lic charity | D 1. Foreig | n organizations, check h | iere | ▶ 🗌 |
| | | Final return Amended ret | | | - | n organizations meeting | | _ |
| | | Address change Name chang | | | 4 | here and attach comput | | ▶□ |
| H | r | type of organization: X Section 501(c)(3) exempt pri | | | | foundation status was te 07(b)(1)(A), check here | rminated unde | ์▶□ |
| Ш | Sectio | n 4947(a)(1) nonexempt charitable trust | | ındation [∜] _ | 3000001101 | , (b)(1)(), 0), 000 (1) (1010 | | |
| i | Fair m | arket value of all assets at J Accounting method. | | Accrual | E If the four | ndation is in a 60-month | termination | |
| | end of | year (from Part II, col. (c), Other (specify) | | | | tion 507(b)(1)(B), check | | ightharpoonup |
| | line 16 | 5) ▶ \$ 250,238 (Part I, column (d) must be | on cash basis. |) | <u> </u> | | | |
| F | Part I | Analysis of Revenue and Expenses (The total of | (a) Revenue ar | nd . | | | (d) Disburse | |
| | | amounts in columns (b), (c), and (d) may not necessarily | expenses per | . (D) NE | et investment ncome | (c) Adjusted net income | for chanta purpose | |
| | | equal the amounts in column (a) (see instructions).) | books | | | | (cash basis | |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | | | | | |
| | 2 | Check ▶☐ if the foundation is not required to attach Sch B | | | | | | nantable rposes |
| | 3 | Interest on savings and temporary cash investments | | | | | | |
| | 4 | Dividends and interest from securities | 4, | 466 | 4,466 | | | |
| | 5a | Gross rents | | | | | | |
| | b | Net rental income or (loss) | · | | | | | |
| P | 6a | Net gain or (loss) from sale of assets not on line 10 | 7, | 547 | | | | |
| Revenue | b | Gross sales price for all assets on line 6a 100,931 | | | | <u></u> | | |
| Š | 7 | Capital gain net income (from Part IV, line 2) | | | 7,547 | | | |
| œ | 8 | Net short-term capital gain | | | | | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | |
| | b | Less: Cost of goods sold | | | | | | |
| | C | Gross profit or (loss) (attach schedule) | | | | | | |
| | 11 | Other income (attach schedule) | | | | | | |
| _ | 12 | Total. Add lines 1 through 11 / 3 / | 12, | 013 | 12,013 | 0 | | ! |
| es | 13 | Compensation of officers, directors, trustees, etc. | | | | | | |
| enses | 14 | Other employee salaries and wages | | | | | | |
| | | Pension plans, employee benefits | | " | | | | |
| ŭ | 16a | Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule) | / | 000 | 0.000 | 0.000 | | |
| 9 | b | Accounting lees (attach schedule) | / / Z, | 000 | 2,000 | | | |
| ŧ | 17 | Other professional fees (attach schedule) . | \/s/ 1, | 138 | 1,138 | 1,138 | | |
| ž | 17 18 | Interest | \ | 40 | 40 | 40 | | |
| Ĭ | 19 | Depreciation (attach schedule) and depletion | ` | 70 | 40 | 40 | | |
| E | 20 | Occupancy | | \dashv | | | | |
| Ad | 21 | Travel, conferences, and meetings | | _+ | | | | |
| Þ | 22 | Printing and publications | | | | | <u> </u> | |
| Operating and Administrative Exp | 23 | Other expenses (attach schedule) | | _ | | | | |
| 2 | 24 | Total operating and administrative expenses. | | _ | | | | |
| at | | Add lines 13 through 23 | 3 | 178 | 3,178 | 3,178 | | 0 |
| ě | 25 | Contributions, gifts, grants paid | | 500 | 5,110 | 3,770 | | 7,500 |
| Ö | 26 | Total expenses and disbursements. Add lines 24 and 25 | | 678 | 3,178 | 3,178 | | 7,500 |
| _ | 27 | Subtract line 26 from line 12: | | 0,0 | 3,176 | 3,176 | | ,,500 |
| | a a | Excess of revenue over expenses and disbursements . | 1 | 335 | | | | |
| | b | Net investment income (if negative, enter -0-) | | | 8,835 | | | |
| | C | Adjusted net income (if negative, enter -0-) | <u> </u> | \dashv | 0,000 | 0 | | |
| | 1 ~ | ,, | <u> </u> | | | | 1 | |

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

| Part II | | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | f year |
|----------------------|----------|---|--|--|-----------------------|
| ې | للكلك | should be for end-of-year amounts only. (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 2,885 | 962 | 962 |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | | | | ··- ·· |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | _ | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | ' | | | | |
| so. | 8 | Less' allowance for doubtful accounts Inventories for sale or use | + | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| 18 | | Investments—U.S. and state government obligations (attach schedule) | | | |
| • | 10a | · · · · · · · · · · · · · · · · · · · | 90.696 | 00.224 | 445 706 |
| | b | Investments—corporate stock (attach schedule) | 89,686 | 99,321 | 145,786 |
| | C | Investments—corporate bonds (attach schedule) | 109,962 | 103,585 | 103,490 |
| | 11 | Investments—land, buildings, and equipment, basis | | | |
| | 1. | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | ļ | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | | ınstructions Also, see page 1, item I) | 202,533 | 203,868 | 250,238 |
| | 17 | Accounts payable and accrued expenses | | | |
| ø | 18 | Grants payable | | <u>. </u> | |
| 鲁 | 19 | Deferred revenue | | | |
| ੁ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| alances | | Foundations that follow SFAS 117, check here > and complete lines 24 through 26, and lines 30 and 31. | | | |
| a | 24 | Unrestricted | | | |
| | 25 | Temporarily restricted | | | |
| D | 26 | Permanently restricted | | | |
| Net Assets or Fund B | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| 0 | ,27 | Capital stock, trust principal, or current funds | | | |
| 8 | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| SS | 29 | Retained earnings, accumulated income, endowment, or other funds | 202,533 | 203,868 | l |
| X | 30 | Total net assets or fund balances (see instructions) | 202,533 | 203,868 | ' |
| ş | 31 | Total liabilities and net assets/fund balances (see | | | |
| _ | <u> </u> | instructions) | 202,533 | 203,868 | |
| Pa | art III | Analysis of Changes in Net Assets or Fund Balances | | | |
| 1 | Total | net assets or fund balances at beginning of year-Part II, column (a) | , line 30 (must agree v | vith | |
| | | of-year figure reported on prior year's return) | • | | 202,533 |
| 2 | | amount from Part I, line 27a | | | 1,335 |
| 3 | | | | ├ ── | |
| | | ines 1, 2, and 3 | | 4 | 203,868 |
| _ | _ | and the standard of the O (Administration) | | | |
| 6 | Total | net assets or fund balances at end of year (line 4 minus line 5)—Part | II, column (b), line 30 | 6 | 203,868 |
| | | | <u>- , , , , , , , , , , , , , , , , , , ,</u> | | 222 22 |

| Part | V Capital Gains an | d Losses for Tax on Investm | ent Incom | e | | | |
|---|---|---|--|--|--|-------------------------------|--|
| a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) (b) How P—P D—D | | | | | | ate acquired o , day, yr) | (d) Date sold (mo , day, yr) |
| 1a | See Attached Statement | | | | | | |
| b | | | ···· | | | | |
| <u>c</u> | | | | | | | <u> </u> |
| <u>a</u> | | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | ost or other basis expense of sale | | | l n or (loss) f) minus (g)) |
| a | | | | | | | |
| b_ | | | | | | | |
| <u>c</u> | | | | | ļ | | |
| <u>d</u> | | | | | - | | |
| | Complete only for assets si | lhowing gain in column (h) and owned | by the founds | ation on 12/31/69 | | | |
| | (i) FM V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) E | excess of col (i) r col (j), if any | | col (k), but not | l (h) gain minus t less than -0-) or rom col (h)) |
| a | | - | - | | | | |
| b | | | | | | | |
| С | | | | | | | |
| d | | | | | <u> </u> | | <u> </u> |
| <u>e</u> | | <u> </u> | | | | | |
| 2 | Capital gain net income or | r (net capital loss) If (loss) | , enter -0- in | • | 2 | | 7,547 |
| 3 | If gain, also enter in Part I | n or (loss) as defined in sections 1. , line 8, column (c) See instruction | ns If (loss), e | enter -0- in } | | | 557 |
| Part | | der Section 4940(e) for Redu | cod Tay o | | 3 | | 557 |
| _ | | vate foundations subject to the se | | | | | - |
| • | | - | 511011 T3T0(a | tax on het investine | | .,, | |
| If sec | tion 4940(d)(2) applies, leav | ve this part blank | | | | | |
| | | section 4942 tax on the distributate ualify under section 4940(e). Do no | | | e perio | d? | Yes X No |
| 1 | | ount in each column for each year; | see the inst | ructions before maki | ng any | entries. | <u> </u> |
| Cal | (a) Base penod years endar year (or tax year beginning in | (b) Adjusted qualifying distributions | Net va | (c) lue of nonchantable-use a | ssets | | (d) tribution ratio divided by col (c)) |
| | 2016 | 11 | ,000 | 23 | 0,329 | | 0.047758 |
| | 2015 | | 3,750 | | 4,785 | | 0.035746 |
| | 2014 | | 5,114 | | 7,787 | | 0 058630 |
| | 2013 | | 5,323 | | 1,427 | | 0.060944 |
| | 2012 | 1 | 5,495 | 24 | 9,674 | -т | 0.066066 |
| 2 | Total of line 1, column (d) | | | | . [| 2 | 0.269144 |
| 3 | · · | for the 5-year base period—divide oundation has been in existence if | | | | 3 | 0.053829 |
| 4 | Enter the net value of non | charitable-use assets for 2017 fro | m Part X, line | e5 | . | 4 | 256,400 |
| 5 | Multiply line 4 by line 3 . | | | | . | 5 | 13,802 |
| 6 | Enter 1% of net investmen | nt income (1% of Part I, line 27b) | | | | 6 | 88 |
| 7 | Add lines 5 and 6 . | | | | } | 7 | 13,890 |
| 8 | | ons from Part XII, line 4 | | | nart us | 8 ung a 1% tax | 7,500 |
| | Part VI instructions | ator than line 1, theta the box III P | ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ ۱۱ | , and complete that | part us | miyai /o lax | . 1315. JEE 1116 |

| Part \ | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction | 1S) | | | |
|--------|---|----------|--|----------|---------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | |
| þ | Date of ruling or determination letter. (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 1 | 77 | |
| | here ▶ ☐ and enter 1% of Part I, line 27b | | | | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b). | | | _ | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | 0 | |
| 3 | Add lines 1 and 2 | | 1 | 77 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | T | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | 1 | 77 | _ |
| 6 | Credits/Payments: | | | | $\overline{}$ |
| а | 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 75 | | | | 1 |
| þ | Exempt foreign organizations—tax withheld at source | | | | |
| c | Tax paid with application for extension of time to file (Form 8868) . 6c 6c | | | | 1 |
| d | Backup withholding erroneously withheld 6d | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | 75 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | 1 | 02 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 | | | 0 | |
| 11 | Enter the amount of line 10 to be: Credited to 2018 estimated tax ► Refunded ► 11 | | | 0 | |
| Part \ | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | L | _ Y | es | No |
| | participate or intervene in any political campaign? | 1 | <u>a </u> | \dashv | <u>X</u> |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | | | ľ | |
| | instructions for the definition | 1 | b | 4 | <u> X</u> |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | l | | |
| | published or distributed by the foundation in connection with the activities | - | | -4- | |
| | Did the foundation file Form 1120-POL for this year? | 1 | <u>c </u> | _ | <u> X</u> |
| đ | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | - | | |
| | (1) On the foundation > \$ (2) On foundation managers > \$ | | 1 | - [| |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | |
| • | on foundation managers. \$ | | _ _ | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities | <u> </u> | 2 | \dashv | <u> </u> |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | | 1 |
| • | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | _ | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | _ | a | \dashv | <u>X</u> |
| þ | If "Yes," has it filed a tax return on Form 990-T for this year? | | | /A | <u></u> |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | - | <u>- </u> | \neg | X |
| | If "Yes," attach the statement required by General Instruction T. | | _ | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| | By language in the governing instrument, or | | - [| | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | | } |
| | conflict with the state law remain in the governing instrument? | . [| 3_ | | X |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | | ') | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions | | | | |
| | IN | | | | į |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | _ _ | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8 | b 2 | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) | | | \bot | ، لَــــ |
| | or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If | | | | |
| | "Yes," complete Part XIV | <u> </u> | 1 | \perp | <u>X</u> |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | | |
| | names and addresses | | 0 | | X |
| | | _ (| JON_E | | |

| Part | VII-A Statements Regarding Activities (continued) | | | |
|---------|--|--------------|-------|----------------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | Yes | No |
| | the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | _X_ |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| | person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | _13 | Х | |
| | Website address ▶ | | | |
| 14 | The books are in care of ► Eurelio Cavalier Telephone no. ► 239-592- | 9971 | | |
| | Located at ▶ 8665 Bay Colony Drive Naples FL ZIP+4 ▶ 34108 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here | | , 1 | ▶ □ |
| | 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 | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing 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. | | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (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" if the | | | ۲, |
| | foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in | | | |
| | Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | N/A | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| | were not corrected before the first day of the tax year beginning in 2017? | 1c | | Х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | : | | |
| а | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2017? | | | |
| | If "Yes," list the years 20, 20, 20, 20 | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement—see instructions) | 2b | N/A | ļ |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| ٥- | ► 20, 20, 20, 20 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | | | |
| | | | | |
| b | If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the | | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse | | | |
| | of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | 2h | N/A | ļ |
| 4- | foundation had excess business holdings in 2017.) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 3b 4a | 14/74 | Х |
| 4a h | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?. Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | a | | ^ |
| b | chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? | 4b | | X |
| | <u> </u> | | | <u> </u> |

| Part VIII Cavaller Foundation, Inc. S-2063027 Page 6 | | • | | | | | | | |
|--|---------|--|------------------------------------|----------------------|------------------|--------|-------|-----|--------------|
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) | Form 99 | 0-PF (2017) Cavalier Foundation, Inc | | | | 35-20 | 63027 | Р | age 6 |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | Part | VII-B Statements Regarding Activities | for Which Form | 4720 May Be Re | equired (contin | ued) | | | |
| directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions. C If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average (c) Compensation (d) Contributions to employee benefit plans denter -0.) (a) Name and address (b) Title, and average (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (a) Name and address (b) Title, and average (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (a) Name and address (b) Title, and average (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (a) Name and address (b) Title, and average (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. | 5a | | | section 4945(e))? | . Tyes | X No | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. | | | | • | | X No | | | |
| section 4945(d)(4)(A)? See instructions. | | (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | | |
| b If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions | | | | | | | | | |
| Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Tax At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction? Tax Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position employee benefit plans and deferred compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (d) Contributions to employee benefit plans and deferred compensation. (e) Expense account, other allowances Eurelio Cavalier President Bay Colony Naples, FL 34108 1.00 Officer Officer Right Paid Employees, 1.00 Officer | | | | terary, or educatior | _ | X No | | | |
| Organizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation (a) Name and address (b) Title, and average hours private managers and their compensation (c) Compensation (fif not paid, employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances Eurelic Cavalier President Bay Colony Naples, FL 34108 1.00 Officer Officer Kim Wilkerson Officer | b | If any answer is "Yes" to 5a(1)-(5), did any of the t | ransactions fail to qu | alify under the exc | eptions describe | d in | | 1 | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances (e) Expense account, other allowances President Bay Colony Naples, FL 34108 1.00 Officer Bay Colony Naples, FL 34108 1.00 Officer Bay Colony Naples, FL 34108 Officer | | | | | | | 5b | N/A | |
| because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Test | | | | | | ▶ 🗌 | | | |
| Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No | С | | | • | — | □ No | | | |
| on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (If not paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation other allowances Eurelio Cavalier Bay Colony Naples, FL 34108 1.00 O Shirley Cavalier Bay Colony Naples, FL 34108 1.00 O Kim Wilkerson Officer | | | | | | | | | |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | 6a | | • | ctly, to pay premiur | _ | ⊠ No | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII | b | | , directly or indirectly, | on a personal ber | efit contract? | | 6b | | X |
| Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (r) Compensation (c) Compensation (finot paid, enter -0-) Eurelio Cavalier Bay Colony Naples, FL 34108 1.00 Officer President 1.00 Officer Difficer Officer | 7a | At any time during the tax year, was the foundation a pa | arty to a prohibited tax s | shelter transaction? | Tes | X No | | | |
| And Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (if not paid, e | | | | | | | | | |
| 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (if not | Part | | ors, Trustees, Fo | undation Manag | gers, Highly Pa | aid Em | ploye | es, | |
| (a) Name and address (b) Title, and average hours per week devoted to position President Eurelio Cavalier President Bay Colony Naples, FL 34108 1.00 0 Shirley Cavalier V. President Bay Colony Naples, FL 34108 1.00 0 Lisa Jennings Officer Bay Colony Naples, FL 34108 1.00 0 Kim Wilkerson Officer | | | | | | - | | | |
| California Cal | | List all officers, directors, trustees, and foundar | | | | | | _ | |
| Bay Colony Naples, FL 34108 1.00 0 Shirley Cavalier V. President Bay Colony Naples, FL 34108 1.00 0 Lisa Jennings Officer Bay Colony Naples, FL 34108 1.00 0 Kim Wilkerson Officer | | | hours per week devoted to position | (If not paid, | employee benefit | plans | | | |
| Shirley Cavalier V. President Bay Colony Naples, FL 34108 1.00 0 Lisa Jennings Officer 0 Bay Colony Naples, FL 34108 1.00 0 Kim Wilkerson Officer 0 | | | | | | 1 | | | |
| Bay Colony Naples, FL 34108 1.00 0 Lisa Jennings Officer 0 Bay Colony Naples, FL 34108 1.00 0 Kim Wilkerson Officer | | | | 0 | | | | | |
| Lisa Jennings Officer Bay Colony Naples, FL 34108 1.00 0 Kim Wilkerson Officer 0 | | | | | | | | | |
| Bay Colony Naples, FL 34108 1.00 0 Kim Wilkerson Officer | | | | 0 | | | | | |
| Kim Wilkerson Officer | | | | | | | | | |
| | | | | | | | | | |
| | | | | 0 | | | | | |

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

(b) Title and average (d) Contributions to

| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|------------------------------------|------------------|--|---------------------------------------|
| NONE | | • | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | | | | - |

Total. Add lines 1 through 3

| Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (e) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE. | Pa | Information About Officers, Directors, Trustees, Foundation Mand Contractors (continued) | | | | | | | | | |
|--|------|--|-----------------------|------------------|--|--|--|--|--|--|--|
| NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct chanitable actives during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 None 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 None All other program-related investments See instructions 3 All other program-related investments See instructions | 3 | | | | | | | | | | |
| Total number of others receiving over \$50,000 for professional services | | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation | | | | | | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 None 2 | NO | NE . | | | | | | | | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 None 2 | | | | | | | | | | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 None 2 | | | | | | | | | | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 None 2 | | | | | | | | | | | |
| Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct chantable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 None 2 | | | | | | | | | | | |
| List the foundation's four largest direct chantable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 None 2 | Tota | tal number of others receiving over \$50,000 for professional services | <u> </u> | | | | | | | | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See instructions All other program-related investments See instructions | P | art IX-A Summary of Direct Charitable Activities | | | | | | | | | |
| 2 | | | such as the number of | Expenses | | | | | | | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount None None All other program-related investments See instructions | 1 | None | | | | | | | | | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount None None All other program-related investments See instructions | 2 | | | | | | | | | | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount None None All other program-related investments See instructions | _ | | | | | | | | | | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount None None All other program-related investments See instructions | 3 | | | | | | | | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount None None All other program-related investments See instructions | 4 | | | | | | | | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount None None All other program-related investments See instructions | | | | | | | | | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount None None All other program-related investments See instructions | P | art IX-B Summary of Program-Related Investments (see instructions) | | | | | | | | | |
| 2 None All other program-related investments See instructions | | | | Amount | | | | | | | |
| All other program-related investments. See instructions | 1 | None | | | | | | | | | |
| All other program-related investments. See instructions | 2 | None | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | A | All other program-related investments See instructions | - | | | | | | | | |
| | 3 | 3 | | | | | | | | | |

| Part | X Minimum Investment Return (All domestic foundations must complete this part. Foreign | n foundat | ions, |
|------|---|-------------|----------|
| | see instructions.) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes: | | |
| а | Average monthly fair market value of securities | 1a | 249,277 |
| b | Average of monthly cash balances | 1b | 11,028 |
| C | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 260,305 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) |]] | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 260,305 |
| 4 | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see | | |
| | instructions) | 4 | 3,905 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 256,400 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 12,820 |
| Part | | าร | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 12,820 |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | | |
| ь | Income tax for 2017. (This does not include the tax from Part VI) | 1 | |
| c | Add lines 2a and 2b | 2c | 177 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 12,643 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 12,643 |
| 6 | Deduction from distributable amount (see instructions) | 6 | 12,010 |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, | <u> </u> | |
| • | line 1 | 7 | 12,643 |
| | | <u> </u> | 12,040 |
| Part | XII Qualifying Distributions (see instructions) | , | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 7,500 |
| b | Program-related investments—total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | \ | |
| а | Suitability test (prior IRS approval required) | 3a | |
| Ь | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 7,500 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | | |
| | Enter 1% of Part I, line 27b See instructions | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 7,500 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether | her the fou | ındation |
| _ | qualifies for the section 4940(e) reduction of tax in those years | | |

Page 9

| Part | XIII Undistributed Income (see instructions |) | | | rage o |
|------|--|--------|---------------------|------|---------------|
| • | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2017 from Part XI, | Corpus | Years prior to 2016 | 2016 | 2017 |
| | line 7 | | • | | 12,643 |
| 2 | Undistributed income, if any, as of the end of 2017: | | | | |
| а | Enter amount for 2016 only | | | 0 | |
| b | Total for prior years: 20, 20, 20 | | | | |
| 3 | Excess distributions carryover, if any, to 2017: | | | | |
| а | From 20121,433 | * | | | |
| b | From 2013 | | • | , | _ |
| C | From 2014 | | | | , |
| d | From 2015 | | | | |
| е | From 2016 | | | | |
| f | Total of lines 3a through e | 6,836 | | | |
| 4 | Qualifying distributions for 2017 from Part XII, | | | | |
| | line 4: ▶ \$ | | | | |
| а | Applied to 2016, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required—see instructions) | | | | |
| С | Treated as distributions out of corpus (Election | | | | |
| _ | required—see instructions) | | , | | |
| d | Applied to 2017 distributable amount | | • | | 7,500 |
| e | Remaining amount distributed out of corpus | | | | |
| 5 | Excess distributions carryover applied to 2017. | 5,143 | | | 5,143 |
| | (If an amount appears in column (d), the same | | | | |
| • | amount must be shown in column (a)) | | | | البيه |
| 6 | Enter the net total of each column as | | | | Ţ |
| | indicated below: | 4.000 | | | |
| a | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 1,693 | | | |
| Ь | Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| _ | | | 0 | | |
| С | Enter the amount of prior years' undistributed income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) | | | | |
| | tax has been previously assessed | | | | |
| d | Subtract line 6c from line 6b. Taxable | | | | |
| • | amount—see instructions | | | | |
| е | Undistributed income for 2016. Subtract line | | | | |
| • | 4a from line 2a. Taxable amount—see | | | | |
| | instructions | | | 0 | |
| f | Undistributed income for 2017. Subtract lines | | | | |
| | 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2018 | | | | 0 |
| 7 | Amounts treated as distributions out of corpus | | | | |
| | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be | | | | |
| | required—see instructions). | | | | |
| 8 | Excess distributions carryover from 2012 not | | | | |
| | applied on line 5 or line 7 (see instructions) . | | | | |
| 9 | Excess distributions carryover to 2018. | | | | |
| | Subtract lines 7 and 8 from line 6a | 1,693 | | | |
| 10 | Analysis of line 9 | | | | |
| а | Excess from 2013 | | | | |
| b | Excess from 2014 | | | | |
| С | Excess from 2015 | | | | |
| d | Excess from 2016 | | | | |
| _ | Evenes from 2017 | | | · | |

Form 990-PF (2017)

Total

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or contribution status of Amount any foundation manager or substantial contributor recipient Name and address (home or business) Paid during the year Indianapolis Museum of Art None **Publc** General 2,500 4000 N Michigan Indianapolis, IN 46208 Indianapolis Opera **Publc** General None 2,500 4011 N Pennsylvania Indianapolis, IN 46205 St Vincent Foundation None **Publc** General 2,500 8402 Harcourt Rd Indianapolis, IN 46260 Total За 7,500 Approved for future payment

| Part X | VI-A Analysis of Income-Producing Ac | tivities | | | | |
|--------------------------------------|--|------------------|---------------|------------------|---------------------|-----------------------------------|
| nter gr | oss amounts unless otherwise indicated. | Unrelated bu | siness income | Excluded by sect | on 512, 513, or 514 | (e) |
| | | (a) | (b) | (c) | (d) | Related or exempt function income |
| 1 Dr | ogram service revenue | Business code | Amount | Exclusion code | Amount | (See instructions) |
| a | ogram service revenue | | | | | |
| b | | | | | | |
| C | | | | | | |
| d | | | | | | |
| е | | | | | | |
| f | | | | | | |
| g | Fees and contracts from government agencies | | | | | |
| 2 Me | embership dues and assessments | | | | | |
| | erest on savings and temporary cash investments | | | | | |
| | vidends and interest from securities | | | 14 | 4,466 | |
| | et rental income or (loss) from real estate: | | | | | |
| а | Debt-financed property | | | <u> </u> | | <u> </u> |
| b e Na | Not debt-financed property | | | | | |
| | her investment income | | | | | |
| | in or (loss) from sales of assets other than inventory | <u></u> | | 18 | 7,547 | |
| | et income or (loss) from special events | | | 10 | 1,047 | |
| | oss profit or (loss) from sales of inventory | | - | | | |
| | her revenue: a | | - | | | |
| b | | | | | | |
| С | | [| | | | |
| d | | ļ | | | | |
| _ | | | | | | |
| е | | | | | | |
| | | | | | 12,013 | |
| 13 To | tal. Add line 12, columns (b), (d), and (e) | | | | 12,013 13 | 12,013 |
| 13 To See wo | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations | .) | | | | |
| 13 To See wo Part X | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A | .) ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |
| 13 To See wo Part X Line No | tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A Explain below how each activity for which income | ccomplishm | ent of Exempt | Purposes | 13 | 12,013 |

| Part | XVII | information Exempt Org | | sters to and Tran | isactions a | ind Relatio | nships With Nonch | aritable | | |
|--------------|---------------|---------------------------------------|-----------------------------------|---|----------------------|----------------------|---|-----------------|------------|---------------------|
| - | Did t | | | ngage in any of the | following with | any other or | ganization described | | Yes | No |
| • | | | er than section 501(c | | | | | | 100 | 110 |
| | | nizations? | | ,,(°) ° 'ga'''. | | | э рожиоа | | | ı |
| а | - | | orting foundation to | a noncharitable exe | mpt organiza | tion of: | | ł | | ı |
| _ | | ash | | | | | | . 1a(1) | | X |
| | | Other assets . | | | | | | 1a(1) | - | X |
| b | | r transactions | | | | | | 10(2) | | <u> </u> |
| ~ | | · · · · · · · · · · · · · · · · · · · | a noncharitable exe | mnt organization | | | | . 1b(1) | | X |
| | | | ets from a noncharita | | | | | 1b(1) | | x |
| | | | equipment, or other | | | | | 1b(2) | - | $\hat{\mathbf{x}}$ |
| | | | rangements | | | • | | . 1b(3) | | X |
| | | oans or loan gua | | | | | | | | x |
| | | | | | | | | 1b(5) | - | $\hat{\mathbf{x}}$ |
| _ | | | quipment, mailing lis | | | | | 1b(6) | | $\frac{\hat{x}}{x}$ |
| d | | | | | | | always show the fair mar | | | |
| u | | | | | | | received less than fair m | | | |
| | value | in any transaction | or sharing arrangeme | given by the reporting ent show in column (c | the value of | the goods of | ner assets, or services re | arker Spivod | | |
| (a) Line | | (b) Amount involved | | chantable exempt organiza | | | of transfers, transactions, and | | | |
| (4) | 3110 | (b) Amount involved | (c) Name of none | chantable exempt organiza | adon | (a) Description | or transfers, transactions, and | Sharing arrai | igemen | ıs |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| | | - | | | | | | | | |
| | | | - | | | | | | | |
| | -+ | | | | | | | | | |
| | $\overline{}$ | | | | | | | | | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| | | · | <u> </u> | | | | | | | |
| | | _ . | | | | | | | | |
| | -+ | | | | | | | | | |
| | -+ | | | | | | - | | | |
| | -+ | | | | | | | | | |
| | | | | | · | | | | | |
| | -+ | . | | | | | | | | |
| | le the | foundation direc | tly or indirectly affilia | ated with or related t | o one or mo | ro tay ayama | t organizations | | | |
| La | | | | | | | · · · · · · | □ Yes | X N | 0 |
| b | | | following schedule. | | | | | | 231 14 | • |
| | | (a) Name of organ | | (b) Type of o | omanization | | (c) Description of re | ationshin | | |
| | | (a) Hamb of Organ | | (B) 1) po or (| Jiganization . | | (c) Description of let | adonanip | | |
| | | | | | | - - | | | | |
| | | | | | | | | | - | |
| | | · - | | | | | | | | |
| | | | | | | - + - | | | | |
| | Under | r penalties of perjury, I decl | lare that I have examined this re | eturn, including accompanying s | schedules and stater | nents, and to the be | st of my knowledge and belief, it is to | ue, | | |
| Sign | соггес | ct, and complete Declarate | on of preparer (offier than taxpa | iver) is based on all information | of which preparer h | as any knowledge | | e IRS discuss | thic rotur | |
| Here | | 4mh | - MC Caux | \ \ > / @ |) Y Presid | lent | | e preparer sho | | |
| 11616 | Sigi | nature of officer or trus | | Date | Title | ioiit | | | Yes[| No |
| | 1 3 | Print/Type preparer's | | Preparer's signature | 7. | Date | | PTIN | | |
| Paid | | Leslie Michael | | | 1/hall | | Check L self-employe | ıt | 2002 | |
| Prepa | | Firm's name | Michael Associates | | 10 200 | | 7 717 | 1855881 | 5000 | |
| Use C | nly | Firm's address | | ute 135, Indianapolis | s. IN 46240 | | | 7-574-212 | 4 | |
| | | | | | | | 11 110116 110 011 | | • | |

| > |
|---|
| 9 |
| ヹ |
| 8 |
| = |
| 듩 |
| Than Inventory |
| Ξ |
| ᆂ |
| ಠ |
| of Assets Other Th |
| Š |
| ÿ |
| ≆ |
| 0 |
| 풁 |
| က |
| Gain/Loss from Sale |
| ₽ |
| SS |
| Ö |
| ₹ |
| <u>`@</u> |
| ٠ |
| Œ |
| (990-PF) |
| 8 |
| 9 |
| 9 |
| _≅ |
| = |
| ⇉ |
| Part |
| Φ. |

| atti, ciiic o (550-11) - oaiii.coo ii oii | | | | | | | Totals | Gross | S | Cost or Other Basis, Expenses | asis. Expenses, | Net Gain | Sain |
|---|---------|----------|---------------------------|-------------|------------|------------|----------------------|------------------------|---------------------|-------------------------------|------------------------------|-------------|---------------------|
| Amount | | | | | | | | Sales | S | Depreciation ai | Depreciation and Adjustments | orLoss | - |
| Long Term CG Distributions | [- | | | | | ొ | Capital Gams/Losses | : | 100,931 | | 93,384 | | 7,547 |
| Short Term CG Distributions | PIO | | | | | | Other sales | | 0 | | 0 | | 0 |
| | Check X | | Check "X" if Purchaser | | | | | | | Expense of Sale | | | |
| #0 5 15 | | Direksee | is a Rusiness | Acquisition | Date | Sold | Gross Sales Price | Cost or Other Basis | Valuation Method | and Cost of Improvements | Depreciation | Adjustments | Net Gain or Loss |
| + | + | BCBINIO | 8 | Purchase | 1/25/2017 | 10/5/2017 | 1,026 | 873 | | | | | 153 |
| 2 TEGNAINC | × | | | Purchase | 1/25/2017 | 10/2/2017 | 1,456 | 1,586 | | | | | -130 |
| - | × | | | Purchase | 11/29/2016 | 9/21/2017 | 2,332 | 2,527 | | | | | -195 |
| 4 CARS COM INC | × | | | Purchase | 1/25/2017 | 6/7/2017 | 19 | 16 | | | | | က |
| - | × | | | Purchase | 11/9/2016 | 5/26/2017 | 2,311 | 2,420 | | | | | -109 |
| 1 | × | | | Purchase | 8/11/2016 | 2/1/2017 | 2,203 | 2,747 | | | | | -544 |
| 7 WESTERN DIGITAL CORP | × | | | Purchase | 7/12/2016 | 1/26/2017 | 1,185 | 784 | | | | | 401 |
| 8 WESTERN DIGITAL CORP | × | | | Purchase | 2/4/2016 | 1/26/2017 | 2,764 | 1,786 | | | | | 978 |
| | × | | | Purchase | 12/5/2014 | 12/27/2017 | 4,958 | 4,995 | | | | | -37 |
| 10 GE MONEY BK 30071017 D | × | | | Purchase | 6/26/2014 | 7/10/2017 | 7,000 | 7,000 | | | | | 0 |
| 11 GE CAP RETL 18 060117 DR | × | | | Purchase | 6/17/2014 | 6/1/2017 | 20,000 | 20,000 | | | | | 0 |
| PFIZER INC | × | | | Purchase | 8/18/2008 | 11/17/2017 | 4,060 | 2,283 | | | | | 1,777 |
| 13 AMGEN INC | × | | | Purchase | 8/24/2015 | 11/16/2017 | 2,557 | 2,281 | | | | | 276 |
| 14 NESTLE SA SPONSORED AD | × | | | Purchase | 10/18/2011 | 11/15/2017 | 4,224 | 2,872 | | | | | 1,352 |
| 15 UNILEVER PLC SPONS ADR 3 | × | | | Purchase | 7/15/2014 | 11/9/2017 | 3,901 | 3,141 | | | | | 760 |
| | × | | | Purchase | 2/25/2016 | 11772017 | 3,411 | 2,894 | | | | | 517 |
| 17 VODAFONE GRP PLC NEW A | X | | | Purchase | 8/26/2009 | 10/13/2017 | 536 | 731 | | | | | -195 |
| 18 CHEVRON CORP | X | | | Purchase | 4/19/2012 | 10/13/2017 | 3,582 | 3,088 | | | | | 484 |
| 19 VODAFONE GRP PLC NEW AI | X | | | Purchase | 5/21/2010 | 10/13/2017 | 1,194 | | | | | | -228 |
| 20 VODAFONE GRP PLC NEW AI | × | | | Purchase | 6002/8/6 | 10/13/2017 | 955 | | | | | | 415 |
| | × | | | Purchase | 8/27/2015 | 10/13/2017 | 3,343 | | | | | | 768 |
| 22 CHUBBLTD | × | | | Purchase | 6/25/2015 | 10/9/2017 | 4,375 | 3,121 | | | | | 1,254 |
| 23 ANADARKO PETROLEUM CO | Х | | | Purchase | 2/4/2016 | 10/3/2017 | 1,969 | | | | | | 230 |
| 24 STARBUCKS CORP | X | | | Purchase | 8/29/2016 | 9/28/2017 | 1,365 | | | | | | Ş |
| 25 GENERAL ELECTRIC COMPA | X | | | Purchase | 8/25/2015 | 8/24/2017 | 2,445 | 2 | | | | | 88 |
| 26 VIACOM INC CL B NEW | × | | | Purchase | 1/27/2015 | 6/19/2017 | 171 | | | | | | -156 |
| 27 VIACOM INC CL B NEW | Х | | | Purchase | 9/1/2010 | 6/19/2017 | 2,829 | | | | | | 279 |
| 28 CINCINNATI BELL INC NEW N | X | | | Purchase | 4/18/2012 | 5/8/2017 | 2,395 | 2 | | | | | -190 |
| 29 CINCINNATI BELL INC NEW N | × | | | Purchase | 4/5/2013 | 5/8/2017 | 781 | 761 | | | | | 20 |
| 30 WELLS FARGO & CO NEW | X | | | Purchase | 1/23/2013 | 5/2/2017 | 4,890 | | | | | | 1,739 |
| 31 QUALCOMM INC | X | | | Purchase | 10/25/2013 | 1/25/2017 | 1,408 | 1,675 | | | | | -267 |
| 32 QUALCOMMINC | Х | | | Purchase | 1/8/2014 | 1/25/2017 | 1,126 | 1,444 | | | | | -318 |
| 33 DANONE SPONSORED ADR | × | | | Purchase | 7/15/2014 | 1/9/2017 | 2,921 | 37. | | | | | 491 |
| 34 DANONE SPONSORED ADR | × | 2.4 | | Purchase | 6/17/2015 | 1/9/2017 | 65 | | | | | | |
| 35 DANONE SPONSORED ADR | X | | | Purchase | 4/27/2015 | 1/9/2017 | 1,168 | 1,326 | | | | | -158 |
| | | | | | | | | | | | | | |

Part I, Line 16b (990-PF) - Accounting Fees

| | | 2,000 | 2,000 | 2,000 | 0 |
|-----|---------------------------|--------------|----------------|--------------|-------------------|
| Ī, | | | | | Disbursements |
| - [| | Revenue and | | | for Charitable |
| 1 | | Expenses per | Net Investment | Adjusted Net | Purposes |
| | Description | Books | Income | Income | (Cash Basis Only) |
| | 1 Michael Associates, LLC | 2,000 | 2,000 | 2,000 | 0 |

Part I, Line 16c (990-PF) - Other Professional Fees

| | 1,138 | 1,138 | 1,138 | 0 |
|-----------------------------------|--------------|----------------|--------------|------------------------------|
| | Revenue and | | | Disbursements for Charitable |
| | Expenses per | Net Investment | Adjusted Net | Purposes |
| Description | Books | Income | Income | (Cash Basis Only) |
| Stifel Nicolaus - investment fees | 1,138 | 1,138 | 1,138 | 0 |

Part I, Line 18 (990-PF) - Taxes

| | | 40 | 40 | 40 | 0 |
|---|---|--------------------------------------|--------------------------|------------------------|---|
| | Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| 1 | Real estate tax not included in line 20 | 0 | | | |
| 2 | Tax on investment income | 0 | | | |
| 3 | Income tax | 0 | | | |
| 4 | Foreign taxes withheld | 40 | 40 | 40 | |

© 2018 Universal Tax Systems Inc. and/or its affiliates and licensors. All rights reserved

| ¥ |
|---------------------|
| 8 |
| ぎ |
| 4 |
| 풅 |
| Ē |
| 8 |
| Ž |
| ၓ |
| - Corporate Stock |
| Ś |
| Ξ |
| 9 |
| ₽ |
| Investments |
| Ž |
| 므 |
| • |
| Œ |
| ٻ |
| ġ |
| 8 |
| ~ |
| 엉 |
| Ť |
| ခ |
| Line 10b (990-PF) - |
| _ |
| = |
| Part II. I |
| ŭ |
| |

| | | 989'68 | 99,321 | 122,142 | 145,786 |
|-----------------------|--------------|--------------|-------------|-------------|-------------|
| | Num. Shares/ | Book Value | Book Value | FMV | FMV |
| Description | Face Value | Beg. of Year | End of Year | Beg of Year | End of Year |
| 1 Steifel investments | 0 | 989'68 | 99,321 | 122,142 | 145,786 |

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

Cavalier Foundation, Inc

| | | | 109,962 | 103,585 | 110,599 | 103,490 |
|----------------------|----------|----------|--------------|-------------|--------------|-------------|
| | Interest | Maturity | Book Value | Book Value | FMV | FMV |
| Description | Rate | Date | Beg. of Year | End of Year | Beg. of Year | End of Year |
| 1 Stifel Investments | | | 109,962 | 103,585 | 110,599 | 103,490 |