

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0052

2017

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

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

Name of foundation MONARCH BEVERAGE CHARITABLE FOUNDATION INC		A Employer identification number 35-2099555
Number and street (or P O box number if mail is not delivered to street address) 9347 EAST PENDLETON PIKE	Room/suite	B Telephone number (see instructions) (317) 612-1310
City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46236		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 8,118	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	77,339				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B					
	3 Interest on savings and temporary cash investments					
	4 Dividends and interest from securities					
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10					
	b Gross sales price for all assets on line 6a					
	7 Capital gain net income (from Part IV, line 2)			0		
	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	77,339		0	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0		0	0	
	14 Other employee salaries and wages					
	15 Pension plans, employee benefits					
	16a Legal fees (attach schedule)					
	b Accounting fees (attach schedule)	850		0	0	0
	c Other professional fees (attach schedule)					
	17 Interest					
	18 Taxes (attach schedule) (see instructions)					
	19 Depreciation (attach schedule) and depletion					
	20 Occupancy					
	21 Travel, conferences, and meetings					
	22 Printing and publications					
	23 Other expenses (attach schedule)	3,488		0	0	2,140
	24 Total operating and administrative expenses. Add lines 13 through 23	4,338		0	0	2,140
	25 Contributions, gifts, grants paid	79,031				79,031
26 Total expenses and disbursements. Add lines 24 and 25	83,369		0	0	81,171	
27 Subtract line 26 from line 12						
a Excess of revenue over expenses and disbursements	-6,030					
b Net investment income (if negative, enter -0-)			0			
c Adjusted net income (if negative, enter -0-)				0		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	14,148	8,118	8,118
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	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 instructions Also, see page 1, item I)	14,148	8,118	8,118	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	14,148	8,118		
30 Total net assets or fund balances (see instructions)	14,148	8,118		
31 Total liabilities and net assets/fund balances (see instructions) .	14,148	8,118		

Part 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 with end-of-year figure reported on prior year's return)	1	14,148
2 Enter amount from Part I, line 27a	2	-6,030
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	8,118
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	8,118

Part IV Capital Gains and Losses for Tax on Investment Income

(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)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

2 Capital gain net income or (net capital loss)	2	
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	3	
{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	47,964	8,935	5 368103
2015	95,062	6,949	13 679954
2014	146,794	1,467	100 064076
2013	30,265	23,656	1 279379
2012	82,295	17,119	4 807232

2 Total of line 1, column (d)	2	125 198744
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	25 039749
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	15,654
5 Multiply line 4 by line 3	5	391,972
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	391,972
8 Enter qualifying distributions from Part XII, line 4	8	81,171

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, domestic foundations, and tax payments. Columns for line numbers and amounts.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Columns for question numbers and Yes/No answers.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, annual returns, and books in care.

Located at 9347 EAST PENDLETON PIKE INDIANAPOLIS IN ZIP+4 46236

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding foreign bank and financial accounts.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

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

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

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

Total number of other employees paid over \$50,000. **0**

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

1	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

1	Amount
All other program-related investments See instructions	

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	15,892
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	15,892
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	15,892
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	238
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	15,654
6	Minimum investment return. Enter 5% of line 5.	6	783

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	783
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	783
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	783
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	783

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	81,171
b	Program-related investments—total from Part IX-B.	1b	0
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		
a	Suitability test (prior IRS approval required).	3a	
b	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	81,171
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	81,171

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				783
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	81,439			
b From 2013.	29,082			
c From 2014.	146,721			
d From 2015.	94,715			
e From 2016.	47,517			
f Total of lines 3a through e.	399,474			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>81,171</u>				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				783
e Remaining amount distributed out of corpus	80,388			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))		0		0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	479,862			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e 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).		0		
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	81,439			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	398,423			
10 Analysis of line 9				
a Excess from 2013.	29,082			
b Excess from 2014.	146,721			
c Excess from 2015.	94,715			
d Excess from 2016.	47,517			
e Excess from 2017.	80,388			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				79,031
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
OLIVIA SANNELLA 9347 EAST PENDLETON PIKE INDIANAPOLIS, IN 46236	DIRECTOR 0 00	0	0	0
DAVID KILPATRICK 9347 EAST PENDLETON PIKE INDIANAPOLIS, IN 46236	DIRECTOR 0 00	0	0	0
KOHL BENNETT 9347 EAST PENDLETON PIKE INDIANAPOLIS, IN 46236	DIRECTOR 0 00	0	0	0
ANDY BUTCHER 9347 EAST PENDLETON PIKE INDIANAPOLIS, IN 46236	DIRECTOR 0 00	0	0	0
AMBER NELSON 9347 EAST PENDLETON PIKE INDIANAPOLIS, IN 46236	DIRECTOR 0 00	0	0	0
TAMMY CLIFTON 9347 EAST PENDLETON PIKE INDIANAPOLIS, IN 46236	DIRECTOR 0 00	0	0	0
JON RUGENSTEIN 9347 EAST PENDLETON PIKE INDIANAPOLIS, IN 46236	DIRECTOR 0 00	0	0	0
TODD WELCH 9347 EAST PENDLETON PIKE INDIANAPOLIS, IN 46236	DIRECTOR 0 00	0	0	0
KAYLA ROGERS 9347 EAST PENDLETON PIKE INDIANAPOLIS, IN 46236	DIRECTOR 0 00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	100
ANGELMAN SYNDROME FOUNDATION 75 EXECUTIVE DRIVE SUITE 327 AURORA, IL 60504	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
AVON JUNIOR ATHLETIC ASSOCIATION INC 6319 EAST US HIGHWAY 36 SUITE 202 AVON, IN 46123	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	300
BACK ON MY FEET - INDIANAPOLIS 964 N PENNSYLVANIA ST INDIANAPOLIS, IN 46204	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	483
BEST BUDDIES OF INDIANA 8604 ALLISONVILLE RD STE 165 INDIANAPOLIS, IN 46250	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
Total 3a				79,031

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNOR ST NOBLESVILLE, IN 46060	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
CASA FOR KIDS FUND INC PO BOX 4074 LAFAYETTE, IN 47903	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
CHURCH 52 FAMILY WORSHIP CENTER PO BOX 341 NEW PALESTINE, IN 46163	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	1,000
DECATUR LITTLE LEAGUE DECATUR BASEBALL PO BOX 405 CAMBY, IN 46113	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	300
DOG TAG BREWING FOUNDATION 2042 STADIUM DRIVE BOZEMAN, MT 59715	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
Total ▶ 3a				79,031

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DOVE RECOVERY HOUSE FOR WOMEN INC 3351 N MERIDIAN ST SUITE 110 INDIANAPOLIS, IN 46208	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	1,000
GLOBAL GIVING FOUNDATION INC 1110 VERMONT AVE NW SUITE 550 WASHINGTON, DC 20005	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	1,250
GRACE CARE CENTER 5504 E 146TH ST NOBLESVILLE, IN 46062	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
GREATER HOUSTON COMMUNITY FOUNDATION 5120 WOODWAY DRIVE SUITE 6000 HOUSTON, TX 77056	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	1,250
GREENFIELD YOUTH BASEBALL ASSOCIATION 826 E LINCOLN ST GREENFIELD, IN 46140	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	750
Total 3a				79,031

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREENWOOD LITTLE LEAGUE 320 S WASHINGTON ST GREENWOOD, IN 46143	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	300
HABITAT FOR HUMANITY 3135 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	5,000
HARMONY SCHOOL CORPORATION PO BOX 1787 BLOOMINGTON, IN 47402	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
JDRF INTERNATIONAL 10401 N MERIDIAN ST SUITE 150 INDIANAPOLIS, IN 46290	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	200
JULIAN CENTER INC 2011 N MERIDIAN ST INDIANAPOLIS, IN 46202	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	400
Total ▶ 3a				79,031

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KEEP INDIANAPOLIS BEAUTIFUL INC 1029 FLETCHER AVE SUITE 100 INDIANAPOLIS, IN 46203	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	483
LEUKEMIA & LYMPHOMA SOCIETY 941 E 86TH ST SUITE 100 INDIANAPOLIS, IN 46240	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	750
LUTHERAN HIGH SCHOOL 5555 S ARLINGTON AVE INDIANAPOLIS, IN 46237	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
MEET ME UNDER THE BRIDGE PO BOX 42159 INDIANAPOLIS, IN 46242	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	250
NOTRE DAME ACE ACADEMIES 107 CAROLE SANDNER HALL NOTRE DAME, IN 46556	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	1,750
Total ▶ 3a				79,031

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RONALD MCDONALD HOUSE OF INDIANA 435 LIMESTONE ST INDIANAPOLIS, IN 46202	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	400
RUSS DELLEN MEMORIAL LOOP FOUNDATION PO BOX 6072 FISHERS, IN 46037	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	1,000
SCHOOLS ON WHEELS CORP 2605 E 62ND ST SUITE 2005 INDIANAPOLIS, IN 46220	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	400
SHOP FOR KIDS18100 CUMBERLAND RD NOBLESVILLE, IN 46060	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
ST JUDE CHILDREN'S HOSPITAL 755 W CARMEL DRIVE SUITE 201 CARMEL, IN 46032	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	48,064
Total 3a				79,031

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST MARGARET'S HOSPITAL GUILD INC PO BOX 40793 INDIANAPOLIS, IN 46240	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	300
ST MARK'S EPISCOPAL CHURCH 710 E BUCHANAN ST PLAINFIELD, IN 46168	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
ST MARY'S CHILD CENTER INC 901 DR MARTIN LUTHER KING ST INDIANAPOLIS, IN 46202	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	483
ST VINCENT HOSPITAL FOUNDATION INC 8402 HARCOURT RD SUITE 210 INDIANAPOLIS, IN 46260	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	1,108
SUSAN G KOMEN OF CENTRAL INDIANA 3500 DEPAUW BLVD SUITE 2070 INDIANAPOLIS, IN 46268	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
Total 3a ▶				79,031

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE PATH HOME INC8109 E CR 100 N AVON, IN 46123	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	500
THE WHAS CRUSADE FOR CHILDREN INC 520 W CHESTNUT ST LOUISVILLE, KY 40202	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	1,000
TONY STEWART FOUNDATION 438 SOUTHPOINT CIRCLE BROWNSBURG, IN 46112	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	750
TOYS FOR TOTS 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	1,098
WARREN PERFORMING ARTS ASSOCIATION PO BOX 19136 INDIANAPOLIS, IN 46219	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	300
Total 3a				79,031

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST INDIANAPOLIS, IN 46204	NONE	SO I	CONTRIBUTION TO SUPPORT ORGANIZATION	1,500
ZERO - THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	PC	CONTRIBUTION TO SUPPORT ORGANIZATION	1,062
Total ▶ 3a				79,031

TY 2017 Accounting Fees Schedule

Name: MONARCH BEVERAGE CHARITABLE FOUNDATION
INC

EIN: 35-2099555

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	850	0	0	0

TY 2017 Other Expenses Schedule

Name: MONARCH BEVERAGE CHARITABLE FOUNDATION
INC

EIN: 35-2099555

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EVENTS	2,140	0	0	2,140
BANK FEES	1,348	0	0	0