

Return of Private Foundation

or Section 4947(a) Trust Treated as Private Foundation
Do not enter social security immediate in Marketin may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Forme的所有疑问题(W知何)s and the latest information Open to Public Inspection , 2017, and ending For calendar year 2017 or tax year beginning Employer identification number JAN **0 2** 2019 <u>ANAM</u> FOUNDATION 45-3597029 Telephone number (see instructions) 430 INDIANA AVENUE R **BATCHING UNIT** (317) 507-7575 INDIANAPOLIS, IN 46202 COVINGTON, KY C If exemption application is pending, check here Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Amended return Final return Address change 2 Foreign organizations meeting the 85% test, check Name change here and attach computation Check type of organization X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year Accounting method X Cash (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ► S 3,851,203 (Part I, column (d) must be on cash basis under section 507(b)(1)(B), check here Part Analysis of Revenue and (a) Revenue and (c) Adjusted net (d) Disbursements (b) Net investment Expenses (The total of amounts in columns (b), (c), and (d) may not neces-CANNED APR 0 1 2019 expenses per books income income for charitable purposes sarily equal the amounts in column (a) (cash basis only) (see instructions)) Contributions gifts, grants, etc., received (attach schedule) 1,025,000. if the foundation is not required to attach Sch. E Interest on savings and temporary cash investments 30 30 Dividends and interest from securities 53,431 53.431 5 a Gross rents **b** Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a 314,733 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold C Gross profit or (loss) (attach schedule). 11 Other income (attach schedule) Total Add lines 1 through 13 089,936 64,936 53,461 13 Compensation of officers, directors, trustees, etc. σ leceived In Cc Other employee salaries and wages IRS - OSC (15 Pension plans, employee benefits 16 a Legal fees (attach schedule) JAN **3 1** 2019 **b** Accounting fees (attach sch) C Other professional fees (attach sch) NISTRAT 17 Interest Odden Utai SEE STM 1 18 201 Taxes (attach schedule)(see instrs) 201 Depreciation (attach 19 schedule) and depletion 20 Occupancy Travel, conferences, and meetings Printing and publications EXPER 23 Other expenses (attach schedule) 22.941 SEE STATEMENT 2 · 22,941 24 Total operating and administrative expenses. Add lines 13 through 23 23,142 23,142 PART XV Contributions, gifts, grants paid **网络李宝安新加州** 20,000 26 Total expenses and disbursements. Add lines 24 and 25 43,142 23.142 20,000 27 Subtract line 26 from line 12: a Excess of revenue over expenses 1,046,794 and disbursements b Net investment income (if negative, enter 0-) 41,794

53.461.

Par	11	Balance Sheets	Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year		of year
	4 - 90		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	· ·			
	2	-	ary cash investments	137,485.	691,716.	691,716.
	3	Accounts receivable				
		Less allowance for	doubtful accounts ►			
	4	Pledges receivable	>			
		Less: allowance for	doubtful accounts >			
	5	Grants receivable				
	6	Receivables due from offic	ers, directors, trustees, and other			
			ch schedule) (see instructions)			
	7	Other notes and loans rec	· · · ·			
S	ŀ	Less allowance for				
S	8	Inventories for sale of				
A S S E T	9	Prepaid expenses ar	nd deferred charges			
S	10 a	Investments – US obligations (attach s	and state government chedule)			
	·	Investments — corporate	•			
		Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment: basis	buildings, and			
		Less. accumulated depreci (attach schedule)	ation •			_
	12	Investments - morto	gage loans.			
	13	Investments - other	(attach schedule)	2,253,070.	2,745,633.	3,159,487.
	14	Land, buildings, and	equipment hasis			
		Less accumulated deprect (attach schedule)	ation •			
	15	Other assets (describ				
	16	see the instructions	completed by all filers — Also, see page 1, item I).	2,390,555.	3,437,349.	3,851,203.
ŀ	17	Accounts payable an	d accrued expenses			
À	18	Grants payable				
B	19	Deferred revenue		ļ		
Ļ	20	•	ors, trustees, & other disqualified persons			
÷	21	Mortgages and other notes				
į	22	Other liabilities (desc	cribe)	<u> </u>		
S S	23	Total liabilities (add		0.	0.	
		and complete lines 2	low SFAS 117, check here 24 through 26, and lines 30 and 31.			stude :
N F E U T N	24	Unrestricted				
ΤŇ	25	Temporarily restricte				
D	26	Permanently restricted				
A B A L A N		Foundations that do and complete lines 2	not follow SFAS 117, check here X 7 through 31.			
EL	27		rincipal, or current funds	2,390,555.	3,437,349.	
SN	28	Paid-in or capital surplus,	or land, bldg , and equipment fund			
O E	29	- ·	lated income, endowment, or other funds			
RS	30		und balances (see instructions)	2,390,555.	3,437,349.	
	31	Total liabilities and r (see instructions)	net assets/fund balances	2,390,555.	3,437,349.	
Par		_ `	ges in Net Assets or Fund Balanc		3,437,343.	TOBY CHATTARE REPORT RITHER INVOICES WARN TO WAS THE TOTAL OF THE OWN TO
Baummanman	amination4.				araa wuth	
Ī	end-	i net assets or fund ba of-year figure reported	ilances at beginning of year – Part II, colu I on prior year's return).	inin (a), line 30 (must a	gree with	2,390 <u>,</u> 555.
		r amount from Part I,			2	1,046,794.
		increases not included in lin			3	
4		lines 1, 2, and 3			4	3,437,349.
5		ases not included in line 2 (i	temize).		5	
6	Total	net assets or fund ba	lances at end of year (line 4 minus line 5)) - Part II, column (b), I	line 30 6	3,437,349.
						=

r Page **3**

	Capital Gaills allu	LUSSES IUI TAX UII IIIVESIIIIE	nt income				
	(a) List and describe 2-story brick wareh	the kind(s) of property sold (for exampouse, or common stock, 200 share	ple, real estate, s MLC Company)	(b) How acqu P — Purcha D — Donati	se	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1	FIRST TR EXCHANGE	P		1/26/17	3/22/17		
	FIRST TR EXCHANGE		1/26/17	11/17/17			
	FIRST TR EXCHANGE		3/17/16`	3/22/17			
	FIRST TR EXCHANGE		2/03/16	11/17/17			
	CAPITAL GAIN DIVIDE	ENDS	-	_			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or ((e) plus (f) m	
:	a 30,840.		3.	5,865.			-5,025.
	35,450.		3.	5,056.			394.
	113,314.		11.	5,743.			-2,429.
	134,356.		11	6,594.			17,762.
	Complete only for assets show	ring gain in column (h) and owned		69		(I) Gains (Col.	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any			ain minus col (k), b in -0-) or Losses (fr	
	9				_		-5,025.
)						394.
			_				-2,429.
	<u>1</u>					<u> </u>	17,762.
							773.
	Capital gain net income or (ne	If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2		11,475.
3	Net short-term capital gain or ((loss) as defined in sections 1222(5	o) and (6)				
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) See instructions If	(loss), enter -0- ,				
Dã.		Section 4940(e) for Reduce	d Tay on Not Investment	ant Incom	3		<u>-4,631.</u>
		oundations subject to the section 4940			ii C	N/A	
			itay tak on het investment ine	onic ,		N/A	
If se	ction 4940(d)(2) applies, leave t	his part blank					
Was	the foundation liable for the sec	tion 4942 tax on the distributable a	mount of any year in the b	ase period?	,	∏Yes	□No
If 'Ye	es,' the foundation doesn't qualit	fy under section 4940(e) Do not co	mplete this part	·			
1	Enter the appropriate amount in e	each column for each year, see the ins	structions 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 ass	ets	((d) Distribution col (b) divided	ratio by col (c))
	2016						
Ċ	2015						
	2014						
	2013		J				
	2012						
2	Total of line 1, column (d).				2		
3	Average distribution ratio for the snumber of years the foundation	5-year base period – divide the total on has been in existence if less than	on line 2 by 5 0, or by the 5 years		3		
4	Enter the net value of nonchari	table-use assets for 2017 from Pari	t X, line 5		4		
5	Multiply line 4 by line 3			_	5		
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)			6		
7	Add lines 5 and 6			-	7		
8	Catas avaletina diatabutiana fra			İ			
	Enter qualifying distributions fro	om Part XII, line 4 I line 7, check the box in Part VI, line			8		

	MIIII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see	instructions)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	
	Date of ruling or determination letter (attach copy of letter if necessary – see instructions)	,
t	Domestic foundations that meet the section 4940(e) requirements in Part V,	1 836.
	check here and enter 1% of Part I, line 27b	
•	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	A TANASAN KARANDANGKARANTAN KARANDAN KANDAN KARANDAN KANDAN KANDAN KANDAN KANDAN KANDAN KANDAN KANDAN KANDAN K
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	
3	Add lines 1 and 2	3 836
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5 836.
6	Credits/Payments	
	a 2017 estimated tax pmts and 2016 overpayment credited to 2017	
	Exempt foreign organizations – tax withheld at source 6b	
	Tax paid with application for extension of time to file (Form 8868)	
	Backup withholding erroneously withheld 6d	
	Total credits and payments Add lines 6a through 6d	7 0.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8 14.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9 850.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10
11	Enter the amount of line 10 to be Credited to 2018 estimated tax . Refunded	11
Par	t WILAT Statements Regarding Activities	NODER VOLUM
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes No
	participate or intervene in any political campaign?	1 a X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?	
	See the instructions for the definition	16 X
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	
,	Did the foundation file Form 1120-POL for this year?	1 c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	
	(1) On the foundation >\$ 0. (2) On foundation managers >\$	O
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	
2	foundation managers S O Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
-	If 'Yes,' attach a detailed description of the activities	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3 X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a X
t	of 'Yes,' has it filed a tax return on Form 990-T for this year?	4b N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 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	
7	with the state law remain in the governing instrument? 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	6 X
	Enter the states to which the foundation reports or with which it is registered. See instructions	(7 X
0.0	IN	
	of 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 <i>General Instruction G</i> ² If 'No,' attach explanation	8 b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or	ARKE SEALTER'S REAL SOUTHER OF THE HONOR HOUSE
,	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If 'Yes,' complete	Part XIV 9 X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	
-		1 4 4 1 4 4
BAA	and addresses	10 X Form 990-PF (2017)

1.111	Statements regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule. See instructions		11	Yes	No 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 applica Website address N/A	tion?	13	Х	
14	The books are in care of ► NASIR BUTT Telephone no ►	(317)	507	-75 <u>7</u>	5
15	Located at \$\(^430\) INDIANA AVENUE INDIANAPOLIS IN ZIP + 4 \$\(^462\) Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	<u> </u>	N/Ā		ГТ
		15	*1/ **		□ N/A
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			15	
Pa	TANIFE WILL Statements Regarding Activities for Which Form 4720 May Be Required		the restaurable	Miles	All ada have
llio III locari	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1	a During the year, did the foundation (either directly or indirectly)	11.3			Cille
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	XNo			
	(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)?	XNo			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes	ΧNο			
	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		1 b	N	A
	Organizations relying on a current notice regarding disaster assistance, check here			Mili.	
	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?	1	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
i	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	X No			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 20		e vii		
	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).		2 b	N/	A A
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20, 20				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes	X No			
	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		3 L		
_	determine if the foundation had excess business holdings in 2017.)	+	3Ь	N/	<u>A</u>
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4 a		X
1	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4 b		X
BA/		For		-PF (2	
		, 011		· - \c	- 1 / /

Part VII-B Statements Regarding Activit		n 4720 May Be Req	<u>uired (co</u>	ontinued)	
5 a During the year, did the foundation pay or incur a	-				Yes No
(1) Carry on propaganda, or otherwise attem	pt to influence legislation	on (section 4945(e))?		∐ Yes X	No Maria
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr	ation drive?	-			No
(3) Provide a grant to an individual for travel,				∐ Yes [X	No
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	n a charitable, etc , organ s	ization described		Yes X	No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientific on of cruelty to children	c, literary, or or animals?		Yes X	No 1
b If any answer is 'Yes' to 5a(1)—(5), did any o described in Regulations section 53 4945 or in a See instructions	f the transactions fail to current notice regarding (qualify under the exce disaster assistance?	ptions		5b N/A
Organizations relying on a current notice rega	ardıng disaster assistan	ce, check here		· •	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	isibility for the grant?	·	N/A	Yes	No No
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d).			_
6 a Did the foundation, during the year, receive a on a personal benefit contract?					No R
b Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	efit contract	:?	6b X
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found	dation a narty to a prob	whited tay chelter transs	action?	Yes X	
b If 'Yes,' did the foundation receive any proces					No NA 7b
Part VIII Information About Officers, D					447 44
and Contractors					
1 List all officers, directors, trustees, and found					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employ plans a	ibutions to yee benefit nd deferred ensation	(e) Expense account, other allowances
SEE STATEMENT 3					
		0.		<u>0</u> .	0.
<u> </u>					
2 Compensation of five highest-paid employees (of	her than those included	on line 1 – see instruction	ns). If none.	enter 'NONE	<u> </u>
	(b) Title, and average		(d)Contri	butions to	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans a	ree benefit nd deferred ensation	(e) Expense account, other allowances
NONE			COMP	5113411011	
					
					
					<u> </u>
		l			
Total number of other employees paid over \$50,000				•	0
BAA	TEEA0306L 08	3/24/17			Form 990-PF (2017)

Pa能以来時 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 <u>N/A</u>	_
2	
All other program-related investments. See instructions	
3	_
	_
Total. Add lines 1 through 3	0.
BAA	Form 990-PF (2017)

Page 8

	see instructions.)	reign	Touridations,
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.	1 a	3,124,350.
	b Average of monthly cash balances	1 b	39,978.
	Fair market value of all other assets (see instructions)	1 c	V
	d Total (add lines 1a, b, and c)	1 d	3,164,328.
	Reduction claimed for blockage or other factors reported on lines 1a and	W. I	
	1c (attach detailed explanation) 1 e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
	Subtract line 2 from line 1d	3	3,164,328.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	47,465.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,116,863.
6	Minimum investment return. Enter 5% of line 5	6	155,843.
Ŗã	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations, check here ☐ and do not complete this part.)	ting f	oundations
1	Minimum investment return from Part X, line 6	1	155,843.
2	a Tax on investment income for 2017 from Part VI, line 5 2a 836.		
	b Income tax for 2017 (This does not include the tax from Part VI)	133,1	
	C Add lines 2a and 2b	2 c	836.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	155,007.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	155,007.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	155,007.
Ŗä	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	20,000.
	b Program-related investments — total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	1 b	
•	Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	20,000.
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	20,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	_

PartXIII 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				
2 Undistributed income, if any, as of the end of 2017				155,007
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		5.0		
b From 2013			1	
d From 2015 18,557.				
e From 2016 1, 974.				
f Total of lines 3a through e	20,531:			
4 Qualifying distributions for 2017 from Part				
XII, line 4 ► \$ 20,000.				
a Applied to 2016, but not more than line 2a				
 Applied to undistributed income of prior years (Election required — see instructions) 		0.		
c Treated as distributions out of corpus	''			
(Election required — see instructions) d Applied to 2017 distributable amount				
e Remaining amount distributed out of corpus			THE COLUMN TO TH	. 20, 00°0
5 Excess distributions carryover applied to 2017	20,531:		ISTORIA DI DI PARTITI DI PERMISIA BARRASTA DI LA PERMISIA DELI PERMISIA DELI PERMISIA DELI PERMISIA DELI PERMI LA PERMISIA DELI PERMISIA	
(If an amount appears in column (d), the same amount must be shown in column (a))				
same amount must be shown in column (a)				
6 Enter the net total of each column as				377
indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
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)		í		
tax has been previously assessed		0.	Post in the second seco	
d Subtract line 6c from line 6b Taxable amount – see instructions		- 0/		
	MIRAA KUUDEELLEEN LURUUSELLURELURELURELURELURELURELURELURELURE Kristoria Tultu lurureluri ortari karastikulaisekuluk		<u>a re</u> gario de constitui de la	BAKE MERUPAK MENUNUK M
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. 				114 476
7 Amounts treated āš dištribulióris óut óf	Inditional Languages and Constitution of the C	100		114,476.
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election	·			
may be required — see instructions)	Ū.			
8 Excess distributions carryover from 2012 not	}			
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015		7		
d Excess from 2016 e'Excess from 2017		3		
E LACESS HORI 2017				

Form 990-PF (2017) ANAM FOUNDATION		,		45-3597029	, Page 10
Part XIV Private Operating Foundat	ions (see ınstru	ictions and Part	t VII-A, question		N/A
1 a If the foundation has received a ruling or dete is effective for 2017, enter the date of the	rmination letter that i ruling	t is a private operati	ing foundation, and th	e ruling	
b Check box to indicate whether the foundat	ion is a private ope	rating foundation d	escribed in section	4942(j)(3) or	4942(1)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
each year listed					
b 85% of line 2a					
 Qualifying distributions from Part XII, line 4 for each year listed 		<u></u>			
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	•	
(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 XVI Supplementary Information (assets at any time during the	e year – see ins	part only if the tructions.)	foundation had	\$5,000 or more	in
Information Regarding Foundation Manag a List any managers of the foundation who have close of any tax year (but only if they have NONE	contributed more that	an 2% of the total co han \$5,000) (See	intributions received b section 507(d)(2))	y the foundation befo	re the
b List any managers of the foundation who own a partnership or other entity) of which the f NONE	10% or more of the soundation has a 10	tock of a corporation % or greater intere	n (or an equally large est	portion of the owners	hip of
2 Information Regarding Contribution, Grant, G Check here ☐ If the foundation only make	es contributions to p	reselected charitable			
requests for funds. If the foundation makes 2a, b, c, and d. See instructions					plete items
a The name, address, and telephone number or	email address of the	person to whom app	plications should be a	ddressed	
SEE STATEMENT 4					
b The form in which applications should be s	ubmitted and inforn	nation and material	ls they should includ	le	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards, si	uch as by geograph	ical areas, charitat	ole fields, kinds of in	stitutions, or other	actors
SEE STATEMENT FOR LINE 2A					

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year SEE STATEMENT 5			•	
1		i	,	,
•	٧			
				,
			` ,	
			·	
				/
,				
		!		
				,
Total			► 3a	20,000.
b Approved for future payment				
,				
<u>_</u>		,		
-			,	
Total			► 3 b	
, vtat			- 30	

Part XVI An Analysis of Income-? Enter gross amounts unless otherwise indice		l business income	Evaluded by a	ection 512, 513, or 514	
Effer gross amounts unless otherwise muic	(a)	(b)	(c)	(d)	(e) Related or exempt
	Business	Amount	Exclu- sion	Amount	function incomé
1 Program service revenue	code		code		(See instructions)
a					
b					
С					
d					
e	,				
f					
g Fees and contracts from government	agencies				
2 Membership dues and assessments					
3 Interest on savings and temporary cash investm	ents				30.
4 Dividends and interest from securities					53,431.
5 Net rental income or (loss) from real e	estate Estate				
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal prope	erty				
7 Other investment income					·
8 Gain or (loss) from sales of assets other than in		<u> </u>		773.	10,702.
9 Net income or (loss) from special ever		· · · · · · · · · · · · · · · · · · ·			
10 Gross profit or (loss) from sales of inv					direction of the control of the cont
11 Other revenue	1.65.34				
a					
b		·			
c					
d			 		
12 C hteld Add ast was (b) (d) and (c					
12 Subtotal Add columns (b), (d), and (e	(al substitution of a property of the property			773.]	64,163.
13 Total. Add line 12, columns (b), (d), a (See worksheet in line 13 instructions to ver				13	64,936.
Part XVIB Relationship of Activi		hment of Even	nt Purnosa		
Asiatal tilinant 1 ase telepatamilibrasi			'		v to the
Line No. Explain below how each activity accomplishment of the foundation	on's exempt purposes (oth	er than by providing	funds for suc	n purposes) (See in	nstructions)
N/A					
					,
	·				
					
					
			 -		
					
1					

Part XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

		<u>-</u>											
d	lescribe	organization direi ed in section 501(to political organ	c) of the Code (engage (other tha	in any of t an section	he following 501(c)(3) org	with any anization	other organizat is) or in section	ion n 527,			Yes	No
aΤ	ransfer	s from the report	ing foundation to	o a nonc	haritable e	exempt organ	ization o	f					
•	1) Cas										1 a (1)		X
•	•	er assets			,						1 a (2)		X
		ansactions [,]											
-	•	es of assets to a									1 b (1)		X
(2	2) Puro	chases of assets	from a noncharit	table exe	mpt organ	nization					1 b (2)		Х
(3	3) Ren	tal of facilities, ed	quipment, or othe	er assets	5						1 b (3)		X
(4	4) Rein	nbursement arrar	ngements								1 b (4)		X
(5	5) Loar	ns or loan guaran	tees								1 b (5)		X
(6	6) Perf	ormance of servi	ces or membersl	hip or fu	ndraising s	solicitations					1 b (6)		Х
c S	haring	of facilities, equi	oment, mailing li	lists, othe	er assets,	or paid emplo	yees.				1 c		Х
d If th a	the an ne good ny tran	swer to any of th s, other assets, or saction or sharing	e above is 'Yes,' services given by g arrangement, s	,' comple y the repo show in (te the follo rting found column (d)	owing schedu ation If the fo the value of	le Colun undation the good	nn (b) should a received less tha ds, other assets	lways show an fair marke s, or service	the fair it value ii s receive	market val ed	ue of	_
(a) Line	e no	(b) Amount involved	(c) Name	of noncha	ritable exemp	t organization	(0	1) Description of tra	ansfers, transa	tions, and	sharing arrar	ngement	cs
N/A													
											·		
`												_	
												_	
	_												
			-										
_						_							
							_						
de	escribe	indation directly or d in section 501(complete the follo	c) of the Code (o	ed with, or other thai	related to n section 5	one or more 501(c)(3)) or	tax-exem in section	pt organizations n 527?			Yes	X	No
	(a)	Name of organiz	ation		(b) Type o	of organization	n	(c) Description	on of rel	ationship		
N/A									· ·	 .			
												•	
		. <u></u>	<u></u>										
	Under po	enalties of perjury, I de and complete Declarat	clare that I have exam	nined this re	turn, includin	g accompanying	chedules a	nd statements, and	to the best of my	y knowledg	e and belief, it	is true,	
Sign Here	Correct,	W		O		on an information	or which pr		wiedge		May the If	with the	e
	<u></u>		rugol	\sim		_1_		TRUSTEE			preparer s See instru		
_	Signat	ure of officer or trustee Print/Type preparer's	name		Preparer's sig	nature	 '	itle Date			PTIN	Yes	No
					A.			1 1	Check	lf		200	
Paid			KOPECK, CPA	<u> </u>	The state of the s	y Kark		10/5/18	T .		P00967	<u> 303</u>	
Prepa		Firm's name	PILE CPAS						Firm's EIN	35-0	<u>865680</u>		
Use O	nly	Firm's address	ONE INDIAN		SUITE				4				
			INDIANAPOL	LIS, I	N 4620	4-2066			Phone no	(317			
BAA											Form 990)-PF (2	2017)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

ANAM FOUNDATION 45-3597029	
Organization type (check one)	
Filers of: Section:	
Form 990 or 990-EZ	
4947(a)(1) nonexempt charitable trust not treated as a private foundation	
527 political organization	
Form 990-PF X 501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation	
Check if your organization is covered by the General Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instruction	tions
General Rule	
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions	money or
property) from any one contributor. Complete raits rand in See instructions for determining a contributor's total contributions.	
Chaniel Bules	
Special Rules	
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulation under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that	
received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II)
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational	1
purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,	,
during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than	
\$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because	
it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year	
·	
Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990.	, or
Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, EZ, or 990-PF)	9U-PF,

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

INTERNAL REVENUE SERVICE
603 RECEIVED

JAN 0'2'2019

BATCHING UNIT
COVINGTON, KY

	B (Form 990, 990-EZ, dr 990-PF) (2017)		ige 1 of 1 of Par
Name of org	OUNDATION		imployer identification number
Pari	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	· ·
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NASIR_BUTT	•	Person X Payroli
	10759 HICKORY COURT	\$1,025,0	000. Noncash
	CARMEL, IN 46033		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	, ' 	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	, 	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onnocash Contributions Payroll Part II for noncash contributions Part II for noncash contributions
(a) Number	(b) Name, address, and ZIP + 4 -	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Page

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

of Part II

Name of organization

BAA

Employer identification number

ANAM FOUNDATION 45-3597029 Rantilia Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (d) Date received (See instructions.) N/A (a) No. from (c) FMV (or estimate) (See instructions.) (d) Date received (b) Description of noncash property given Part I (a) No. from (b) (c) FMV (or estimate) (d) Date received Description of noncash property given Part I (See instructions.) (a) No. from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from (d) Date received (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.)

Page

1 to

of Part ill

Name of organization
ANAM FOUNDATION
Partill Exclusively religious, charitable, etc.

Employer ider

Employer identification number	_
45-3597029	

	or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	the year from any one contri completing Part III, enter the tot (Enter this information once S	butor. Completal of <i>exclusive</i>	ete columns (a) through (e) and ely religious, charitable, etc , is) \$\N/A		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I	N/A	1				
,	N/A			 		
		(e)				
	Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
			<u> </u>			
	<u> </u>		ļ			
			<u> </u>			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
		(e) Transfer of gift				
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee		
			I			
			} -			
			<u> </u>			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
	(e) Transfer of gift					
	Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
		·				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I			·			
		{				
ļ	(e) Transfer of gift					
	Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
				·		
			-			

2017	FEDERAL STATEMENTS	PAGE
CLIENT 2247	ANAM FOUNDATION	45-359702
STATEMENT 1 FORM 990-PF, PART I, LINE 18 TAXES		,
	EXPENSES INVESTMENT ADJU	C) (D) USTED CHARITABLE INCOME PURPOSES
FOREIGN TAXES	TOTAL \$ 201. \$ 201. \$	0. \$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES	,	
		(C) (D) USTED CHARITABLE NCOME PURPOSES
BANK CHARGES INVESTMENT ADVISOR FEES	TOTAL \$ 10. \$ 22,931. \$ 22,941. \$ \$	0. \$ 0.
STATEMENT 3 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS,	TOTAL \$\frac{22,931.}{\\$22,941.} \frac{22,931.}{\\$22,941.} \frac{\\$5}{\\$22,941.} \$\frac{22,941.}{\\$5}	CONTRI- EXPENSE UTION TO ACCOUNT/
STATEMENT 3 FORM 990-PF, PART VIII, LINE 1	TOTAL \$\frac{22,931.}{\\$22,941.} \frac{22,931.}{\\$22,941.} \frac{\\$5}{\\$22,941.} \$\frac{22,941.}{\\$5}	CONTRI- EXPENSE UTION TO ACCOUNT/ EBP & DC OTHER
STATEMENT 3 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, NAME AND ADDRESS	TOTAL \$\frac{22,931.}{\\$\frac{22,941.}{\\$}}\$\$ \$\frac{22,941.}{\\$\\$}\$\$ TRUSTEES, AND KEY EMPLOYEES TITLE AND AVERAGE HOURS COMPEN- B PER WEEK DEVOTED SATION B	CONTRI- EXPENSE UTION TO ACCOUNT/ EBP & DC OTHER
STATEMENT 3 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, NAME AND ADDRESS PATRICIA A BUTT 430 INDIANA AVENUE	TOTAL \$\frac{22,931.}{\\$\frac{22,941.}{\\$}}\$\$ \$\frac{22,941.}{\\$\\$}\$\$ TRUSTEES, AND KEY EMPLOYEES TITLE AND AVERAGE HOURS COMPEN- B PER WEEK DEVOTED SATION B TRUSTEE \$ 0.\$	CONTRI- EXPENSE UTION TO ACCOUNT/ EBP & DC OTHER 0. \$ 0
STATEMENT 3 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, NAME AND ADDRESS PATRICIA A BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202 DANIEL BUTT 430 INDIANA AVENUE	TOTAL	CONTRI- EXPENSE UTION TO ACCOUNT/ EBP & DC OTHER 0. \$ 0
STATEMENT 3 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, NAME AND ADDRESS PATRICIA A BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202 DANIEL BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202 ADAM BUTT 430 INDIANA AVENUE	TOTAL	CONTRI- UTION TO EBP & DC O. \$ 0. 0
STATEMENT 3 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, NAME AND ADDRESS PATRICIA A BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202 DANIEL BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202 ADAM BUTT 430 INDIANA AVENUE INDIANAPOLIS, IN 46202 MARIANNE M BUTT 430 INDIANA AVENUE	TOTAL	CONTRI- UTION TO EBP & DC O. \$ 0 O. 0

2017

FEDERAL STATEMENTS

PAGE 2

CLIENT 2247

ANAM FOUNDATION

45-3597029

STATEMENT 4 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

ANAM FOUNDATION

CARE OF:

NASIR BUTT

430 INDIANA AVENUE

STREET ADDRESS: CITY, STATE, ZIP CODE:

INDIANAPOLIS, IN 46202

TELEPHONE:

317-507-7575

E-MAIL ADDRESS: FORM AND CONTENT:

NONE

SUBMISSION DEADLINES:

NONE

RESTRICTIONS ON AWARDS:

NONE

STATEMENT 5 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SEEDS OF LEARNING - CITIZEN FOUNDATION 6131 W 80TH ST INDIANAPOLIS IN 46278	NONE	501 (C) (3)	PROGRAM FUNDS	\$ 1,000.
YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST, STE. 200 INDIANAPOLIS IN 46204	NONE	501(C)(3)	PROGRAM FUNDS`	1,000.
MAKE-A-WISH FOUNDATION - MN 1919 UNIVERSITY AVE W STE 415 ST. PAUL MN 55104	NONE	501 (C) (3)	PROGRAM FUNDS	1,000.
ONE MISSION SOCIETY 941 FRY ROAD PO BOX A GREENWOOD IN 46142	NONE	501 (C) (3)	PROGRAM FUNDS	7,000.
MASJID IHSAN 391 RESURRECTION ROAD RIDGELAND SC 29936	NONE	501 (C) (3	PROGRAM FUNDS	10,000.
			TOTAL	\$ 20,000.