Form 990-PF

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Return of Private Foundation

OMB No 1545-0052

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. , and ending

For calendar year 2017 or tax year beginning Name of foundation A Employer identification number MIDWEST CARDIOVASCULAR RESEARCH AND EDUCATION FOUNDATION, INC. 56-2394304 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 500 ARCADE 400 574-229-0337 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ELKHART, IN 46514 G Check all that apply: Initial return X Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization; X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: | X | Cash F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 212, 779. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 183,960. Contributions, gifts, grants, etc., received RECEIVED Check fithe foundation is not required to attach Sch. B Interest on savings and temporary cash investments 0 0 4 Dividends and interest from securities MAY II ZUIN 5a Gross rents b Net rental income or (loss) OCOHN 111 6a Net gain or (loss) from sale of assets not on line 10 7 Capital gain net income (from Part IV, line 2) Ō. 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 183,960. Ō. 0 Total. Add lines 1 through 11 0. 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Ō. STMT 1 2,100. Ō. 0. **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 5,940. 5,940. O. 0. 20 Occupancy 3,246. 3,246. Ō. Ō. 21 Travel, conferences, and meetings 22 Printing and publications STMT 2 275,386. 275,386. 0. σ. 23 Other expenses 24 Total operating and administrative 284,572. 286,672 0. 0 expenses. Add lines 13 through 23 7,500. 7,500. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 294,172 0. 0 292,072. Add lines 24 and 25 27 Subtract line 26 from line 12; <110,212. 8 Excess of revenue over expenses and disbursements Ō. b Net investment income (if negative, enter -0-) c Adjusted net Income (if negative, enter -0-) 0.

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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EDUCATION FOUNDATION, INC.

56-2394304 Page 2 Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 322,991 212,779 212,779. 1 Cash - non-interest-bearing 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 7 Other notes and loans receivable 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 b Investments - corporate stock c investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation STMT 3 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 322,991. 212,779 instructions. Also, see page 1, item I) 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 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here 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 and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 29 Retained earnings, accumulated income, endowment, or other funds 322,991. 212,779 30 Total net assets or fund balances 322,991. 322,991 212,779 31 Total liabilities and net assets/fund balances 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) 322,991 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 212,779.

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## MIDWEST CARDIOVASCULAR RESEARCH AND

EDUCATION FOUNDATION, INC. 56-2394304 Form 990-PF (2017) Page 3 Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (d) Date sold (a) List and describe the kind(s) of property sold (for example, real estate. (c) Date acquired (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) D - Donation 1a NONE b C d е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale ((e) plus (f) minus (g)) (or allowable) b d (1) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (j) Adjusted basis (k) Excess of col. (1) Losses (from col. (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any b C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income N/A (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. Yes ..... No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio (a)
Base period years
Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col. (c)) 2016 2015 2014 2013 2012 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 3 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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.

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See the Part VI instructions.

MIDWEST CARDIOVASCULAR RESEARCH AND EDUCATION FOUNDATION, INC. 56-2394304 Form 990-PF (2017) Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1. Date of ruling or determination letter: 01/01/17 (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% N/A 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). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-0 a 2017 estimated tax payments and 2016 overpayment credited to 2017 0. b Exempt foreign organizations - tax withheld at source 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 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 > Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b 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. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (1) On the foundation. > \$ 0 . (2) On foundation managers. ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4h 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

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By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

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

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)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

of each state as required by General Instruction G? If "No," attach explanation

X

X

X

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By language in the governing instrument, or

remain in the governing instrument?

Part VII-A Statements Regarding Activities (continued)			
		/es	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		T	
section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u> </u>
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		<u>X</u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ► N/A	^ F /	- 0 0	
14 The books are in care of ▶ JAMES LEMANSKI  Telephone no. ▶ 574 – 28		80	
Located at ► 500 ARCADE SUITE 400, ELKHART, IN ZIP+4 ► 46	514		—-
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	BT A	, <b>,</b> ▶	
and enter the amount of tax-exempt interest received or accrued during the year	N/	res	No
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	16	165	X
securities, or other financial account in a foreign country?	10		<u>~</u>
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	l		
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?		١	
(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		- 1	4
for the benefit or use of a disqualified person)?		İ	<i>\$</i>
(6) Agree to pay money or property to a government official? (Exception. Check "No"	İ	l	5
If the foundation agreed to make a grant to or to employ the official for a period after		ĺ	,
termination of government service, if terminating within 90 days.)			1
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		-	٠,
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
Organizations relying on a current notice regarding disaster assistance, check here		Į	
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		<u> </u>
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		Į	
defined in section 4942(j)(3) or 4942(j)(5)):		1	
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?  Yes X No	34	¥,	
		!	7 7
If "Yes," list the years ►,,,,,	4 (		
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	16 <u>.</u>	25
to If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
with the provisions of section 4542(a)(2) are being applied to any of the years nated in 2a, not the years note.		,	
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 foundation had excess business holdings in 2017.)  N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	$\sqcap \dashv$		
had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		Х
For	m <b>990</b>	-PF	(2017)

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

MIDWEST CARDIOVASCULAR RESEARCH AND Form 990-PF (2017) EDUCATION FOUNDATION, INC. 56-2394304 Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VIII 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service 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 charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 RESEARCH STUDIES 291,305. 2 CONTINUING EDUCATION CONFERENCE 7,366. Part IX-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See instructions.

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Total. Add lines 1 through 3

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Part X Minimum Investment Return (All domestic foundations must complete this par	t. Foreign foundations, se	e 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	0. 253,757.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	253,757.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets		0.
3 Subtract line 2 from line 1d	3	253,757.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,806.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	249,951.
6 Minimum investment return. Enter 5% of line 5	6	12,498.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foreign organizations, check here X and do not complete this part.)	foundations and certain	
1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2017 from Part VI, line 5		
b Income tax for 2017. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
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	
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	<sub>1a</sub>	292,072.
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:		<del></del>
Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	<del></del>
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	292,072.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	7	272,072
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	292,072.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether		
4940(e) reduction of tax in those years.	ino iounuation qualines lot til	o Journali

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	<b>(d)</b> 2017
Distributable amount for 2017 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:			-	
, ,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012		•		
<b>b</b> From 2013				
¢ From 2014				
<b>d</b> From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ N/A				
a Applied to 2016, but not more than line 2a			0.	
<b>b</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		× '		0.
e Remaining amount distributed out of corpus	0.	xx	÷	
5 Excess distributions carryover applied to 2017 (if an amount appears in column (d), the same amount	0.	}		0.
must be shown in column (a))  6 Enter the net total of each column as		•		
indicated below:	0.		,	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	U•			
b Prior years' undistributed income. Subtract		0.	٠,,	* * *
line 4b from line 2b				
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.	A \$ 5 4 A 4	
d Subtract line 6c from line 6b. Taxable			* · · · · · · · · · · · · · · · · · · ·	/ /
amount - see instructions		0.	, <u>.</u>	**, **, .
e Undistributed income for 2016. Subtract line	<u>:</u>			
4a from line 2a. Taxable amount - see instr.		*	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	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	,			1
c Excess from 2015				
d Excess from 2016			<u> </u>	
e Excess from 2017				<u></u>

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	ON FOUNDATI			56-23	94304 Page 16
Part XIV   Private Operating F			-A, question 9)		
1 a If the foundation has received a ruling o		, ,			
foundation, and the ruling is effective fo		•	. ► L	10.10(1/0)	/ /
<b>b</b> Check box to indicate whether the found	<del></del>	ig foundation described in		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0040	Prior 3 years	(4) 0044	(a) Tabal
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for	_	_	_	_/	
each year listed	0.	0.	0.	,0′.	0.
<b>b</b> 85% of line 2a	0.	0.	0.	/ 0.	0.
c Qualifying distributions from Part XII,					
line 4 for each year listed	<u>292,</u> 072.	0.	0.	0.	292,072.
d Amounts included in line 2c not					
used directly for active conduct of	ļ		ļ		
exempt activities	0.	0.	J 0/.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	292,072.	0.	l / o.	0.	292,072.
3 Complete 3a, b, or c for the			/		
alternative test relied upon; a "Assets" alternative test - enter;	1				
(1) Value of all assets					0.
` '			/		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		/			0.
<b>b</b> "Endowment" alternative test - enter		/			- 0.
2/3 of minimum investment return		/			
shown in Part X, line 6 for each year	8,332.	/ o.	0.	0.	8,332.
listed	0,332.	/ 0.	0.	U •	0,332.
c "Support" alternative test - enter:					
<ol> <li>Total support other than gross investment income (interest,</li> </ol>				1	
dividends, rents, payments on		/			
securities loans (section					
512(a)(5)), or royalties)					0.
(2) Support from general public	/				
and 5 or more exempt organizations as provided in	/	Ì	Ì	]	
section 4942(J)(3)(B)(III)	/				0.
(3) Largest amount of support from					
an exempt organization	/				0.
(4) Gross investment income					0.
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during t				• •	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	_	than 2% of the total contr	ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(d)(2).)	noutions received by the	TO BITTO COLOR OF THE COLOR	70 or any wax
NONE	, ,				
b List any managers of the foundation wh	in own 10% or more of th	e stock of a corporation (	or an equally large portion	on of the ownership of a n	artnership or
other entity) of which the foundation has	s a 10% or greater interes	st.	or an equally large portion	in of the ownership of a po	artificially of
NONE					
		O-b-l			
2 Information Regarding Contribut		• • • • • • • • • • • • • • • • • • • •	•		
	only makes contributions to				ests for funds. If
the foundation makes gifts, grants, etc.,				<del></del>	<del></del>
a The name, address, and telephone num			ations should be address	sed:	
DONALD WESTERHAUSEN					
500 ARCADE SUITE 400	, ELKHART,	IN 46514			
b The form in which applications should b					
MONEY REQUESTED AND	PURPOSE FOR	WHICH MONE	Y IS TO BE	USED.	
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on awards	s, such as by geographics	al areas, charitable fields	kinds of institutions, or o	other factors:	
MIDWEST CARDIOVASCUL					ON IS TO
PROVIDE RESEARCH AND					
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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient a Paid during the year ELKHART GENERAL HEALTHCARE SYSTEM N/A ₽C GENERAL PURPOSES 600 EAST BLVD ELKHART, IN 46514 2,500. INDIANA UNIVERSITY FOUNDATION ÞС N/A GENERAL PURPOSES 1500 N. STATE ROAD 46 BYPASS 5,000. BLOOMINGTON, IN 47408 7,500. ➤ 3a **b** Approved for future payment NONE **▶** 3b Total Form **990-PF** (2017)

er gross amounts unless otherwise indic	ated.   Ulliciale	d business income	Exclude	d by section 512, 513, or 514	(e)
_	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code	Amount	
a			<del></del>		
b			$\vdash$		<del></del>
C			$\sqcup$		
d					
e					
f					
g Fees and contracts from government	agencies				
Membership dues and assessments	·				
Interest on savings and temporary cash					
investments			1 1		
Dividends and interest from securities			1 1		
Net rental income or (loss) from real esta	ate:		1 1		<del> </del>
a Debt-financed property			<del>  </del>		
b Not debt-financed property			<del>  </del>		
Net rental income or (loss) from persona		<del></del>	+ +	- · ·	
	"				
property Other investment income	· · · · ·		+ +		
	<u> </u>		+		
Gain or (loss) from sales of assets other	]				
than inventory	<u> </u>		+		
Net income or (loss) from special events	· · · · · · · · · · · · · · · · · · ·		<b></b>		
Gross profit or (loss) from sales of inven	itory		<del>  </del>		
Other revenue:			1		
<b>a</b>		<u> </u>	$\vdash$		
b			+		
С					<del></del>
d			<b>↓</b> ↓		
e					
Subtotal. Add columns (b), (d), and (e)		0.	<u>. L</u>	0.	
Total. Add line 12, columns (b), (d), and	i (e)			13	
	rify calculations.)				
e worksheet in line 13 instructions to ver	£ A -1:-:4: A - 4! A	omplishment of E	xempt	Purposes	
	of activities to the acco		-		
art XVI-B Relationship of		in column (e) of Part X/I-/	\ contribu	ted importantly to the accom	nlichment of
ne No. Explain below how each act	ivity for which income is reported in right for which income is reported in right for which income is reported in right for which income is reported in right for which income is reported in the right for which income in the right for which income is reported in the right for which income in the right for which income in the right for which income in the right for which income in the right for which income		A contribu	ted importantly to the accom	plishment of
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723621 01-03-18

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r art XVII	Exempt Organ		131612 10 8	iiu ital	isactiviis d	na neiauonsi	nps with Noncha	milable	7	
1 Did the or	ganization directly or indi		of the following	g with any	other organization	on described in sect	on 501(c)		Yes	No
	n section 501(c)(3) organ						` ,			_
a Transfers	from the reporting found	ation to a noncharita	ible exempt org	ganization (	of:			1		
(1) Cash				-				1a(1)		X
(2) Other	assets							1a(2)		X
<b>b</b> Other tran	sactions:									
(1) Sales	of assets to a noncharita	ible exempt organiza	ition					1b(1)		X
(2) Purct	nases of assets from a no	ncharitable exempt	organization					1b(2)		X
(3) Renta	al of facilities, equipment,	or other assets						1b(3)		X
(4) Reimi	bursement arrangements	;						1b(4)		X
(5) Loans	s or loan guarantees							1b(5)		X
(6) Perfo	rmance of services or me	embership or fundra	ısıng solicitatio	ns				1b(6)	Γ	X
c Sharing of	f facilities, equipment, ma	uling lists, other assi	ets, or paid emi	ployees				1c		X
d If the answ	wer to any of the above is	"Yes," complete the	following sche	dule. Colu	mn (b) should al	ways show the fair r	narket value of the goods	, other ass	sets,	
or service	s given by the reporting f	oundation. If the fou	ndation receive	ed less tha	n faır market valı	ue in any transaction	or sharing arrangement,	show in		
	i) the value of the goods,									
(a)Line no	(b) Amount involved	(c) Name o	f noncharitable	exempt o	ganization	(d) Description	of transfers, transactions, an	d sharing ar	rangem	ents
			N/A							
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		<u> </u>				<u>.</u>				
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							····			
		<u> </u>								
2a Is the four	ndation directly or indirec	tly affiliated with, or	related to, one	or more ta	ıx-exempt organ	zations described			_	_
	501(c) (other than section		ection 527?					Yes	X	No
b If "Yes," co	omplete the following sch									
	(a) Name of or	ganization		(b) Type	of organization		(c) Description of relation	iship		
	N/A	·								
					<del></del>	<u> </u>	<del> </del>			
l and h	<ul> <li>penalties of perjury, I declare elief, it is true, correct, and co</li> </ul>						a baa amu kamuuladaa	May the IHS	discuss	this
Sign   L	2 100	4+11	110		-1.120	. 👠	S	eturn with the	v? See ii	istr
Here	16/10/1. [	Machaus	) fur		5/01/2018	- <del>L</del>	NG OFFICER	X Yes	s	_ No
Sigr	nature of officer or trustee			Dat	<u> </u>	Title				
	Print/Type preparer's n	ame /	Preparer's s	ignature		Date	Check if PTIN	1		
<b>5</b> 12							self- employed			_
Paid	MICHAEL N.				HEATON	04/10/18		00027		<u> </u>
Preparer	Firm's name ► KSM	BUSINESS	S SERVI	CES,	INC.		Firm's EIN ► 35 – 2	21232	203	
Use Only										
	Firm's address P.									
	IN	DIANAPOL:	IS, IN	46240	)-0857		Phone no. (317)			
		<del></del>			· <del></del>			Form 99	0-PF	(2017)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

MIDWEST CARDIOVASCULAR RESEARCH AND

OMB No 1545-0047

**Employer identification number** 

2017

EDUCATION FOUNDATION, INC. 56-2394304 Organization type (check one): Filers of: Section: ☐ 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 instructions 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 money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions. **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 regulations 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 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, chantable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA 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)

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, or 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-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MIDWEST CARDIOVASCULAR RESEARCH AND
EDUCATION FOUNDATION, INC.

Employer identification number

56-2394304

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BEACON HEALTH SYSTEM 615 N. MICHIGAN ST. SOUTH BEND, IN 46601	\$6,000.	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESPERION THERAPEUTICS, INC  3891 RANCHERO DRIVE STE 150  ANN ARBOR, MI 48108	\$ 36,437.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ASTRAZENECA  1800 CONCORD PIKE  WILMINGTON, DE 19803	\$\$6,237.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BOEHRINGER INGELHEIM PHARMACEUTICALS  900 RIDGEBURY ROAD  RIDGEFIELD, CT 06877	\$ 29,320.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SANOFI  55 CORPORATE DRIVE  BRIDGEWATER, NJ 08807	\$ 9,518.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ABBOTT VASCULAR  100 ABBOTT PARK ROAD  ABBOTT PARK, IL 60064	\$ <u>34,775.</u>	Person X Payroll
723452 11-0		Sahadula B /Farm	990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

MIDWEST CARDIOVASCULAR RESEARCH AND EDUCATION FOUNDATION, INC.

Employer identification number

56-2394304

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>   <b>s</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			990 990 F7 or 990 PE

lame of orga	(Form 990, 990-EZ, or 990-PF) (2017)		Page						
_	mzanon T CARDIOVASCULAR RESEA)	SCH VND	Employer identification number						
	ION FOUNDATION, INC.	ACII AND	56-2394304						
Part III	Exclusively religious charitable etc. contr	ibutions to organizations described in s	section 5017(c)(7) (8) or (10) that total more than \$1,000 for						
	the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	DIUMINS( <b>a)</b>	Interpretations  for the year (Enterthis info, once)						
tal Nia II	Use duplicate copies of Part III if additional	al space is needed.	, (Ellist showing close)						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
—   :									
		(e) Transfer of gift							
-	Transferee's name, address, an	d 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						
-									
		(e) Transfer of gift							
	(e) Transfer or girt  Transferee's name, address, and ZIP + 4  Relationship of transferor to tran								
-									
(a) No. from	412								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-									
	(e) Transfer of gift								
_	Transferee's name, address, an	d 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						
-									
<u> </u>									
1		(e) Transfer of gift							

723454 11-01-17

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF	AC	COUNTI	NG FEES			SI	TATEMENT	1
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTE NET INCO		(D) CHARITAI PURPOSI	
ACCOUNTING FEES		2,100.		0.		0.		0.
TO FORM 990-PF, PG 1, LN 16B		2,100.		0.		0.		0.
FORM 990-PF	0	THER E	XPENSES			SI	TATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTE NET INCO		(D) CHARITAI PURPOSI	
INSURANCE TELEPHONE CONTINUING EDUCATION BANK FEE CONTRACT SERVICES OFFICE SUPPLIES CONTRACT PAYMENTS STORAGE POSTAGE OFFICE EQUIPMENT MEDICAL SUPPLIES  TO FORM 990-PF, PG 1, LN 23	24	0,153. 2,647. 7,366. 474. 9,411. 706. 1,423. 2,805. 204. 165. 32.		0. 0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0. 0.	9,4: 70 241,4: 2,8: 20	47. 66. 74. 11. 06. 23. 05. 04. 65.
FORM 990-PF DEPRECIATION OF	ASSE	TS NOT	HELD FOR	INVE	ESTMENT	នា	TATEMENT	3
DESCRIPTION  GESTNER DSM415 DELL VOSTRO 1510 LAPTOP			T OR BASIS 1,795. 1,114.		MULATED RECIATION 1,795. 1,114.	E	BOOK VALU	0. 0.
LANIER DSM416 PF FAX/COPIER DELL LATITUDE D520 LAPTOP			1,595. 1,077.		1,595. 1,077.			0. 0.
TOTAL TO FM 990-PF, PART II,	LN 14		5,581.		5,581.			0.

	- LIST OF OFFICERS, DIRECTORS ES AND FOUNDATION MANAGERS		STATEMENT 4	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
TROY WEIRICK, MD 500 ARCADE SUITE 400 ELKHART, IN 46514	BOARD MEMEBER 1.00	0.	0.	0.
WILLIAM SARNAT, MD 500 ARCADE SUITE 400 ELKHART, IN 46514	VICE PRESIDENT 2.00	0.	0.	0.
VIJAY MEHTA, MD 500 ARCADE SUITE 400 ELKHART, IN 46514	BOARD MEMEBER 1.00	0.	0.	0.
DONALD WESTERHAUSEN JR, MD 500 ARCADE SUITE 400 ELKHART, IN 46514	PRESIDENT 4.00	0.	0.	0.
ANN RATHBURN-LACOPO 500 ARCADE SUITE 400 ELKHART, IN 46514	SECRETARY 1.00	0.	0.	0.
CHARLES MATHIS, MD 500 ARCADE SUITE 400 ELKHART, IN 46514	TREASURER 2.00	0.	0.	0.
MICHAEL L. GORDON 500 ARCADE SUITE 400 ELKHART, IN 46514	BOARD MEMEBER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, F	AGE 6, PART VIII	0.	0.	0.