

Form 990-PF

Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

		1 - 45 to 11 11 11 11 15 15 11 15	01 111044444444	4.0 .0.0	00 11110111100	•		
		ndar year 2017 or tax year beginning Januar	ry 1 , 201	7, and	ending	December 31	, 20	17
Na	me of fo	undation			A Employe	er identification numbe	er	
NCMIC Foundation, Inc. 68-0570762 Room/suite B Telephone number (see instructions)								
"=Nu	mber an	d street (or P.O box number if mail is not delivered to street address)	v/suite	B Telephor	ie number (see instructi	ons)		
		versity Avenue				515-313-4521		
Cit	y or tow	n, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ng, check he	ere ▶ 🔲 ·
Cliv	e, IA 5	0325)			
G	Check	call that apply: Initial return Initial return	n of a former public	charity	D 1. Foreig	n organizations, check l	here .	. ▶□
		☐ Final return ☐ Amended	return		. 2 Foreig	n organizations meeting	the 85% tes	at .
		Address change	nge	0	, check	here and attach compu	tation ·	. ▶□
Н	Check	type of organization: Section 501(c)(3) exempt p	private foundation			foundation status was 07(b)(1)(A), check here		
	Section	on 4947(a)(1) nonexempt charitable trust Other tax	xable private found	dation	Sections	or (b)(1)(x), check here		٠- ا
ı	Fair m	narket value of all assets at J Accounting method	i: 🗌 Cash 🗹 A	ccrual	Fifthe fou	ndation is in a 60-mont	h termination	1
		f year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), checl		
		6) ► \$ 14,499,633 (Part I, column (d) must be	e on cash basis.)		l			
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(A) 11-		(a) Advised and	(d) Disburse	
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment come	(c) Adjusted net income	for chant purpos	es
_		the amounts in column (a) (see instructions))	books			 i	(cash basis	
	1	Contributions, gifts, grants, etc., received (attach schedule)	130,332					
	2	Check ► ☐ if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments	234		234			
	4	Dividends and interest from securities	507,961		507,961		L	
	5a	Gross rents						
	b	Net rental income or (loss)						
ē	6a	Net gain or (loss) from sale of assets not on line 10	(141,193)					
Ĕ	b	Gross sales price for all assets on line 6a1,341,553						
Revenue	7	Capital gain net income (from Part IV, line 2)			0			
ď	8	Net short-term capital gain				0		
	9	Income modifications				0		
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	203			203		
	12	Total. Add lines 1 through 11	497,537		508,195	203		
S	13	Compensation of officers, directors, trustees, etc.	4,000)	<u> </u>			4,000
Se	14	Other employee salanes and wages		<u> </u>		BECEINEL	20	
ĕ	15	Pension plans, employee benefits	(1,637)	<u> </u>	<u> ಬ </u>			(1,637)
Expenses	16a	Legal fees (attach schedule)		<u> </u>	8	<u> </u>	<u> </u>	
ve	b	Accounting fees (attach schedule)	2,000	+	100		١٣	2,000
Ę	С	Other professional fees (attach schedule)	21,553	!	!	OGDEN UT		<u>21,553</u>
Operating and Administrativ	17	Interest	<u></u>	<u> </u>				
is	18	Taxes (attach schedule) (see instructions)	6,000					6,000
Ē	19	Depreciation (attach schedule) and depletion	<u> </u>			ļ		
βď	20	Occupancy		<u> </u>			<u> </u>	
ğ	21	Travel, conferences, and meetings	<u></u>	 		ļ	 	
a	22	Printing and publications		 			<u> </u>	
ğ	23	Other expenses (attach schedule)	20,321	<u> </u>	20,321			0
ati	24	Total operating and administrative expenses.		1		-	}	
ē	_	Add lines 13 through 23	52,237	/	20,321	0		31,916
g	25	Contributions, gifts, grants paid				**************************************		65,858
_	26	Total expenses and disbursements. Add lines 24 and 25	718,095	5	20,321		6	97,774
	27	Subtract line 26 from line 12:				1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T		
	а	Excess of revenue over expenses and disbursements	(220,558)			2.50		
	ь	Net investment income (if negative, enter -0-)	19 , the second this	1	487,874		\$ 60 S	
	С	Adjusted net income (if negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·	1 : 3	July 1921	203	C 30 HZ	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2017)



		Attached schedules and amounts in the description column	Beginning of year	End of	year
	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	(4,944)	34,657	34,657
	2	Savings and temporary cash investments	757,021	464,112	464,112
	3	Accounts receivable ▶			
	}	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
	l	Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	ĺ	}	
	ļ	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments—U.S. and state government obligations (attach schedule)			
	Ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
	40	Less: accumulated depreciation (attach schedule) ▶			
	12 13	Investments—mortgage loans			
	14	Investments—other (attach schedule)		13,743,629	13,743,629
	14	Land, buildings, and equipment: basis ► Less: accumulated depreciation (attach schedule) ►			,
	15	Other assets (describe Accrued Int & Life Insurance Value)	000,000	257.225	257 225
	16	Total assets (to be completed by all filers—see the	266,082	257,235	257,235
		instructions. Also, see page 1, item l)	13,795,902	14,499,633	14,499,633
_	17	Accounts payable and accrued expenses	13,733,302	14,403,033	14,455,055
	18	Grants payable	 		
ë.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			i
iat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0	0	
S		Foundations that follow SFAS 117, check here ▶ □			
S		and complete lines 24 through 26, and lines 30 and 31.		•	
an	24	Unrestricted	13,704,369	14,411,185	
Balances	25	Temporarily restricted	91,533	88,447	,
pu	26	Permanently restricted			i
Fun		Foundations that do not follow SFAS 117, check here ▶ □			
or i	07	and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	 		
Net Assets	28 29	Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds			
As	30	Total net assets or fund balances (see instructions)	12 705 002	14 400 633	
et	31	Total liabilities and net assets/fund balances (see	13,795,902	14,499,632	
Z		instructions)	13,795,902	14,499,632	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	10,750,502	14,400,002	L
	Tota	I net assets or fund balances at beginning of year-Part II, colu			
	end-	of-year figure reported on prior year's return)		1	13,795,902
2		r amount from Part I, line 27a			(220,558)
3	Othe	er increases not included in line 2 (itemize) Unrealized Gain/(Los	s)	3	924,288
4	Add	lines 1, 2, and 3		4	14,499,632
5	Decr	reases not included in line 2 (itemize)		5	0
6	Tota	reases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), lin	e 30 6	14,499,632
					Form 990-PF (2017)

Part	V Capital Gains and	Losses for Tax on Investm	ent Income				
•		nd(s) of property sold (for example, real esse, or common stock, 200 shs. MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date at (mo., da		(d) Date sold (mo, day, yr)
1a	SEE ATTACHED SCHEDULI	ULE					
<u>b</u>	- 						ļ
c							
<u>d</u>							
e		(6 December of the control of the co	1-1 01	1			1
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			in or (loss) (f) minus (g))
<u>a</u>							
<u>b</u>							
<u>c</u>							
<u>d</u> e							
	Complete only for assets sho	wing gain in column (h) and owned t	ov the foundation	on 12/31/69.			1 (1)
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col. (i)		(k), but no	ol (h) gain minus ot less than -0-) or from col (h))
a							
b							
С							
d							
е							
2	Capital gain net income or		also enter in Pa enter -0- in Pa		2		(141,193)
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instruc	ctions. If (loss)				
Part		er Section 4940(e) for Redu		· · · ·)	3		(141,193)
		vate foundations subject to the					
Was ti	s," the foundation doesn't q	section 4942 tax on the distribut ualify under section 4940(e). Do	not complete t	his part.			☐ Yes ☑ No
		unt in each column for each yea	ir; see the instr		aking any	entries.	
Cate	(a) Base period years indar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use as	ssets		(d) stribution ratio divided by col (c))
	2016	404	4,506	13,39	3,575		.03020
	2015		3,962		2,035		.05587
	2014		5,714		3,772		.06528
	2013		1,341		1,901		.02604
	2012		8,068	10,40	7,852		.04882
2	Total of line 1, column (d)				. 2	<u> </u>	.22621
3		for the 5-year base period—div oundation has been in existence					.045242
4	Enter the net value of nonc	charitable-use assets for 2017 fr	om Part X, line	5	. 4		14,098,135
5	Multiply line 4 by line 3				. 5	ļ	637,828
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	<u> </u>	4,878
7	Add lines 5 and 6				. 7	<u> </u>	642,706
8		•			. 8		697,774
	If line 8 is equal to or great Part VI instructions	ter than line 7, check the box in	Part VI, line 1b	o, and complete t	that part u	sing a	1% tax rate. See the

Cilli 9	/ · · · · · · · · · · · · · · · · · · ·	P	age 🕶						
Part		instruction	ıs)						
์ 1a	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)	4,878							
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b								
С	AH								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0	00						
3	Add lines 1 and 2	4,878	00						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0	00						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0								
6	Credits/Payments:								
a b	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6,000 00								
C	Exempt foreign organizations—tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) . 6c								
d	Backup withholding erroneously withheld 6d								
7	Total credits and payments. Add lines 6a through 6d	6,000	00						
8	Enter any penalty for underpayment of estimated tax. Check here [] if Form 2220 is attached 8	0,000	- 00						
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	1,122	00						
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ x Refunded ▶ 11	1,122	00						
	VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it								
	participate or intervene in any political campaign?	1a							
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.								
С	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: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$								
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2	/						
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							
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	-						
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	<u>'</u>						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	1						
	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		٤,						
	conflict with the state law remain in the governing instrument?	6 1							
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	7 /							
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶								
b	IOWA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General								
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b ✓	······································						
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 year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	1 1 1	,						
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9	<u> </u>						
	names and addresses	10	1						

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year did the foundation directly as indirectly over a controlled antity within the		Yes	No
	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		1
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		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website address ► www.ncmicfoundation.com			
14		5-313-		
46		0325-8	258	
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	· ·	•	- -
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?		Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	16		✓
	the foreign country ▶	:		
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(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)?	1		
	(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.)			
þ	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		√
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
С	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		√
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)):			Q.
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	600		, W
	6e, Part XIII) for tax year(s) beginning before 2017?			0.0
L	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	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 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
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 penod 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.)		, and	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		-
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a	ST. J.	10.00
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	SCAIL.	

	4
0	п
raue	ч

Part	VII-B	Statements Regarding Activities	for W	/hich Form	4720	May Be R	equire	d (contii	nued)		, 1900
5a		e year, did the foundation pay or incur a								7	es No
-	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes . No (2) Influence the outcome of any specific public election (see section 4955); or to carry on,										
	directly or indirectly, any voter registration drive?										
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										
	section 4945(d)(4)(A)? See instructions										
b	purposes, or for the prevention of cruelty to children or animals?										
	-	tions relying on a current notice regarding	_	_					▶□		
С	If the an	swer is "Yes" to question 5a(4), does to it maintained expenditure responsibility	he four	ndation claim	n exem	ption from	the tax	;	□No		
6a	Did the f	attach the statement required by Regula oundation, during the year, receive any to sonal benefit contract?					emiums	Yes	 ✓ No		
b		oundation, during the year, pay premium o 6b, file Form 8870.	ns, dire	ctly or indire	ctly, on	a personal	benefi	t contract	? .	6b	1
		ne during the tax year, was the foundation a did the foundation receive any proceeds						☐ Yes ransactio		7b	
Part	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors										
1	List all o	fficers, directors, trustees, and found								·	
		(a) Name and address	hou	e, and average rs per week ed to position	(If r	mpensation not paid, iter -0-)	emple	Contribution byee benefit erred compe	plans		e account, owances
SEE A	TACHED	SCHEDULE									
			·						<u> </u>		
							<u> </u>			ا	
	"NONE."	sation of five highest-paid employee	es (oth	er than tho	se incl	uded on li	ne 1-	see instr	uction	s). If nor	ne, enter
(a) Name and	d address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	week 🖢	(c) Comper	nsation	(d) Contrib- employee plans and compen	benefit deferred	(e) Expens other all	se account, owances
NONE											
								<u> </u>			
								<u> </u>		·	
											
						ļ					
Total	number of	other employees paid over \$50,000 .							. ▶	Form 990	-PF (2017

		9-
Part V	Information About Officers, Directors, Trustees, Foundation Managers, Highly I and Contractors (continued)	Paid Employees,
`3 F	ive highest-paid independent contractors for professional services. See instructions. If none, enter	er "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Fatal a	archine of althour angli line area (FEO 000 for any food and any food any food and any food any food and any food and any food and any food and any food any food and any food any food any food any food and any foo	
otal nu	umber of others receiving over \$50,000 for professional services	•
Part IX	K-A Summary of Direct Charitable Activities	
	e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the nizations and other beneficiaries served, conferences convened, research papers produced, etc.	number of Expenses
1 NO	NE	
2		
3		
·		

4		
Part I)	Summary of Program-Related Investments (see instructions)	
Descri	be the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>NO</u>	NE	
2 110	AIF	
2 <u>NO</u>	INC	
All other	er program-related investments. See instructions	
3 NO		
	······································	
Total. A	dd lines 1 through 3	•
		Form 990-PF (20

Part		ign foun	dations,
<u>`1</u>	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	<u> 13,452,381</u>
b	Average of monthly cash balances	1b	637,917
C	Fair market value of all other assets (see instructions)	1c	222,529
d	Total (add lines 1a, b, and c)	1d	14,312,827
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3 4	Subtract line 2 from line 1d	3	14,312,827
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1 . 1	
_	instructions)	4	214,692
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,098,135
6	Minimum investment return. Enter 5% of line 5	6	704,907
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	oundation	ons
1	Minimum investment return from Part X, line 6	1	704,907
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.) 2b		
C	Add lines 2a and 2b	2c	4,878
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	700,029
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	700,029
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	700,029
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	697,774
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	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	697,774
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	 T	
	Enter 1% of Part I, line 27b. See instructions	5	4,878
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	692,896
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	er the foundation

Part	VIII Undistributed Income (see instruction	ons)			
٠ 1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
_	line 7				700,029
2	Undistributed income, if any, as of the end of 2017:		}		
а	Enter amount for 2016 only		·	179,581	
b	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2017:		}		,
a	From 2012			1	
b	From 2013				į
C	From 2014			į	
d	From 2015				
9	From 20160				
Ţ	Total of lines 3a through e	0			
4	Qualifying distributions for 2017 from Part XII,		Ì		
	line 4: ► \$ 697,774		}		
a	Applied to 2016, but not more than line 2a .			179,581	
D	Applied to undistributed income of prior years		}	+	
	(Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election				
	required—see instructions)	0			
	Applied to 2017 distributable amount				518,193
e		0			
5	Excess distributions carryover applied to 2017	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	Enter the amount of pnor 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		0
d	Subtract line 6c from line 6b. Taxable amount—see instructions				
e	Undistributed income for 2016. Subtract line	***************************************		·	
_	4a from line 2a. Taxable amount—see instructions			a	
f	Undistributed income for 2017. Subtract lines				
	4d and 5 from line 1. This amount must be		}	1	
	distributed in 2018			1	181,836
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	1			
	required—see instructions)				
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	O			
10	Analysis of line 9:				
а	Excess from 2013				!
b	Excess from 2014 0		1		
С	Excess from 2015 0				
ď	Excess from 2016 0	,			
_ e	Excess from 2017 0	·			

Form 99	90-PF (2017)					Page 10
Part	XIV Private Operating Founda	itions (see instru	ctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling	g or determination	letter that it is a	private operating		1
•	foundation, and the ruling is effective fo	r 2017, enter the d	ate of the ruling	🟲	N/.	A
ь	Check box to indicate whether the fou	ndation is a private	operating foundat	ion described in se	ection 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	7	
	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				 	
b	85% of line 2a			 		
c	Qualifying distributions from Part XII,				7	
ŭ	line 4 for each year listed	†	ſ	/		
	•		 			
d	Amounts included in line 2c not used directly	1	1	1		
	for active conduct of exempt activities			/	ļ	
е	Qualifying distributions made directly	{	1	1	}	
	for active conduct of exempt activities.	f	{	{ /		
	Subtract line 2d from line 2c		L	·′		
3	Complete 3a, b, or c for the	[1			
	alternative test relied upon:	}	/	{		
а	"Assets" alternative test-enter:	}	/			
	(1) Value of all assets		/			
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)		1	į	(
b	"Endowment" alternative test-enter 2/3	l	- /	 		
	of minimum investment return shown in	1	1		į į	
_	Part X, line 6 for each year listed					
С	• •	l /			ł	
	(1) Total support other than gross	l /	1			
	investment income (interest, dividends, rents, payments on		l	ļ		
	securities loans (section	1	l			
	512(a)(5)), or royalties)			<u> </u>		
	(2) Support from general public		1	[
	and 5 or more exempt organizations as provided in	/	1			
	section 4942(j)(3)(B)(iii)		<u> </u>	[
	(3) Largest amount of support from	/				
	an exempt organization/		l			
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete th	is part only if the	ne foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-				• •	•
1	Information Regarding Foundation					
а	List any managers of the foundation		uted more than 2%	6 of the total cont	ributions received	by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more th	an \$5.000). (See s	ection 507(d)(2).)	-,
N/A	, , , , , , , , , , , , , , , , , , , ,			40,000, (0000	(-,(-,-,-,-	
b	List any managers of the foundation	who own 10% o	r more of the stor	ok of a corporation	o (or an equally la	rge portion of the
~	ownership of a partnership or other el					igo portion or the
		inacy) or minor and	iodiidalloii iido d	1070 of greater life	Ci CSt.	
N/A	Information Department of Arthur	0 100				
2	Information Regarding Contribution					
	Check here ► ☐ if the foundation					
	unsolicited requests for funds. If the f		gifts, grants, etc.,	to individuals or o	rganizations under	other conditions,
	complete items 2a, b, c, and d. See in					
а	The name, address, and telephone nu	ımber or email ad	dress of the perso	n to whom applica	itions should be ac	ldressed:
AVID	BACCILE, NCMIC FOUNDATION, INC., M	IAIL STOP A3E, 14	001 UNIVERSITY AV	/ENUE, CLIVE, IA	50325	
	The form in which applications should					
					-	
hose	applying for awards submit the intended	purpose/objective	. an itemized hudge	et and periodic mile	stones to measure	progress
	Any submission deadlines:	- Parposcrobjective	, a nemizeu budge	r and bendare mile	Stories to measure	progress
	odlines					
	Any restrictions or limitations on av	vards, such as h	v geographical ar	reas charitable fir	elds kinds of inst	titutions or other
-	factors:		, googiapilical al	Judy Sharnable III	orac, milas or ins	

Par	Supplementary Information (conti	nued)	- 1 2 :							
	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		Purpose of grant or contribution	Amount					
	Name and address (home or business)	any foundation manager or substantial contributor	recipient							
а	Paid during the year									
SEE A	ATTACHED SCHEDULE									
	Total			▶ 3a	665,858					
b	Approved for future payment									
	Total	·	·	▶ 3b						

_	LAV	<u> </u>					
Ente	r gro	ss amounts unless otherwise indicated.	Unrelated bu	(b)	Excluded by section (c)	(d)	(e) Related or exempt function income
1	Proc	gram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions)
·	a	gam service revenue.					<u> </u>
	b ¯						
	c						
	d]						
	е						
	f_						
		Fees and contracts from government agencies					
2		nbership dues and assessments			ļ		
3		est on savings and temporary cash investments			14	234	
4		dends and interest from securities			14	507,961	
5		rental income or (loss) from real estate:					
		Debt-financed property					
c		Not debt-financed property			ļ		
		rental income or (loss) from personal property er investment income			10	(4.44.402)	
8		or (loss) from sales of assets other than inventory			18	(141,193)	
9		income or (loss) from special events					
		ss profit or (loss) from sales of inventory					
		er revenue: a					
	b						
	c ¯					=	
	_				†		
	d						
	d e						
12	e _	total. Add columns (b), (d), and (e)				367,002	
13	e Subi	total. Add columns (b), (d), and (e)					367,002
13 See	e _ Subt Tota work	total. Add columns (b), (d), and (e)	 ns.)				
13 See Pa	e _ Subt Tota work	total. Add columns (b), (d), and (e)	 ns.)				
13 See Pal Lin	e _ Subt Tota work	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002
13 See Pal Lin	e _ Subt Tota work t XV e No.	total. Add columns (b), (d), and (e)		ent of Exemp	ot Purposes	13	367,002

		Organization	ons											
1	in se		directly or indirect other than sect										Yes	No
а	Trans	fers from the rea	porting foundation	on to a nonch	aritable exem	not organi	zation o	of:				,		
_	_	ash	-			.p. 0. ga						1a(1)		1
									• •				 	
	(2) U	ther assets .										1a(2)		✓
b	Other	r transactions:												
	m s	ales of assets to	a noncharitable	exempt orga	inization							16(1)		1
												_		
			ets from a nonch		-						•	1b(2)	—	✓
	(3) R	ental of facilities,	, equipment, or o	other assets								1b(3)	l l	✓
	(4) R	eimbursement a	rrangements .									1b(4)		1
		oans or loan qua										1b(5)		1
	• •	•											\vdash	
			ervices or memb									1b(6)	\vdash	_ <
C	Shari	ng of facilities, e	quipment, mailir	ng lists, other	assets, or pa	iid employ	ees .					1c		✓
d	If the	answer to any	of the above is	"Yes." comp	lete the follow	vina sche	dule. C	Column (b)	should	i alwa	avs she	ow the	fair m	arket
			ther assets, or s											
			on or sharing arr											
(a) Line	no (b) Amount involved	(c) Name of r	nonchantable exe	empt organization) (d) Descri	ption of transfe	rs, trans	saction	s, and s	haring arr	angeme	ents
						- 1								
·				· · · · · · · · · · · · · · · · · · ·	·									
														
	1_													
						7								
	_													
	-+													
	_													
					·									
														
	 -													
					·									
					•									
			-41											
2a			ectly or indirectly									_		
	desci	abed in section 5	501(c) (other thai	n section 501	(c)(3)) or in se	ection 527	?					☐ Yes	· 🗸	No
b	If "Ye	s," complete the	following sched	dule.										
		(a) Name of organ	ızatıon		(b) Type of organ	nization			(c) Des	cnotio	of relat	ionship		
		(-, //			(-) .)po o, o.ga.				10, 500					
								•						
				- 										
	1 11 1		4-1										h . t	
~-			declare that I have exa aration of preparer (oth							oest of	my know	ledge and	peliet, r	is true
Sign	1	Dia Complete Deck	aration of pieparer (01)	in man taxpayer)	is pased on all into	nmation of Wi	псп ргера	areina sany KNO	wicuge		May the	IRS disci	uss this	return
Here		renery !	. Dusk	me/ 1	8/7/18	TREAS	URFR				with the	preparer	shown t	elow?
		ature of officer or trus	stee		Date	Title	J.1.2.11			—	See inst	ructions	☐ Yes	□No
	J. J.			To	la avanati in	1100		Loss				I DTIN		
Paid		Print#pe preparer	s name	Preparer	's signature			Date	1	Check		PTIN		
Prepa	arer							1_		self-e	mployed			
		Firm's name		·-					Firm's	EIN >	•			
Use (אווזע	Firm's address ▶							Phone					
		Limin a audiess							LEHOME	שוו כ		_		

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

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

Name of	Name of the organization Employer identification number									
NCMIC F	NCMIC Foundation, Inc 68-0570762									
Organiz	Organization type (check one):									
Filers o	f:	Se	ction:							
		_								
Form 99	90 or 990-EZ		501(c)() (enter number) org	ganization					
		_								
			4947(a)(1) nor	nexempt charitable tr	ust not treated as a private fou	ındation				
		_								
		П	527 political of	organization						
_		_								
Form 99	10-PF	M	501(c)(3) exer	npt private foundation	n					
		_	7 4047(-)(4)							
		Ц	4947(a)(1) nor	nexempt charitable tr	ust treated as a private founda	tion				
		_	5644 1/61 .		•					
		L	501(c)(3) taxa	ble private foundation	n					
Chook	i value organization in		ared by the Co	navel Dula er e Char	sial Prote					
	your organization is		-	•		and a Constal Bully Cons				
instructi), (8)	, or (10) organ	zation can check box	xes for both the General Rule a	ind a Special Rule. See				
manucu	0115.									
Genera	Rule									
Genera	Huic									
Ø	For an organization t	filina	Form 990 99	0-E7 or 990-PE that	received, during the year, con	tributions totaling \$5,000				
ىن					omplete Parts I and II. See insti					
	contributor's total co			y one continuation of	omplete rand rand ii. God moa	actions for action mining a				
Special	Rules									
ороска										
П	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the									
_					t checked Schedule A (Form 99					
					, during the year, total contribu					
					ne 1h; or (ii) Form 990-EZ, line					
	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									
					ed, enter here the total contribu					
					purpose. Don't complete any c					
	General Rule applie	s to	this organizati	on because it receive	ed nonexclusively religious, cha	aritable, etc., contributions				
	totaling \$5,000 or mo	ore o	during the year			> \$				
						*				
					or the Special Rules doesn't fo					
						n 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization **Employer identification number** NCMIC Foundation, Inc. 68-0570762 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. __1__ Person \square Gary A Tarola Payroll Noncash 10,000.00 2665 Houghton Lean (Complete Part II for noncash contributions.) Macungie, PA 18062 (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person National University of Health Sciences Payroll 7,521.47 200 E Roosevelt Road Noncash (Complete Part II for noncash contributions.) Lombard, IL 60148 (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person \square Wayne C Wolfson Payroll Noncash 5,000.00 1266 Via Salerno (Complete Part II for noncash contributions) Winter Park, FL 32789 (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payrol! Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number NCMIC Foundation, Inc. 68-0570762

100000	moddon, mc.		00-0370702
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ice 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
		\$	
(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
		\$	

Schedele	В	(Form 99	O.	990-F7	or 990-PF	12017
OC1100000	_	(, c 55	٠,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01 330-11	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Name of organization

Employer identification number

NCMIC For	undation, Inc.			68-0570762				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the	ne year from any one ns completing Part III,	contributor. Complete enter the total of exclus	n section 501(c)(7), (8), or columns (a) through (e) and vely religious, charitable, etc.,				
	Use duplicate copies of Part III if additi	onal space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift (d) De	scription of how gift is held				
Γ		(e) Transfer o	sfer of gift					
_	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee				
j								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift (d) De	scription of how gift is held				
		•••••						
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-			Tro-data-tro-tra-					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gi	ft (d) De	scription of how gift is held				
-	(e) Transfer of gift							
	to, manager or gare							
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee				
ľ								
			••••••					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft (d) De	scription of how gift is held				
		·						
		•••••						
	(e) Transfer of gift							
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee				
}		·····						
				• • • • • • • • • • • • • • • • • • • •				

NCMIC Foundation, Inc. FEIN: 68-0570762 2017 Form 990-PF Additional Detail

Part I, Line 1: Schedule of Contributions, Gifts & Grants

Donations Received from NCMIC Group	-
Donations Received from NCMIC Policyholder Dividends	118,407
Various Donations Received for Pedigo Memorial	-
Various Donations Received for S Sportelli Memorial	11,925
Total 2017 Contributions Received	130,332

NCMIC Foundation, Inc FEIN: 68-0570762 2017 Form 990-PF Additional Detail

Part I, Line 16b: Schedule of Accounting Fees

Description Vendor

AUP Engagement BKD, LLC 2,000

Total to Part I, Line 16b - Accounting Fees 2,000

NCMIC Foundation, Inc FEIN: 68-0570762 2017 Form 990-PF Additional Detail

Part I, Line 16c: Schedule of Other Professional Fees

Description	Vendor	
Foundation Agreement	Belin, McCormick, P.C.	553
Advisor Fee	Dr D.R. Phillips	21,000
Total to Part I, Line 16c - Other	21,553	

NCMIC Foundation, Inc FEIN: 68-0570762 2017 Form 990-PF Additional Detail

Part I, Line 18: Schedule of Taxes

US Federal Income Taxes	6,000
Foreign Taxes Withheld	•
Total to Part I, Line 18 - Taxes	6,000

NCMIC Foundation, Inc FEIN: 68-0570762

2017 Form 990-PF Additional Detail

Part I, Line 23: Schedule of Other Expenses

Advertising	16,252
Bank Fees	4,069
Total to Part I, Line 23 - Other Expenses	20,321

NCMIC FOUNDATION, INC. FEIN #68-0570762 2017 Form 990-PF Additional Detail PART II Investments - Other (Mutual Funds)

Stocks & ETF's

필호등
bleline Income Solutions
First Trust High income Fund Granite Point Mortgage Trust Inc.
res MSCI Emerg Mkt Mi
res Core US Aggregate B.
res Global Utilities ETF
res MSCI USA Min Vol ET
Residential Investment Co
CO Total Return ETF
CO Dynamic Credit Incom
R Doubleline TR Tactical
tt Physical Gold Trust
Harbors Investment
guard High Div Yield ET

13,743,629

NCMIC FOUNDATION, INC. FEIN #68-0570762 2017 Form 990-PF Additional Detail PART IV Capital Gains and Losses for Tax on Investment Income

Securities Held with Wells Fargo

	O				47,320			
(g)	Cost or Other Basis	350,249	205,222	557,351	112,808	82,528	174,579	6
(f) Depreciation	Allowed	0	0	0	0	0	0	0
(e)	Gross Sales Price	285,717	169,847	490,199	160,127	92,903	142,751	∞
(p)	Date Sold	10.06.2017	10.06.2017	10.06.2017	10.06.2017	10.06.2017	10.06.2017	11.08.2017
(c) Date	Acquired	12.23.2013	01.04.2013	06.19.2013	11.05.2015	12.17.2014	04.19.2013	11 06.2017
(b) How	Acquired	Ь	а	Д.	Ъ	Ч	۵	۵
(a)		shares of Aberdeen Income Credit Strategies	Annaly Capital Management Inc.	Doubleline Income Solutions Fund	New Residential Investment Corp	PIMCO Dynamic Credit Income Fund	Two Habors Investment Corp.	Granite Point Mortgage Trust
	Jeseription of Property	shares of	shares of	shares of	shares of	shares of	shares of	shares of
	Description	20,000	15,000	24,000	9,400	4,000	15,000	0

NCMIC Foundation, Inc. FEIN # 68-0570762 2017 Form 990-PF Additional Detail

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

List of Officers, Directors, Trustees, and Foundation Managers

Name and Address	Title and Avg Hrs/Week	Compensation	Employee Benefit Plan and Deferred Comp	Expense
Stanley Bushner 2251 W. Greenleaf St Allentown, PA 18104	Director 1.00	1,000.00	0.00	0.00
Thomas G. Schmidt 569 Columbia Avenue Palmerton, PA 18071	Director 1.00	1,000.00	0.00	0.00
Gerald F Strubinger, Jr. 164 Manor Lane Lehighton, PA 18235	Director 1.00	1,000.00	0.00	0.00
Ronald A. Segel 3728 Highland Street Allentown, PA 18104	Director 1.00	1,000.00	0.00	0.00
Louis Sportelli 125 Delaware Ave Palmerton, PA 18071	Director 1.00	0.00	0.00	0.00

K:\Acct\NCMIC FOUNDATION\2017\2017 Form 990-PF Schedules & Supplemental Details Part VIII

PART X - Minimum Investment Return

Line 1a - Average Monthly FMV of Securities

January	12,938,931
February	13,193,411
March	13,197,116
Apnl	13,322,864
May	13,433,869
June	13,367,834
July	13,522,835
August	13,634,509
September	13,587,893
October	13,734,617
November	13,751,062
December	13,743,629
Total	161,428,569

Average

13,452,381

Line 1b - Average of Monthly Cash Balances

January	808,046
February	743,187
March	660,867
Apnl	783,024
May	643,208
June	638,436
July	677,982
August	552,283
September	593,240
October	514,545
November	541,414
December	498,769
Total	7,655,001

Average

637,917

Line Ic - FMV of all other assets - Accrued Interest & Life Ins. Cash Value

January	215,516
February	215,522
March	232,325
Aprıl	215,608
May	215,643
June	226,861
July	217,300
August	215,709
September	226,912
October	215,055
November	216,666
December	257,235
Total	2,670,353

Average

222,529

Line 1d - Total

14,312,827

NCMIC Foundation, Inc. FEIN # 68-0570762 2017 Form 990-PF Additional Detail

PART XV - Supplementary Information

Grants and Contributions Paul During the Year or Approved for Future Payment Reconfent

Name and address (bome or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor		Purpose of grant or contribution	Amount	
Southern California University of Health Sciences	NONE	PC	Research Grant	s	96,293
Samantha Goodrich, PHD	NONE	NC	Fellowship	s	1,000
Brigham & Women's Hospital - Research - Wayne					
Boston, MA 02241-3149	NONE	PC	Research Grant	s	29,000
Lehigh Volley Health Network	NONE	PC	Research Grant	S	31,925
University of Bridgeport	NONE	PC	Research Grant	S	10,000
McMaster University - John Riva	NONE	NC	Fellowship	s	4,000
McMaster University	NONE	NC	Fellowship	S	5,000
Northern Illinois University - Brian Anderson Dekalb, IL 60115	NONE	NC	Fellowship	s	5,000
University of TX Health Science Center at Houston - Trent Peng					
Houston, TX 77030	NONE	NC	Fellowship	s	3,000
Yale University	NONE	PC	Research Grant	S	112,770
Weill Cornell Medical College	NONE	NC	Fellowship	S	5,000
University of Bridgeport	NONE	PC	Research Grant	S	10,000
McMaster University	NONE	NC	Fellowship	\$	5,000
Brigham Young University - Kyle Bills Provo, UT 84602	NONE	NC	Fellowship	\$	5,000
The Spine Institute for Quality - Christine Goertz Davenport, 1A 52808	NONE	PC	Research Grant	s	135,000
University of Minnesota Minneapolis, MN 55455	NONE	PC	Research Grant	s	150,000
University of Alberta - Katherine A Pohlman Edmonton, AB T6G 2M7 Canada	NONE	NC	Fellowship	\$	2,500
University of Western States Portland, OR 97230	NONE	NC	Fellowship	s	3,000
Palmer Center for Chiropractic Research Davenport, 1A 52803	NONE	PC	Research Grant	\$	37,370
SOTO - USA Research - Dr Charles Blum Santa Monica, CA 90405	NONE	PC	Research Grant	s	5,000
ACCAHC - Renee Clugston Mercer Island, WA 98040	NONE	PC	Research Grant	s	10,000
				<u>s</u>	665,858