

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury

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

Intern	nai Hever	ue Service ► Go to www.irs.g	ov/Form990PF to	r instructions and t	the lates	t informatio		to Public Inspec	ction
		dar year 2017 or tax year beginning	03/29	, 2017	7, and e		12/31	,	17
		undation				A Employe	r identification numbe	r	
*		BANK FOUNDATION, INC					82-0991793		
		d street (or P O box number if mail is not delivere	d to street address)	Room	/suite	B Telephon	e number (see instructi	•	
		RKET ST					(574) 267-9198	· · · · · · · · · · · · · · · · · · ·	
City	or towr	n, state or province, country, and ZIP or foreign po		C If exemption application is pending, check here ▶					
WA	RSAW,	IN 46580							
G	Check	all that apply.	🔲 Initial return	of a former public	charity	D 1. Foreign	organizations, check l	nere	▶ 🔲
		Final return	Amended r			2. Foreign	organizations meeting	the 85% test.	
		Address change	☐ Name char		- 1	check I	here and attach compu	tation -	▶ 🔲
		type of organization.		<i>N</i>)		foundation status was t 07(b)(1)(A), check here		er ▶∏
		n 4947(a)(1) nonexempt charitable trus				333.317 31	5, (5)(1)(1), 511551111015	•	٠ ـــا
			_	: 🗹 Cash 🗌 A	ccrual	F If the four	ndation is in a 60-montl	n termination	
			Other (specify)			under sec	tion 507(b)(1)(B), check	here .	▶ □
	line 16) ► \$ 915,548 (Part I, o	column (d) must be	on cash basis.)					
Pá	art I	Analysis of Revenue and Expenses		(a) Revenue and	(b) Net	ınvestment	(c) Adjusted net	(d) Disbursem	
		amounts in columns (b), (c), and (d) may not in	ecessarily equal	expenses per books		come	income	purposes	
		the amounts in column (a) (see instructions).)						(cash basis of	rliy)
	1	Contributions, gifts, grants, etc., received (′ 1	850,000					ļ
	2	Check ► ☐ if the foundation is not required							
	3	Interest on savings and temporary case							
	4	Dividends and interest from securities	;	10,500		10,500			
	5a	Gross rents							
a)	b	Net rental income or (loss)	. "	45.000					
Revenue	6a	Net gain or (loss) from sale of assets		15,868					
/en	_b	Gross sales price for all assets on line 6a	47,521			45.000			
è	7	Capital gain net income (from Part IV,	*		<u> </u>	15,868			
ъ.	8	Net short-term capital gain							
	9	t and the second							
	10a	Gross sales less returns and allowances	0		-				
	b	Less: Cost of goods sold L		0	 				
	C	Gross profit or (loss) (attach schedule	-	0		0	0		
	11 12	,		876,368			0		
	13	Total. Add lines 1 through 11 Compensation of officers, directors, t		070,300		₁ ,26,368	MECEIVED		
es	14	Other employee salaries and wages	·						
penses	15	Pension plans, employee benefits	i			[B]	MAY 25 2018	၂၁	
be.	16a	Legal fees (attach schedule)	,	0		100	AINT TO SOUTH	G	0
	b	Accounting fees (attach schedule)		0		0-0-		<u> </u>	0
<u>×</u>	C	Other professional fees (attach sched		0			SDEN 110		
Operating and Administrative Ex	17	Interest			 	1000	2 12 IL VI		
istr	18	Taxes (attach schedule) (see instructions		0	<u> </u>	0	0	 	0
ninisti	19	Depreciation (attach schedule) and de		0		0	0	.	
ф	20	Occupancy							
Ϋ́	21	Travel, conferences, and meetings			<u> </u>				
Ĕ	22	Printing and publications							
Ď	23	Other expenses (attach schedule)		3,460		3,460	0		0
ij	24	Total operating and administrat							
e J				3,460		3,460	0		0
ğ	25	Contributions, gifts, grants paid .				-			
_	26	Total expenses and disbursements. Add		3,460		3,460	0		0
Operating and Adn	27	Subtract line 26 from line 12:							
)	а	Excess of revenue over expenses and		872,908	1				
	b	Net investment income (if negative,				22,908			
	С	Adjusted net income (if negative, er			[0	<u> </u>	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF**

D.	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year		
	art II	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		37,918	37,918		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶					
		Less allowance for doubtful accounts ▶		0	0		
	4	Pledges receivable ►					
		Less: allowance for doubtful accounts ▶		0	0		
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions) .	0	0	0		
	7	Other notes and loans receivable (attach schedule) ▶0					
		Less: allowance for doubtful accounts ▶ 0	0	0	0		
ts	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges		· · · · ·			
ğ	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0		
	b	Investments—corporate stock (attach schedule)	0	587,344	631,039		
	С	Investments—corporate bonds (attach schedule)	0	247,646	246,591		
	11	Investments—land, buildings, and equipment: basis ▶ 0					
		Less. accumulated depreciation (attach schedule) ▶ 0	0	0	0		
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	0	0	0		
	14	Land, buildings, and equipment basis ▶0					
		Less. accumulated depreciation (attach schedule) ▶ 0	0	0	0		
	15	Other secote (describe	0	0	0		
	16	Total assets (to be completed by all filers—see the					
		ınstructions. Also, see page 1, item l)	0	872,908	915,548		
	17	Accounts payable and accrued expenses					
S	18	Grants payable					
ţį	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0			
ā	21	Mortgages and other notes payable (attach schedule)	0	0			
_	22	Other liabilities (describe ►)	0	0			
	23	Total liabilities (add lines 17 through 22)	0	0			
Balances		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.					
Ē	24	Unrestricted					
als	25	Temporarily restricted					
_	26	Permanently restricted					
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.	-				
ō	27	Capital stock, trust principal, or current funds					
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
ŝ	29	Retained earnings, accumulated income, endowment, or other funds		872,908			
As	30	Total net assets or fund balances (see instructions)	0	872,908			
et	31	Total liabilities and net assets/fund balances (see	<u> </u>	072,900			
Z		instructions)	o	872,908			
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>	012,300			
	Total	I net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (mus	t agree with			
	end-of-year figure reported on prior year's return)						
2	Ente	r amount from Part I, line 27a			872,908		
3					0/2,000		
4		lines 1, 2, and 3		4	872,908		
5	Door	roppes motionally distributed by the Control of the		·	0		
6	Total	l net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b). lir	ne 30 . 6	872,908		

	W 0 : 10 :	, _ , 	A las a series					
Part	V Capital Gains and	Losses for Tax on Investm	ent income	T (63)				
	(a) List and describe the kind 2-story brick warehous	d(s) of property sold (for example, real es e, or common stock, 200 shs MLC Co)	state,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr)		
1a	CAPITAL GAIN DISTRIBUTION	ONS		PURCHASE	03/01/2017	12/31/2017		
b	DODGE & COX INCOME FU	ND		PURCHASE	04/07/2017	06/05/2017		
	LOOMIS SAYLES INTERME	DIATE DURATION BOND FUND		PURCHASE	04/07/2017	06/05/2017		
d	MFS VALUE I			PURCHASE	04/07/2017	06/05/2017		
<u></u> е	(SEE STATEMENT)							
	(e) Gross sales price (f) Depreciation allowed (or allowable)			r other basis inse of sale		(h) Gain or (loss) ((e) plus (f) minus (g))		
а	15,564					15,564		
b	4,773			4,711		62		
	c 4,684			4,652		32		
d	7,845			7,724		121		
e								
	Complete only for assets show	wing gain in column (h) and owned I	by the foundation	on 12/31/69	(I) Gauge (Col.	(h) gain minus		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(j) Adjusted basis (k) Exces		col (k), but not	less than -0-) or om col (h))		
——						15,564		
b				0:		62		
<u>.</u>			<u> </u>	0		32		
U				0		121		
e 2	Capital gain net income or	INAT CANITAL INCCL {	also enter in Pa , enter -0- in Pa		2	15,868		
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	1222(5) and (6)):				
	Part I, line 8	· · · · · · · · · · · · · · · · · · ·			3	0		
Part	V Qualification Und	er Section 4940(e) for Redu	iced Tax on N	Net Investment	Income			
Was t		e this part blank. section 4942 tax on the distribu jualify under section 4940(e). Do			base period?	☐ Yes ☐ No		
1		ount in each column for each yea			aking any entries			
	(a) Base period years	(b)		(c)	Diet	(d)		
Cale	endar year (or tax year beginning in)	Adjusted qualifying distribution:	s Net value o	of noncharitable-use a		livided by col. (c))		
	2016							
	2015							
	2014							
	2013							
	2012					-		
2 3		for the 5-year base period—divoundation has been in existence			. 2 r by . 3			
4	Enter the net value of non-	charitable-use assets for 2017 f	from Part X, line	5	. 4			
5	Multiply line 4 by line 3				. 5			
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b	o)		. 6			
7	Add lines 5 and 6				. 7			
8		ons from Part XII, line 4 ater than line 7, check the box is			that part using a 1	% tax rate. See the		

tempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. attach copy of letter if necessary—see instructions)			7

omestic foundations that meet the section 4940(e) requirements in Part V, check		458	
ere ► ☐ and enter 1% of Part I, line 27b			İ
I other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of J art I, line 12, col. (b).			
ex under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
dd lines 1 and 2		458	
2000 01 1100 1100 1100 11		458	
The section of the payment and a section of the sec			-
·			
· · · · · · · · · · · · · · · · · · ·			
ļ <u> </u>		J	
		458	
 i		0	
		0	
			<u> </u>
	t	Yes	No
articipate or intervene in any political campaign?	1a		1
Id it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the structions for the definition	€ 1b		1
the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material ublished or distributed by the foundation in connection with the activities	3		
id the foundation file Form 1120-POL for this year?	1c		1
nter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: On the foundation. ► \$ O (2) On foundation managers ► \$			
nter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed in foundation managers. ► \$			
as the foundation engaged in any activities that have not previously been reported to the IRS? "Yes," attach a detailed description of the activities	2		*
	of		ļ <u>.</u>
	3		1
id the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1
		↓	
	5	 	/
		1	1
			1
By state legislation that effectively amends the governing instrument so that no mandatory directions that		<u></u>	-
	, 6	 	┼
id the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X\ nter the states to which the foundation reports or with which it is registered. See instructions. ► N		+	
	\	ļ.	
	-1 l		
the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		 	
the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General resignate) of each state as required by General Instruction G? If "No," attach explanation	8b	1	-
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	1	
the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b	1	
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 or " 9	1	1
	dd lines 1 and 2	did lines 1 and 2 blottle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	did lines 1 and 2 2

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		_
10	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			<u> </u>
12	person had advisory privileges? If "Yes," attach statement. See instructions	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	√	
	Website address ► N/A			
14	710 4 5) 267 4658	9198	
45	Located at P 111 E 107 (177 (177 (177 (177 (177 (177 (177		, 	
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		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		¥ .	
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes(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? Yes			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			١ ،
_	termination of government service, if terminating within 90 days.)	i		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		-
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))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
L	If "Yes," list the years ▶ 20 , 20 , 20 , 20		Ì	
D	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		ļ	
	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			
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		1	
	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)	25	 	
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	" a	+-	ŧŤ
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		1

		atements Regarding Activities			4720 N	∕lay Be R	equire	d (conti	nued)		 -	
	During the year	ar, did the foundation pay or incur a	any amo	ount to:				_			Yes	No
	(1) Carry on p	ropaganda, or otherwise attempt to	o influei	nce legislatio	n (sectio	on 4945(e))? .	☐ Yes	✓ No			
		the outcome of any specific public							_			
	•	indirectly, any voter registration dri						Yes	☑ No			
	(3) Provide a	grant to an individual for travel, stu	dy, or o	ther similar p	urpose	s?		Yes	✓ No			
		grant to an organization other than						_				
		45(d)(4)(A)? See instructions						∐ Yes	✓ No			
	(5) Provide fo	r any purpose other than religious,	charita	able, scientifi	c, literar	ry, or educ	ational		<u></u>		İ	
		or for the prevention of cruelty to c						∐Yes	✓ No	1		
b		is "Yes" to 5a(1)-(5), did any of the							ribea in			
		ection 53.4945 or in a current notice relying on a current notice regard	_	_						5b		
С		is "Yes" to question 5a(4), does taintained expenditure responsibility					tne tax	□ v				
							•	∐ Yes	∐ No			
C -	If "Yes," attach the statement required by Regulations section 53 4945–5(d).											
6a		Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
on a personal benefit contract?b Did the foundation, during the year, pay premium			٠. ٠	othy or indirec	thy on:	a noreonal	henefit			6b		/
b			ns, aire	ony or maired	zuy, OH i	a personal	PEHEIII	Jonnac		100	 	' -
7-		, file Form 8870. ring the tax year, was the foundation	o portvit	to a probibitor	l tay cha	lter trancac	rtion?	□ Vac	✓ No			
/a	If "Vec " did t	he foundation receive any proceed	a party t s or hat	e any net inc	ome at	tributable :	to the tr	_		7b		
	VIII Info	rmation About Officers, Direc	tors T	rustees F	nundat	ion Mana	agers	Highly	Paid E		ees.	L . —
r all		Contractors	, .	ruoteco, r	Junua		,				,	
1		rs, directors, trustees, and found	lation r	nanagers an	d their	compens	ation. S	ee instr	uctions	; <u> </u>		
-			(b) Title	e, and average	(c) Con	npensation	(d) (Contribution	ns to	(e) Expe	ense ac	count.
	(a) Name and address		rs per week ed to position		ot paid, ter -0-)	emplo and defe	yee benefi erred comp	t plans ensation		allowa	
KRIST	IN L PRUITT			DENT, 02								0
114 E	MARKET ST, W	ARSAW, IN 46580				0			0			
JONA	THAN P STEINE	R	VICE P	RESIDENT,					0			
114 E	MARKET ST, W	ARSAW, IN 46580	0 2			0			U			
LISA	M O'NEILL		1	TARY/TREA		0			0			0
114 E	MARKET ST, W	ARSAW, IN 46580	SUREF	R, 0 1			<u> </u>					
SARA	H J EARLS		ASSIS			0			0			0
114 E	MARKET ST, W	ARSAW, IN 46580		TARY, 0 2		_	1					
2		on of five highest-paid employe	es (oth	er than tho	se inclu	uded on li	ine 1—:	see inst	ruction	s). If r	ione,	ente
	"NONE."			·								
				(b) Title, and				(d) Contril	butions to e benefit	(e) Exp	ens e a	ccount,
	(a) Name and add	ress of each employee paid more than \$50,0	00	hours per v	week osition	(c) Compe	nsation	plans and	l deferred		allowa	
				· · · · · · · · · · · · · · · · · · ·				compe				
NONE										1		
										<u> </u>		
								}				
	····			<u> </u>				<u> </u>		ļ		-
						ļ		Ì				
				 								
						l						
				 		-				+		
-						L				 -		
otal	number of oth	er employees paid over \$50,000 .		· ·	· · ·			· · ·		<u></u>	00 D	E (001
										Form 9	90-P	F (2

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3 Fiv	e highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
- -		
		
i otai num	ber of others receiving over \$50,000 for professional services	
Part IX-	A Summary of Direct Charitable Activities	
List the fe	oundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organizat	ions and other beneficiaries served, conferences convened, research papers produced, etc	Experises
1		
2		
2		
3		
4		
Part IX-	B Summary of Program-Related Investments (see instructions)	
Describe	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
All other	program-related investments. See instructions	
3		
Total Add	d lines 1 through 3	
TULAL ACC	d lines 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn tounda	itions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	567,564
b	Average of monthly cash balances	1b	77,766
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	645,330
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	645,330
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	9,680
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	635,650
6	Minimum investment return. Enter 5% of line 5	6	24,207
Part		oundation	s
1	Minimum investment return from Part X, line 6	1	24,207
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	1 1	
С	Add lines 2a and 2b	2c	458
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	23,749
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	23,749
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	23,749
	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	0
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	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	the foundation

Part	XIII Undistributed Income (see instruction	ons)			
_		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7	<u>.</u>			23,749
2	Undistributed income, if any, as of the end of 2017:				
а	Enter amount for 2016 only				
b	Total for prior years: 20 13 ,20 14 ,20 15				
3	Excess distributions carryover, if any, to 2017:				
а	From 2012				
b	From 2013				
C	From 2014				
d	From 2015				
e	From 2016				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2017 from Part XII,				
•	line 4: ▶ \$ 0				
а	Applied to 2016, but not more than line 2a.			0	
	Applied to undistributed income of prior years			-	
_	(Election required—see instructions)		0		
C	Treated as distributions out of corpus (Election				
-	required—see instructions)	o			
d	Applied to 2017 distributable amount				0
e	Remaining amount distributed out of corpus	0			i
5	Excess distributions carryover applied to 2017		-	·	0
Ū	(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	0			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable		-		
	amount-see instructions		0		
е	Undistributed income for 2016. Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions			0	
f	Undistributed income for 2017. Subtract lines		· · · · · · · · · · · · · · · · · · ·		
	4d and 5 from line 1. This amount must be				
	distributed in 2018				23,749
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)	0			
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9:				
а	Excess from 2013				
b	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016		,		
е	Excess from 2017				

Form 9	90-PF (2Ò17)			<u> </u>	Page 11
Part	XV Supplementary Information (cont	inued)			
3	Grants and Contributions Paid During t			ure Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
a	Paid during the year				
		<u> </u>			
	Total	· · · · · · ·		<u> ▶ 3</u>	a 0
D	Approved for future payment				
	Total	<u> </u>			Sh C

Pa	t XVI-A Analysis of Income-Producing Ac	tivities				
Ente	r gross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	{ (e)
		(a)	(b)	(c)	(d)	Related or exempt function income
4	Program service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	a					
	b					
	c					
	d					
	e					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	10,500	
5	Net rental income or (loss) from real estate:					
	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property			<u> </u>		
7	Other investment income			18	15,868	
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a b			 		
	e			 		
					26,368	0
12	Suprotal Add columns (b), (d), and (e)		1	<i>J</i>	20,000	1
	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				<u> </u>	26,368
13	Total. Add columns (b), (d), and (e)				. 13	
13 (See	Total. Add line 12, columns (b), (d), and (e)	s.)			<u> </u>	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exemp	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exemp	ot Purposes	. 13	26,368
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13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exemp	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s.) ccomplishm	nent of Exem	ot Purposes	. 13	26,368

Part	XVII	Information Organization		nsfers to and Trans	sactions and R	elationships	With Nor	ncharitable	e Exe	mpt
1	ın sec	e organization d	lirectly or indirectly	engage in any of the fin 501(c)(3) organization	following with any ons) or in section	other organiz on 527, relat	ation descr	ibed itical	Yes	No
а	-		orting foundation	to a noncharitable exe	mpt organization	of:				
u		sh						. 1a(1)		/
		ner assets						. 1a(2)		/
b	` '	transactions:						,		
_			a noncharitable ex	xempt organization				. 1b(1)		1
				itable exempt organiza				. 1b(2)	_	1
				ner assets				. 1b(3)		1
								. 1b(4)		1
		ans or loan guar	-					. 1b(5)		1
		_		ship or fundraising soli	citations .			. 1b(6)		1
С	Sharin	g of facilities, ed	quipment, mailing	lists, other assets, or p	aid employees			. 1c		1
d	If the a	answer to any o	of the above is "Y	es," complete the follo	owing schedule (Column (b) sh	ould always	s show the	fair n	narket
				vices given by the repo						
	value ı	n any transaction	on or sharing arran	ngement, show in colur	nn (d) the value o	f the goods, o	ther assets,	, or services	rece	ıved.
(a) Line	e no (b) Amount involved	(c) Name of nor	ncharitable exempt organizati	on (d) Descr	ption of transfers	transactions,	and sharing are	angem	ents
	_									- ,-
					· · · · · · · · · · · · · · · · · · ·					
							.			
2a	descri	bed in section 5		affiliated with, or relate section 501(c)(3)) or in sile.		re tax-exemp			s 🗹	No
		(a) Name of organ		(b) Type of org	ganization	(c) Description o	f relationship		
							· · ·	-		
					•••					
						<u> </u>				
				nined this return, including accor				knowledge and	belief,	ıt ıs true
Sign Here)/_	et, and complete Decl	Euch	than taxpayer) is based on all if	ASSISTANT S		N W	May the IRS disc with the preparer see instructions	shown	
	1 2.9.10	Print/Type preparer		Preparer's signature	1100	Date		PTIN		
Paid						05/09/20	Check 018 self-em	□	0240	ลลว
Prep	arer _F	KENNETH KEBE	CROWE HORWAT	HIID		-1		<u> </u>	21680	
Use	Only			ON BLVD PO BOX 7, S	OUTH REND IN		Firm's EIN ►	(574) 23		
		Firm's address ▶	330 E JEFFERSC	DIV DEVU FO BOX 1, 30	OUTH BEND, IN 2	+0024-0007	Phone no	. ,		F /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. OMB No 1545-0047

2017

Employer identification number

LAKE C	ITY BANK FOUNDAT	ION, INC	82-0991793
Organiz	zation type (check	one):	
Filers o	f:	Section:	
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private for	undation
		527 political organization	
Form 99	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundate	ation
		501(c)(3) taxable private foundation	
	only a section 501(c	is covered by the General Rule or a Special Rule .)(7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule See
Genera	l Rule		
Ø		on filing Form 990, 990-EZ, or 990-PF that received, during the year, cory or property) from any one contributor. Complete Parts I and II. See instributions.	
Special	l Rules		
	regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 and that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line outlons of the greater of (1)
	contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that g the year, total contributions of more than \$1,000 exclusively for religious ional purposes, or for the prevention of cruelty to children or animals. Co	ıs, charitable, scientific,
	contributor, durin contributions tota during the year fo General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ they gear, contributions exclusively for religious, charitable, etc., purposaled more than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Don't complete any oblies to this organization because it received nonexclusively religious, charmore during the year	ses, but no such outlons that were received of the parts unless the naritable, etc., contributions
990-EZ	n: An organization of the contraction of the contra	that isn't covered by the General Rule and/or the Special Rules doesn't must answer "No" on Part IV, line 2, of its Form 990, or check the box of the certify that it doesn't meet the filing requirements of Schedule B (Fo	file Schedule B (Form 990, on line H of its Form 990-EZ or on

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat No 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

LAKE CITY BANK FOUNDATION, INC

Employer identification number 82-0991793

Part I	Contributors (see instructions). Use duplicate co	ples of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAKE CITY BANK 114 E MARKET ST WARSAW, IN 46580	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number 82-0991793

Noncash Property (see instructions). Use duplicate cop	oies of Part II if additional spac	ce is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$ \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	c	
	Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given S

Schedule B ((Form 990, 990-EZ, or 990-PF) (2017)				Page 4
	rganization				Employer identification number
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for the following line entry.	r the year from any tions completing Pa ne year. (Enter this II	one contributer the offermation one	tor. Complete of total of <i>exclusi</i>	columns (a) through (e) and vely religious, charitable, etc.,
(a) No.	Use duplicate copies of Part III if add	ditional space is nee	ded.		
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held
		(e) Trans	fer of gift		
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held
-	Transferee's name, address, a		fer of gift	ationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) De:	scription of how gift is held
		(e) Trans	fer of gift		
	Transferee's name, address, a		-	ationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) De:	scription of how gift is held
		(e) Trans	fer of gift		
_	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	nsferor to transferee

	e Acquired	Date Acquired How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Accumulated Depreciation	Sales Expense	Total (net)
(1) Capital Gain Distributions 03/01/2017		Purchase	12/31/2017		15,564					15,564
(2) Dodge & Cox Income Fund 04/07/2017		Purchase	06/05/2017		4,773	4,711				62
(3) Loomis Sayles Intermediate 04/07/2017 Duration Bond Fund		Purchase	06/05/2017		4,684	4,652				32
	04/07/2017 P	Purchase	06/05/2017		7,845	7,724				121
rt Term I	04/07/2017 P	Purchase	06/05/2017		4,895	4,900				(5)
(6) Vanguard GNMA Adm #536 04/07/2017		Purchase	06/05/2017		4,793	4,766				27
(7) Vanguard High Yield Corp 04/07/2017 Fund		Purchase	06/05/2017		4,967	4,900				29
Total					47,521	31,653		0	0	15,868

. F	Part I, Line 23	Other expenses			
	Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) FEES		3,460	3,460		
TOTAL		3 460	3,460	0	0

Part II, Line 10b (Column a, Column b & Column c)

Investments—Corporate Stock (continued)

Description	BOY Amount	EOY Amount	Fair Market Value
LAKE CITY BANK-SEE ATTACHED	0	587,344	631,039
TOTAL	0	587,344	631,039

Part II, Line 10c (Column a, Column b & Column c)

Investments—Corporate Bonds (continued)

Description	BOY Amount	EOY Amount	Fair Market Value
LAKE CITY BANK-SEE ATTACHED	0	247,646	246,591
TOTAL	0	247,646	246,591

Part II, Line 13 (Column a, Column b & Column c) Investments—Other (continued)

Description	Туре	BOY Amount	EOY Amount	Fair Market Value
TOTAL		0	0	0

Part IV

Capital Gains and Losses for Tax on Investment Income (continued)

(a) List and describe the kind(s) of property sold	(b) How acquired	(c) Date acquired	(d) Date sold	(e) Gross sales price	(f) Depreciatio n allowed	(g) Cost or other basis	(h) Gaın or (loss)	(ı) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	(I) Gains
PIMCO SHORT TERM I	PURCHAS E	04/07/2017	06/05/2017	4,895		4,900	(5)			0	(5)
VANGUAR D GNMA ADM #356	PURCHAS E	04/07/2017	06/05/2017	4,793		4,766	27			0	. 27
VANGUAR D HIGH YIELD CORP FUND	PURCHAS E	04/07/2017	06/05/2017	4,967		4,900	67			0	67