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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491252006019

2018

OMB No 1545-0052

Return of Private Foundation

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

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

Open to Public Inspection

For	caler	ndar year 2018, or tax yea	r beginning 01-01-20	18 , aı	nd ending 12-31	-2018			
		indation lectric Charitable & Educational Founda	A Employer is	A Employer identification number					
	alikilii E	rectric Charitable & Educational Founda	23-7399324	23-7399324					
Number and street (or P O box number if mail is not delivered to street address) Room/suite 9255 Coverdale Road						B Telephone number (see instructions)			
<u> </u>		-b-b	. 6		(260) 824-290	00			
		i, state or province, country, and ZIP of IN 46809	r foreign postal code		C If exemption	n application is pendin	g, check here		
G Cl	neck al	l that apply \Box Initial return	\square Initial return of a	former public charity	D 1. Foreign o	rganizations, check he	ere 📗		
		☐ Final return	Amended return			organizations meeting			
		Address chan	ige 🔲 Name change		·	ck here and attach co	· —		
_			501(c)(3) exempt private f			oundation status was t on 507(b)(1)(A), chec			
		n 4947(a)(1) nonexempt charitabl							
of	year (f	xet value of all assets at end rom Part II, col (c), ▶\$ 24,339	■ Accounting method	Cash Accru	F If the found under section	lation is in a 60-montl on 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Revenue and			(d) Disbursements		
		of amounts in columns (b), (c), and equal the amounts in column (a) (se	` ' '	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc.,	, received (attach	240.000			(646): 246:6 6:,		
	2	schedule) Check ▶ ☐ If the foundation is	not required to attach	210,000					
	-	Sch B							
	3	Interest on savings and tempora	•						
	4	Dividends and interest from secu	urities						
	5a	Gross rents							
e	b 6a	Net rental income or (loss) Net gain or (loss) from sale of as	esets not on line 10	0					
3	١.	- , ,							
Revenue	b 7	Gross sales price for all assets o Capital gain net income (from Pa)			
~	8	Net short-term capital gain .							
	9	Income modifications							
	10a	Gross sales less returns and allo	wances 0						
	ь	Less Cost of goods sold	0						
	c	Gross profit or (loss) (attach sch	edule)	0					
	11	Other income (attach schedule)		0	(0			
	12	Total. Add lines 1 through 11		210,000	(0			
	13	Compensation of officers, director	ors, trustees, etc						
	14	Other employee salaries and wa	-						
ses	15	Pension plans, employee benefit							
ens	16a	Legal fees (attach schedule) .		0		-	0		
Expenses	b	Accounting fees (attach schedule		3,100			0		
ve l	_ c	Other professional fees (attach s	scnedule)	0	(0	0		
and Administrative	17	Interest		0		0 0	0		
ılstı	18	Taxes (attach schedule) (see ins	,	0					
Ē	19	Depreciation (attach schedule) a	ma depiedon	0		1			
Ad	20 21	Occupancy	gs						
pu	22	Printing and publications	-						
	23	Other expenses (attach schedule		9 433	(0	216		
Operating	24	Total operating and administ	Ť						
Ser.		Add lines 13 through 23		3,533		0	216		
ō	25	Contributions, gifts, grants paid		273,555			273,555		
	26	Total expenses and disburser	ments. Add lines 24 and	277,088		0	273,771		
	27	Subtract line 26 from line 12		277,000		<u>-</u>	2/3,//1		
	a	Excess of revenue over exper	nses and						
	ь	disbursements Net investment income (if neg	native enter -0-1	-67,088		1			
	C	Adjusted net income (if negat	•)			
For		work Reduction Act Notice, se			Cat No 11289		<u> </u> m 990-PF (2018)		

0

n

90,427

3,000

87,427

87,427

90,427

24,339

4,000

4,000

20,339

20,339

24,339

2

3

4

5

6

87,427

-67,088

20,339

20,339 Form **990-PF** (2018)

0

0

24,339

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ ___

Less accumulated depreciation (attach schedule) ▶ 0

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶ □

and complete lines 24 through 26 and lines 30 and 31.

Paid-in or capital surplus, or land, bldg, and equipment fund

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) > ____

Temporarily restricted

Grants payable

Less accumulated depreciation (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

	7
2	8
Assets	9
As	10a
	٠.

C

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

28

29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

Capital Gallis	and Losses for Tax on Thivest	illelic Tilcolle						
	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)				
1 a	1a							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain c	h) or (loss) or minus (g)			
a								
b								
с								
d								
е								
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) s of col (ı) l (j), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))			
a								
b								
С								
d								
e								
·	gain or (loss) as defined in sections and the sections are to the sections are the section are the		Part İ, line 7	3	0			
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment Inc	come				
_	private foundations subject to the sec							
If section 4940(d)(2) applies, le	·	• • •		,				
Was the foundation liable for th If "Yes," the foundation does no	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part			es 🗸 No			
	nount in each column for each year,	see instructions before	making any entrie:					
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rat (col (b) divided by c	col (c))			
2017	281,054		39,187		7 172123			
2016	275,462		27,660		9 958858			
2015	271,140		22,851		11 865564			
2014	232,338		19,840		11 710585			
2013	191,667		27,651		6 931648			
2 Total of line 1, column (•				47 638778			
number of years the four	o for the 5-year base period—divide ndation has been in existence if less incharitable-use assets for 2018 fron	than 5 years	0, or by the 3 4		9 527756 42,534			
5 Multiply line 4 by line 3			5		405,254			
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		0			
7 Add lines 5 and 6			7		405,254			
8 Enter qualifying distribut	ions from Part XII, line 4 ,		8		273,771			
If line 8 is equal to or gre	eater than line 7, check the box in Pa	art VI, line 1b, and con	nplete that part usin	g a 1% tax rate Se				
Instructions				Fo	orm 990-PF (2018)			

Page **6**

5a	During the year did the foundation	pay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?								
	(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? Yes No								
	(4) Provide a grant to an organization other than a charitable, etc , organization described								
	In section 4945(d)(4)(A)? See instructions								
	(5) Provide for any purpose other t								
	educational purposes, or for the	•	•		⊔ Yes	✓ No			
D	If any answer is "Yes" to 5a(1)–(5)		=				EL		Na
	Regulations section 53 4945 or in a Organizations relying on a current in				_		5b		No
С	If the answer is "Yes" to question 5								
·	tax because it maintained expendit			·					
	If "Yes," attach the statement requi				· · ✓ Yes	∐ No			
6a	Did the foundation, during the year		-		ms on				
Va	a personal benefit contract?			manectry, to pay premia					
ь	Did the foundation, during the year			rectly on a personal ber	refit contract?	✓ No	6b		No
	If "Yes" to 6b, file Form 8870	, pu,	promiumo, anecety or ma	rectify on a personal ber					
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter tran	saction?				
	If yes, did the foundation receive a				⊔ res	✓ No	7b		
8	Is the foundation subject to the sec		•						
	excess parachute payment during t					□			
	Information About					<u> </u>	VEES		
Pai	and Contractors		0.0, 000.0.0,	.cos, i cuitaution i a	go.o,g, . a.a	p	,,,		
1	List all officers, directors, truste	es. fo	oundation managers ar	d their compensation.	See instructions				
	List all silles of all sections, at asset		b) Title, and average	(c) Compensation (If	(d) Contributions to	(-)	\ F		
	(a) Name and address		hours per week devoted to position	not paid, enter -0-)	employee benefit plans deferred compensatio	and (e)) Exper other al		
GREG	G C SENGSTACK		IDENT / DIRECTOR	0		0			0
	COVERDALE RD WAYNE, IN 46809	1 000	J						
	J HAINES	TREA	SURER / DIRECTOR	0		0			
	COVERDALE RD	1 000				Ĭ			Ū
FORT	WAYNE, IN 46809								
	THAN GRANDON	SECR 1 000	ETARY / DIRECTOR	0	0			0	
	COVERDALE ROAD WAYNE, IN 46809	1 000	,						
2	Compensation of five highest-pa	id en	nployees (other than th	nose included on line 1	-see instructions). If	none, e	nter "	NONE.	71
			(b) Title, and average		(d) Contributions to				
	Name and address of each employee		hours per week	(c) Compensation	employee benefit plans and deferred		Expens		
	more than \$50,000		devoted to position		compensation	"	ther all	owanc	es
					·				
Tota	I number of other employees paid ov	er \$5	0,000						0
							OO	O DE	(2018)

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

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		• 0
List the foundation's four largest direct charitable activities during the tax year. Include released organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the convened organizations.		r of Expenses
1		
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments (see	nstructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
2		
All other program-related investments See instructions 3		
Total. Add lines 1 through 3		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

273.771

273,771

Form 990-PF (2018)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

2018

Page 9

2,127

2,127

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0

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Part XIII	Undistributed Income	(see instructions)

b Total for prior years

a From 2013.

b From 2014. . . . c From 2015. . .

d From 2016.

e From 2017.

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2018 distributable amount. . . .

e Remaining amount distributed out of corpus

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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) 8 Excess distributions carryover from 2013 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . . e Excess from 2018. . .

b Excess from 2015. .

same amount must be shown in column (a))

190.284 230,846

269,997

274.079 279,095

230.846 269,997

274.079

279,095

271.644

(a)

Corpus

1.244.301

271.644

1,515,945

190.284

1,325,661

(b)

Years prior to 2017

(c)

2017

STUDENT TO RECEIVE AN EDUCATIONAL SCHOLARSHIP

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	Part XIV Private Operating Found	dations (see instru	ictions and Part V	II-A, question 9)					
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20								
b	Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or								
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total			
	income from Part I or the minimum investment return from Part X for each	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(6) 10141			
	year listed	0	0	0	0	0			
b	85% of line 2a	0	0	0	0	0			
С	Qualifying distributions from Part XII, line 4 for each year listed	273,771	0	0	0	273,771			
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0			
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	273,771	0	0	0	273,771			
3	Complete 3a, b, or c for the 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)								
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed								
С	"Support" alternative test—enter								
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)								
	(2) Support from general public and 5 or more exempt organizations as provided in								
	section 4942(j)(3)(B)(iii) (3) Largest amount of support								
	from an exempt organization (4) Gross investment income								
	Sunnlementary Information	(Complete this i	part only if the f	oundation had 9	\$5.000 or more i	in			
Pa	assets at any time during th				, , , , , , , , , , , , , , , , , , , ,				
1 a	Information Regarding Foundation Man List any managers of the foundation who ha before the close of any tax year (but only if	ve contributed more t				n			
b	List any managers of the foundation who ow ownership of a partnership or other entity)	n 10% or more of the	e stock of a corporat	ion (or an equally la					
2	Information Regarding Contribution, G	rant, Gift, Loan, Sch	olarship, etc., Pro	grams:	<u> </u>				
	Check here \(\bigcap \square \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions								
а	The name, address, and telephone number	or e-mail address of	the person to whom	applications should	be addressed				
	JONATHAN GRANDON 9255 COVERDALE RD FORT WAYNE, IN 46809								
b	The form in which applications should be su SEE ATTACHED SCHOLARSHIP APPLICATIO		on and materials th	iey should include					
	Any submission deadlines								
	MID SPRING SEMESTER OF THE SENIOR YE	AR							
d	Any restrictions or limitations on awards, su factors	ich as by geographica	l areas, charitable f	ields, kinds of institu	utions, or other				
	THE COLLEGE OR UNIVERSITY MUST BE AC	CREDITED BY ONE O	F THE MAJOR ACADI	EMIC ACCREDITING	ORGANIZATIONS IN	NORDER FOR A			

Enter gross amounts unless otherwise indicated		Unrelated bu	isiness income	Excluded by section	(e) Related or exempt	
-	Program service revenue		(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
g Fees	and contracts from government agencies					
2 Membe	rship dues and assessments t on savings and temporary cash					
	ds and interest from securities.					
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property.					
	tal income or (loss) from personal property					
	nvestment income					
ınvento						
	ome or (loss) from special events					
.0 Gross p	profit or (loss) from sales of inventory					
	revenue a	1				
3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu		0	13	3	
3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	(
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	0
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	0
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	0

, (20	(2010)								
П	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations								
	Exclipt Organizations								

1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501 (c)) organizations or in section 502 (c) (a) organizations (a) (c) (a) organization (b) a noncharitable exempt organization of (1.1 Cash). 2. Other assets. 3. Other assets of assets to a noncharitable exempt organization. 3. Other assets of assets from a noncharitable exempt organization. 3. Other assets of assets from a noncharitable exempt organization. 3. Other assets or organization or organization. 3. Other assets or organization organization. 4. Other transactions 4. Other transactions 4. Other assets of assets from a noncharitable exempt organization. 5. Other organization organization organization. 6. Other organization organi	Part	YATT	Exempt Organi	zations								
(2) Other assets 1.	1 Did	the org	anızatıon dırectly or ın	directly enga						on 501	Yes	No
(a) Other assets: (b) Other transactions (i) Sales of assets to a noncharitable exempt organization. (ii) Sales of assets from a noncharitable exempt organization. (iii) Sales of assets from a noncharitable exempt organization. (iii) Renal orfaniles, equipment, or other assets,	a Transfers from the reporting foundation to a noncharitable exempt organization of											
b Other transactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, an other assets. (3) Rental of facilities, equipment, an other assets. (3) Performance of services or membership or fundraising solicitations. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (7) Performance of services or membership or fundraising solicitations. (8) End of the deposits, or services green by the responsing foundation of the foundation received less than fair market value of the goods, other assets, or services green by the reporting foundation of the foundation received less than fair market value of the goods, other assets, or services green by the reporting foundation of the foundation received less than fair market value of the goods, other assets, or services green by the reporting foundation of the foundation received less than fair market value of the goods, other assets, or services feed of the foundation of the foundat	(1) Cash											No
(c) Sales of assets to a noncharitable exempt organization. (2) Purchase of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Rembursement arrangements. (5) Losins or loan guarantees. (5) Losins or loan guarantees. (5) Losins or loan guarantees. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (7) Annual management in the properties of the services of the properties of purchase in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line No. (b) Amount movived. (c) Name of moncharitable exempt organization. (d) Description of transfers, transactions, and sharing arrangements. 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c) (3)) or in section 527? b) If "Yes," complete the following schedule (a) Name of organization. (b) Type of organization. (c) Description of transfers, transactions, and sharing arrangements described in section 501(c) (other than section 501(c) (3)) or in section 527? (a) Name of organization. (b) Type of organization. (c) Description of insistencially or indicationally of my knowledge and statements, and to the best of my knowledge and select. It is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of my knowledge and select. It is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of my knowledge and select. It is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of my knowledge and select. It is true, correct, and complete Declaration of preparer (other than taxpaye	(2) Other assets									. 1a(2)		No
(2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan quarantees. (6) Performance of services or membership or fundraising solicitations. (8) Enteronance of services or membership or fundraising solicitations. (9) Performance of services or membership or fundraising solicitations. (9) Performance of services or membership or fundraising solicitations. (10) No (10) The solicities, equipment, making lists, other assets, or paid emologies. (10) No (11) Should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (9) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation of the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation of the value of the goods, other assets, or services eved in any transaction or sharing a management. (a) Inici No (b) Amount involved (c) Name of mandation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations are disconting a management. (a) Inici No (b) Amount involved (c) Name of mandation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations. (d) Description of transforms, transactions, and sharing arrangements. (a) Inici No (b) Amount involved (c) Manual directly or indirectly affiliated with, or related to, one or more tax-exempt organizations. (d) Description of transforms, and sharing arrangements. (e) Inici No (ii) Performance or sharing a directly or indirectly affiliated with, or related to, one or more tax-exempt organizations. (d) Description of transforms are advantaged to t	b Other transactions											
(3) Renal of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) Annual find an answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line No (b) Amount model (c) Hame of noncis-hable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations cescribed in section 501(c) (other than section 501(c)(3)) or in section 527? b) If "Yes," complete the following schedule (a) Name of imparization (b) Type of organization (c) Description of relationships (c) Description of relationships (d) Name of imparization (e) Name of imparization (f) Type of organization (g) Name of imparization (h) Type of organization (p) Type of organization (p) Type of organization (p) Description of relationships (p) Description of relationships (p) Performance of perpany. (acclars that I have examined this return, including accompanying schedules and statements, and to the best orm yellow or the performance of t	· ·											
(4) Rembursement arrangements. 1143 No (5) Lans or loan guarantees. 1143 No (6) Performance of services or membership or fundraising solicitations. 126 No (126)	· ·											
(5) Loans or loan guarantees											-	
(6) Performance of services or membership or fundrasing solicitations											-	
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. 1											-	
d If the answer to any of the above is "ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation reviewed less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line No. (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?				•	-							
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** 2019-09-09	b It "Y	'es," co	•		1 0	b) Type of organize	ation	1	(c) Description	of relationship		
Sign Here Sign Which preparer has any knowledge			(a) Name of organization	лі	,	b) Type of organiza	idon		(C) Description	or relationship		
Sign Here Sign Which preparer has any knowledge												
Sign Here Sign Which preparer has any knowledge												
Sign Here Sign Which preparer has any knowledge												
Sign Here Sign Here Sign Here Of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge 2019-09-09 ****** Signature of officer or trustee Date Print/Type preparer's name Preparer's Signature Date Check if self-employed ▶ □ Firm's name ▶ CROWE LLP Firm's name ▶ CROWE LLP Firm's address ▶ 1455 Pennsylvania Avenue NW Suite 7				- 1 1 1		1.11						
Here Title Firm's name CROWE LLP		of my	knowledge and belief	, it is true, c								
Print/Type preparer's name Preparer's Signature Date Check if self-employed ▶ ☐ Prim's name ▶ CROWE LLP Firm's name ▶ CROWE LLP Firm's address ▶ 1455 Pennsylvania Avenue NW Suite 7 Output Print/Type preparer's Name Preparer's Signature Date Check if self-employed ▶ ☐ Print/Type preparer's Signature Date Print/Type preparer's name Preparer's Signature Date Print/Type preparer's Name Print/Type preparer's Signature Date Print/Type preparer's name Print/Type preparer's Signature Date Print/Type preparer's name Preparer'	_	*	****			2019-09-09		*****		return		
Paid Preparer Use Only Robert Williams Check if self- employed ▶ □ Firm's name ▶ CROWE LLP Firm's EIN ▶35-0921680 Phone no. (202) 624-5555		s	ignature of officer or t	rustee		Date		Title			✓ Yes	□ _{No}
Paid Preparer Use Only Robert Williams Rob			Print/Type preparer's	name	Preparer's Signature Da		Date	Check if self-			5960	
Use Only Firm's address ► 1455 Pennsylvania Avenue NW Suite 7 Phone po. (202) 624-5555	Paid Prepa	arer		WELLE					p.0704 F			
Firm's address ► 1455 Pennsylvania Avenue NW Suite 7 00 Phone no. (202) 624-5555	-		rirm s name 🕨 CRO	VVE LLP					F	Firm's EIN ►35	-09216	580
I Phone no. (202) 624-5555					anıa Avenue NW	/ Suite 7						
					C 200041008				F	Phone no (202	!) 624-!	5555

Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

· ·	or substantial contributor			
a Paid during the year				
Mason Evans479 SE 1080th ave	None	NC	Educational Scholarship Grant -	1,000

Red Oak, OK 74563			Finance	
Elizabeth Demin155 Heath Road Saco, ME 04072	None	NC	Educational Scholarship Grant - Computer Science	1,000

Saco, ME 04072	None		Computer Science	1,000
Stephanie Macon3890 N 100 E	None	NC	Educational Scholarship Grant -	1,000

272,555

Saco, ME U4U/2			Computer Science	
Stephanie Macon3890 N 100 E	None	NC	Educational Scholarship Grant -	1,00

	1			
Stephanie Macon3890 N 100 E	None	NC	Educational Scholarship Grant -	1,0
Bluffton IN 46714			Biology	

ephanie Maconsoso N 100 E	None	INC	Educational Scholarship Grant -	
uffton, IN 46714			Biology	

luffton, IN 46714		Biology	

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient

Katalyn Criaza44 Sunsat Dr	None	NC	Educational Scholarship Crant	2 000
a Paid during the year				
Name and address (nome or business)	or substantial contributor	·		

Bluffton, IN 46714	None	ive	Journalism	2,000
Amanda Goff10803 N Charley Bluff Rd Mitton, WI 53563	None	NC	Educational Scholarship Grant - Biomedical Engineering	2,000

Amanda Goff10803 N Charley Bluff Rd Mitton, WI 53563	None	NC	Educational Scholarship Grant - Biomedical Engineering	2,000
Kristin Harry8104 NW 30th St	None	NC	Educational Scholarship Grant -	1,000

Mitton, WI 53563			Biomedical Engineering	
Kristin Harry8104 NW 30th St Bethany, OK 73008	None	NC	Educational Scholarship Grant - Zoology	1,00

Kristin Harry8104 NW 30th St	None	NC	Educational Scholarship Grant -	1,0
Bethany, OK 73008			Zoology	

272,555

Kristin Harry8104 NW 30th St	None	NC	Educational Scholarship Grant -	1 1,
Bethany, OK 73008			Zoology	

Recipient If recipient is an individual, Purpose of grant or Foundation Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
Clarence Graham511 Lincoln Ave Rio, WI 53460	None	NC	Educational Scholarship Grant - Biology	2,000

Rio, WI 53460			Biology	
Sarah Lynn2208 Timberlake Trail Fort Wayne, IN 46804	None	l .	Educational Scholarship Grant - Elementary Education	2,000

Fort Wayne, IN 46804	None		Elementary Education	2,000
Katelynn McCullarPO Box 62	None	NC	Educational Scholarship Grant -	2,000

272,555

Fort Wayrie, IN 40004			Elementary Education	
Katelynn McCullarPO Box 62 Red Oak, OK 74563	None	NC	Educational Scholarship Grant - Radiology	2,000

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Jeniffer PenaTomas Mendez 815 Linares, NL 67790	None	l .	Educational Scholarship Grant - Animation & Digital Arts	2,000

MX			7 mm actor of Digital 7 mc	
Cooper Hill6225 St Joe Rd Fort Wayne, IN 46835	None	l .	IPFW Engineering Scholarship Grant - Engineering	2,500

Cooper Hill6225 St Joe Rd Fort Wayne, IN 46835	None	NC	IPFW Engineering Scholarship Grant - Engineering	2,500
Dakota Dawson831 Laddıe Ln	None	NC	Indiana Tech Engineering	2,500

Fort Wayne, IN 46835			Grant - Engineering	
Dakota Dawson831 Laddie Ln Fort Wayne, IN 46845	None	NC	Indiana Tech Engineering Scholarship Grant - Engineering	2,500

272,555

Dakota Dawson831 Laddıe Ln Fort Wayne, IN 46845	None	NC	Indiana Tech Engineering Scholarship Grant - Engineering	2,500

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
Samuel Butchko 7501 Covington Hollow Pass	None	NC	Educational Scholarship Grant - Electrical Engineering	2,000

Fort Wayne, IN 46804			Electrical Engineering	
Heather Novak620 Windsor Ln Evansville, WI 53636	None	NC	Educational Scholarship Grant - Biomedical Engineering	2,000

Heather Novak620 Windsor Ln Evansville, WI 53636	None	NC	Biomedical Engineering	2,000
Matthew Hampton1200 N Birche Terr Mustang, OK 73064	None	NC	Educational Scholarship Grant - Business Management	2,000

Total .

272,555

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Daira CruzAlamo 319 Linares, NL 67735	None	NC	Educational Scholarship Grant - Visual Arts	2,000

MX 6//35			Visual Arts	
Nguyen Vo4106 Mayberry St Apt 102 Fort Wayne, IN 46815	None	NC	IPFW Engineering Scholarship Grant - Engineering	5,000

Nguyen Vo4106 Mayberry St Apt 102 Fort Wayne, IN 46815	None		IPFW Engineering Scholarship Grant - Engineering	5,00
Jasmine Hiss1475 S 500 E	None	NC	Indiana Tech Engineering	5,00

Fort Wayne, IN 46815	None	NC NC	Grant - Engineering	
Jasmine Hiss1475 S 500 E	None	NC	Indiana Tech Engineering	

Fort Wayne, IN 46815			Grant - Engineering	
Jasmine Hiss1475 S 500 E Columbia City, IN 46725	None	l .	Indiana Tech Engineering Scholarship Grant - Engineering	5,000

272,555

Jasmine Hiss1475 S 500 E	None	NC	Indiana Tech Engineering	5,
Columbia City, IN 46725			Scholarship Grant - Engineering	

Columbia City, IN 46725	None		Scholarship Grant - Engineering	•
Jasmine Hiss14/5 S 500 E	i None	INC	i indiana Tech Endineerind – i	

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year			
Jacob Dunn8609 Creekside Pl Fort Wayne, IN 46804	None	Educational Scholarship Grant - Marketing and Business	1,000

Fort Wayne, IN 46804			Marketing and Business Management	
Kayla Luarde10125 Lake Sebago Dr Fort Wayne, IN 46804	None	NC	Educational Scholarship Grant - Exercise Science	1,000

Kayla Luarde10125 Lake Sebago Dr Fort Wayne, IN 46804	None	NC	Educational Scholarship Grant - Exercise Science	1,000
Shelby McClain3483 South St Rd 1	None	NC	Educational Scholarship Grant -	1,000

Fort Wayne, IN 46804	None	INC	Exercise Science	1,000
Shelby McClain3483 South St Rd 1 Redkey, IN 47373	None	NC	Educational Scholarship Grant - Chemistry	1,000

Shelby McClain3483 South St Rd 1 Redkey, IN 47373	None	Educational Scholarship Grant - Chemistry	1,000

Shelby McClain3483 South St Rd 1 Redkey, IN 47373	None	NC	Educational Scholarship Grant - Chemistry	1
Total			▶ 3a	272,555

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Darcie McCullarPO Box 62 Red Oak, OK 74563	None	NC	Educational Scholarship Grant - Business	1,000

Red Oak, OK 74563			Business	
Elizabeth Harber2911 Roscommon Dr Fort Wayne, IN 46805	None		IPFW Engineering Scholarship Grant - Engineering	2,500
Allison Stevens	None	NC.	Educational Scholarship Grant -	1.000

Fort Wayne, IN 46805	None	INC	Grant - Engineering	2,300
Allison Stevens 15023 South Harbourside Dr	None	NC	Educational Scholarship Grant - Psychology	1,000

272,555

Fort Wayne, IN 46805			Grant - Engineering	
Allison Stevens 15023 South Harbourside Dr Fort Wayne, IN 46814	None	NC	Educational Scholarship Grant - Psychology	1,000

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Adam Swanson91 McCutcheon Ct N Lafayette, IN 47909	None	NC	Indiana Tech Engineering Scholarship Grant - Engineering	2,500

Lafayette, IN 4/909			Scholarship Grant - Engineering	
American Cancer Society 1901 Brunswick Ave Ste 100 Charlotte, NC 28207	None	PC	To support general operations	500

1901 Brunswick Ave Ste 100 Charlotte, NC 28207	None	PC	To support general operations	500
Arts United300 East Main Street	None	PC	To support general operations	2,500

Charlotte, NC 28207				
Arts United300 East Main Street Fort Wayne, IN 46802	None	PC	To support general operations	2,500

Arts United300 East Main Street None PC To support general operations 2,500 Fort Wayne, IN 46802	charlotte, Ne 20207				
		None	PC	To support general operations	2,500

Fort Wayne, IN 46802			_,
Total	 	▶ 3a	272,555

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or husiness)

Name and address (nome of basiness)	or substantial contributor			
a Paid during the year				
Big Brothers Big Sisters	None	PC	To support general operations	2,000

1005 West Rudisill Blvd Fort Wayne, IN 46807				
Blue Jacket Inc2826 South Calhoun St Fort Wayne, IN 46807	None	PC	Fantasy of Lights - general operations	2,000

' '				
Blue Jacket Inc2826 South Calhoun St Fort Wayne, IN 46807	None	PC	Fantasy of Lights - general operations	2,000
Boys & Girls Club of Fort Wayne 2609 Fairfield Avenue	None	PC	New club on SE side of Fort Wayne	28,225

Fort Wayne, IN 46807			operations	
Boys & Girls Club of Fort Wayne 2609 Fairfield Avenue Fort Wayne, IN 46807	None	PC	New club on SE side of Fort Wayne	28,225

Boys & Girls Club of Fort Wayne 2609 Fairfield Avenue Fort Wayne, IN 46807	None	PC	New club on SE side of Fort Wayne	28,225
Total			▶ 3a	272,555

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Canterbury School5601 Covington Road Fort Wayne, IN 46804	None	PC	To support general operations	13,525

Torc wayne, in 40804				
Brains for Hope7726 Inverness Lakes Dr Fort Wayne, IN 46804	None	PC	To support general operations	!
CASA of Kosciusko County	None	PC.	To support general operations	1.4

Total .

Brains for Hope7726 Inverness Lakes Dr Fort Wayne, IN 46804	None	PC	To support general operations	500
CASA of Kosciusko County 121 North Lake Street	None	PC	To support general operations	1,400

1010110/110/111110001				
CASA of Kosciusko County 121 North Lake Street Warsaw, IN 46580	None	PC	To support general operations	1,400

272,555

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
Creative Arts Council of Wells County 211 Water Street Suite B Bluffton, IN 46714	None	PC	Spring Gala - general operations	2,000
Easterseals Arc of Northeast Indiana	None	PC	Fundraising program to support	2,500

recipient

272,555

Bluffton, IN 46714				
Easterseals Arc of Northeast Indiana 4919 Coldwater Rd Fort Wayne, IN 46825	None		Fundraising program to support general operations	2,500
Family Centered Services	None	I	Annual Duck Race - General	25

 Easterseals Arc of Northeast Indiana 4919 Coldwater Rd Fort Wayne, IN 46825	None	PC	Fundraising program to support general operations	2
Family Centered Services 1515 N Sutton Cir Dr	None	PC	Annual Duck Race - General Operations	

4919 Coldwater Rd Fort Wayne, IN 46825	Tione		general operations	2,300
Family Centered Services 1515 N Sutton Cir Dr	None	PC	Annual Duck Race - General Operations	250

Fort Wayne, IN 46825				
Family Centered Services	None	PC	Annual Duck Race - General	250
1 E 1 E N. C. Henry Com Do.	l .		O	

Family Centered Services	None	PC	Annual Duck Race - General	250
1515 N Sutton Cir Dr			Operations	
Bluffton, IN 46714				

Recipient If recipient is an individual, show any relationship to status of
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Fort Wayne Children's Zoo 3411 Sherman Blvd Fort Wayne, IN 46808	None	PC	Zoobilee and Zoo Brew & Wine Too - general operations	4,400
Fort Wayne Habitat for Humanity 2020 E Washington Blvd Suite 500 Fort Wayne, IN 46803	None	PC	To support general operations	1,500
Fort Wayne Museum of Art 311 E Main Street Fort Wayne, IN 46802	None	PC	To support general operations	3,200

272,555

Total . .

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Fort Wayne Philharmonic 4901 Fuller Drive Fort Wayne, IN 46835	None	PC	To support general operations	15,000

Fort Wayne, IN 46835				
Georgetown Prep10900 Rockville Pike North Bethesda, MD 20852	None	PC	To support general operations	1,250
History Center302 East Berry	None	PC	2016 Heritage Education Fund -	1 000

North Bethesda, MD 20852	None		To support general operations	1,230
History Center302 East Berry Fort Wayne, IN 46802	None	PC	2016 Heritage Education Fund - free tours for elementary schools	1,000

History Center302 East Berry	None	PC	2016 Heritage Education Fund -	1,0
Fort Wayne, IN 46802			free tours for elementary schools	·

History Center302 East Berry Fort Wayne, IN 46802	None		2016 Heritage Education Fund - free tours for elementary schools	1,00
--	------	--	---	------

Fort Wayne, IN 46602	Tree tours for elementary schools	
Total	 ▶ 3a	272,555

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or husiness)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
Junior Achievement601 Noble Drive Fort Wayne, IN 46825	None	PC	JANI Capital Replacement Fund - facility equipment and	24,750

, ,			technology replacement Capital Campaign	
Just Neighbors Interfaith Homeless Network	None	PC	To support general operations	1,000

			Campaign	
Just Neighbors Interfaith Homeless Network 2925 E State Blvd Fort Wayne, IN 46805	None	PC	To support general operations	1,000

Network 2925 E State Blvd Fort Wayne, IN 46805	Notice		To support general operations	1,000
Kate's Kart10376 Leo Road Suite A	None	PC.	To support general operations	1.500

Fort Wayne, IN 46805 Kate's Kart10376 Leo Road Suite A	None	PC	To support general operations	1.500
2925 E State Blvd				

Fort Wayne, IN 46805				
Kate's Kart10376 Leo Road Suite A Fort Wayne, IN 46825	None	PC	To support general operations	1,500

			I .	
Kate's Kart10376 Leo Road Suite A Fort Wayne, IN 46825	None	PC	To support general operations	1,500

Fort Wayne, IN 46825	None	PC	To support general operations	1
Total			▶ 3a	272,555

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Kate's Kitchen (First United Methodist Church - Bluffton)	None	PC	Soup Kitchen	500

325 W Washington St Bluffton, IN 46714				
Manchester University 604 E College Avenue	None	PC	The Manchester Fund - general operations	8,750

, , , , , , , , , , , , , , , , , , ,				
Manchester University 604 E College Avenue North Manchester, IN 46962	None	PC	The Manchester Fund - general operations	8,750
Markle Volunteer Fire Department 150 West Sparks Street PO Box 149	None	PC	To support general operations	2,500

604 E College Avenue North Manchester, IN 46962	None	PC	operations	8,750
Markle Volunteer Fire Department 150 West Sparks Street PO Box 149 Markle IN 46770	None	PC	To support general operations	2,500

North Manchester, IN 46962				
Markle Volunteer Fire Department 150 West Sparks Street PO Box 149 Markle, IN 46770	None	PC	To support general operations	2,500

Total .

272,555

Recipient If recipient is an individual, show any relationship to status of
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
McMillen Health 600 Jim Kelley Boulevard Fort Wayne, IN 46816	None	PC	Health Educations Programs	2,500
National MS Society 1120 James Drive Suite A Hartford, WI 53029	None	PC	To support general operations	200
Oklahoma City Family Justice Center Inc 1140 N Hudson Avenue Oklahoma City, OK 73103	None	PC	To support general operations	3,000

272,555

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Parkview Foundation 10622 Parkview Plaza Drive Fort Wayne, IN 46845	None	PC	Cookin' Men - supporting women's health	5,000
Ronald McDonald House Charities of Northeast Indiana	None	PC	To support general operations	2,500

Ronald McDonald House Charities of Northeast Indiana 11109 Parkview Plaza Drive Fort Wayne, IN 46845	None	PC	To support general operations	2,500
Super Shot Inc	None	PC	To support general operations	1,000

Northeast Indiana 11109 Parkview Plaza Drive Fort Wayne, IN 46845				
Super Shot Inc 709 Clay Street Suite 101 Fort Wayne, IN 46802	None	PC	To support general operations	1,000

Total			▶ 3a	272,555
Super Shot Inc 709 Clay Street Suite 101 Fort Wayne, IN 46802	None	PC	To support general operations	1,000
Fort Wayne, IN 46845				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Teaching in the Son Inc	None	PC	To support general operations	100

2901 S Bryant Ave Edmond, OK 73013	None		To Support general operations	_
Turnstone3320 North Clinton Street	None	PC	To support general operations	7,5

Edmond, OK 73013				
Turnstone3320 North Clinton Street Fort Wayne, IN 46805	None	PC	To support general operations	7,500
Community Foundation of Grant County Indiana	None	PC	To support general operations	1,000

Turnstone3320 North Clinton Street Fort Wayne, IN 46805	None	PC	To support general operations	7,500
Community Foundation of Grant County Indiana 505 West Third Street Marion, IN 46952	None	PC	To support general operations	1,000

Fort Wayne, IN 46805				
Community Foundation of Grant County Indiana 505 West Third Street Marion, IN 46952	None	PC	To support general operations	1,000
Total			▶ За	272 <i>,</i> 555

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
United Way of Allen County 334 E Berry St Fort Wayne, IN, 46802	None	PC	To support general operations	38,921

United Man of Danie Country Madison	N	DC.	T	6 500
United Way of Central Oklahoma PO Box 837 Oklahoma City, OK 73101	None	PC	To support general operations	4,084
Fort Wayne, IN 46802				

United Way of Central Oklahoma PO Box 837 Oklahoma City, OK 73101	None	PC	To support general operations	4,084
United Way of Dane County - Madison WI PO Box 7548 Madison, WI 53707	None	PC	To support general operations	6,500

PO Box 837 Oklahoma City, OK 73101			5	ŕ
United Way of Dane County - Madison WI PO Box 7548 Madison, WI 53707	None	PC	To support general operations	6,500
Total			▶ 3a	272,555

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
United Way of Wells County 122 Lamar Suite 118	None	PC	To support general operations	30,000

500

272,555

Bluffton, IN 46/14				
Wells County 4-H Circuit Breakers Robotics Team 1240 4-H Park Road	None	PC	To support general operations	5
DI CO TNI ACTAA		l		i

Wells County 4-H Circuit Breakers	None	PC	To support general operations	!
Robotics Team				
1240 4-H Park Road				
Bluffton, IN 46714				

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491252006019								
TY 2018 Accounting Fees Schedule								
Name: Franklin Electric Charitable & Educational Foundation								
EIN: 23-7399324								
Softw	Software ID: 18007697							
Software Version: 2018v3.1								
Category	Amo	ount		vestment come	Adjusted Net Income	Disbursements for Charitable Purposes		
Accounting fees		3,100						

DLN: 93491252006019

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Software ID: 18007697

Software Version: 2018v3.1									
Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
Markle Volunteer Fire Department	150 West Sparks Street PO Box 149 Markle IN 46770	2018-11-13	2,500	To purchase life saving equipment for the new fire truck	2,500	0	7/26/2019	2019-07-26	To the knowledge of Franklin Electric Chantable & Educational Foundation, Granter, the Grantee has not diverted any portion of the funds from the above stated purpose of the grant

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491252006019			
TY 2018 Other Expenses Schedule							
Name:	Franklın Electric	c Charitable & Edu	ucational Foundat	tion			
EIN:	: 23-7399324						
Software ID:	D: 18007697						
Software Version:	Software Version: 2018v3.1						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
BANK & OTHER FEES	433			216			

efile GRAPHIC print - DO	NOT PROCESS A	As Filed Data -				DLN: 93491252006019
Schedule B		Schedu	le of Contributors	5		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	> 0		Form 990, 990-EZ, or 990-PF ov/Form990 for the latest info			2018
Name of the organizatio		ion			Employer id	lentification number
Organization type (chec	k one)				23-7399324	
organization type (onco	K one,					
Filers of:	Section:					
Form 990 or 990-EZ						
	☐ 4947(a)(1) n	nonexempt char	itable trust not treated as a	a private foundat	tion	
	☐ 527 political	organization				
Form 990-PF	✓ 501(c)(3) ex	empt private fo	undation			
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation						
			PF that received, during the omplete Parts I and II See			
Special Rules						
under sections 50 received from any	9(a)(1) and 170(b)(1)	(A)(vı), that che ng the year, tota	g Form 990 or 990-EZ that cked Schedule A (Form 99 al contributions of the great olete Parts I and II	0 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that
during the year, to	otal contributions of m	ore than \$1,000	or (10) filing Form 990 or 9 exclusively for religious, c animals Complete Parts I,	haritable, scient		
during the year, c If this box is chec purpose Don't co	ontributions <i>exclusive</i> ked, enter here the tot mplete any of the part	ly for religious, ital contributions ts unless the G e	or (10) filing Form 990 or 9 charitable, etc., purposes, I that were received during eneral Rule applies to this or more during the year.	but no such con the year for an o organization be	tributions tota e <i>xclusively</i> re cause it recei	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>
990-EZ, or 990-PF), but i	t must answer "No" o	n Part IV, line 2	le and/or the Special Rules , of its Form 990, or check t it doesn't meet the filing ro	the box on line I	H of its	
For Paperwork Reduction Action Form 990, 990-EZ, or 990		tions	Cat No 30613X	Schedu	le B (Form 990,	, 990-EZ, or 990-PF) (2018)

Name of organi Franklin Electric	zation Charitable & Educational Foundation	Employer identification 23-7399324	number
Part I	Contributors (See instructions) Use duplicate copies of Part Lif ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Franklin Electric Co Inc		Person 🗸
	9255 Coverdale Rd	\$ 210,000	Noncash
	Fort Wayned, IN 46809		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			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
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			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
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
		Sabadula B /E	orm 990 990-E7 or 990-DE\ /2018\

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2018)		Page 3		
Name of organization	on table & Educational Foundation	Employer identification number			
	table & Educational Foundation	23-73	99324		
Part II	Noncash Property				
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (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		
<u> </u> =					
(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		
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)