Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

▶Go to www.irs.gov/Form990PF for instructions and the latest information.

beginning , and ending

Open to Public Inspection

	For	calen	dar year 2018 or tax year beginning	and ending				
			undation			A Empl	oyer identification number	
	Ţ	HE	HAUGHEY FAMILY FOUNDATION,	INC.				
	<u>(C</u>	/Ò	BURT BLEE DIXON SUTTON & BL	OOM		82	-1123287	
			d street (or P O box number if mail is not delivered to street address)	Ro	oom/suite		hone number (see instruction	ens)
			E MAIN ST, SUITE 1000			260	0-426-1300	
			n, state or province, country, and ZIP or foreign postal code			C If exe	mption application is pendin	g, check here
			WAYNE IN 46802					· _
	G	Check	all that apply 🔀 Initial return 🔲 Initial retu	irn of a former public o	charity	D 1. Fo	oreign organizations, check h	nere 🕨 📘
			Final return Amended	I return		2. Fo	oreign organizations meeting	the
			Address change Name cha	ange		85	5% test, check here and atta	ch computation
	H C	heck	type of organization X Section 501(c)(3) exempt priva	te foundation	$\Delta \Pi$	E Ifonv	ate foundation status was te	minated under
	_		1 4947(a)(1) nonexempt charitable trust Other taxab		09		on 507(b)(1)(A), check here	▶ _
			ket value of all assets at J Accounting method		rual «	F If the	foundation is in a 60-month	termination
			ear (from Part II, col (c), Other (specify)				section 507(b)(1)(B), check	. 1
		ie 16)		t he on cash hasis)				
	17 mm - mm / 1		Analysis of Revenue and Expenses (The total of	(a) Revenue and	I			(d) Disbursements
			amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net income	for chantable
			the amounts in column (a) (see instructions))	books	incoi		mome	purposes (cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)	6,734,729	at mercanional at			Laborator di contra di vivi
4	4	2	Check ► I if the foundation is not required to attach Sch. I					
_	_	3	Interest on savings and temporary cash investments					
	4	4	Dividends and interest from securities	54,675		54,675		
	1	5a	Gross rents					
	a	Ь	Net rental income or (loss)					
	Revanue	6a	Net gain or /loss) from sale of assets not on line 10					
		b	Cross sales price for all assets on line 6a		en un illumpone 4. f., f., f., f., f., f., f., f., f., f.			
		7	Capital gain net income (from Part IV, line 2)			0		
	_	8	Net short-term capital gain				0	
		9	Income modifications					
		10a	Gruss sales less returns and allowances					222222222222
		b	Less Cost of goods sold	Santigation for the test of the same	agrigation progra		i Alian di Talan ang Mangalan an	Enclosed College P. H. Vill Velling D. V.
		C	Gross profit or (loss) (attach schedule)				make make a Monthook or Venderion in Franke in the William	
		11	Other income (attach schedule)		V V X V V V V V V V	N, V, M, A		
		12	Total. Add lines 1 through 11	6,789,404		4,675	0	
	<u>0</u>	13	Compensation of officers, directors, trustees, etc	0				
	Expenses	14	Other employee salaries and wages					
	be	15	Pension plans, employee benefits					
	X	16a	Legal fees (attach schedule)		,			
		ь	Accounting fees (attach schedule)		, ,	–		
	.≑	C	Other professional fees (attach schedule)		,	•		
	Ţ.	17	Interest RECEIVED					
	is.	18	Taxes (attach schedule) (see instructions)	18i	r			
	Ē	19	Depression (attack askedula) and depletion					
2	盲	20	Occupancy DEC I 6 2019	0				Same Same and American Same Same and American
2020	_ ₹	21	Travel, conferences, and meetings					
	ָבֻ ר <u>ַ</u>	22	Printing and publications OCDEN U					
ġt.	Operating and Administrative	23	Printing and publications Other expenses (att sch) OGDEN, U					
α	Ĕ.	24	Total operating and administrative expenses.					
FEB	rat		Add lines 13 through 23	0		0	0	o
	be	25	-	0		3		0
田	Ō	25	Contributions, gifts, grants paid	0		0	0	0
Z		26	Total expenses and disbursements. Add lines 24 and 25		imim chair y-t			
Ş		27	Subtract line 26 from line 12	6,789,404				
SCANNED		a	Excess of revenue over expenses and disbursements	0,709,404	C. (1)	4,675		
S		b	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)			, , , , , ,	0	
		C	Adjusted net income (ij nedative, enter -U-)				U	

3	Part I	Balance Shareh Attached schedules and amounts in the description column	ın	Beginning of year	End o	of year
	Рап	Balance Sheets Attached schedules and amounts in the description colum 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			301,637	301,636
	2	Savings and temporary cash investments	•			
	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				-
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶			_	
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see			ŧ	•
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
		Less allowance for doubtful accounts ▶	0			
ß	8	Inventories for sale or use		•		
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments – U S and state government obligations (attach schedule)			•	
	b	Investments – corporate stock (attach schedule) SEE STMT	1		6,492,366	5,647,362
	С	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch)		•	,	
	12	Investments – mortgage loans '				
	13	Investments – other (attach schedule)			•	
	14	Land, buildings, and equipment basis			To the second section of the section of the second section of the	MALA BALLACA
		Less accumulated depreciation (attach sch.)				•
	15	Other assets (describe)		•	
	16	Total assets (to be completed by all filers – see the			,	
		instructions Also, see page 1, item !)	•	0	6,794,003	5,948,998
	17	Accounts payable and accrued expenses .			,	
	18	Grants payable '				
ies	19	Deferred revenue 1			•	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
iab	21	Mortgages and other notes payable (attach schedule)		•		
Γ	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)		· 0	0	
•		Foundations that follow SFAS 117, check here	X	4 1		
ces		and complete lines 24 through 26, and lines 30 and 31.				
		Unrestricted			6,794,003	
3al	25	Temporarily restricted				
Net Assets or Fund Balar	26	Permanently restricted -				
n		Foundations that do not follow SFAS 117, check here	▶ □			
ř		and complete lines 27 through 31				
S	27	Capital stock, trust principal, or current funds				
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund .				
Asi	29	Retained earnings, accumulated income, endowment, or other funds			•	
et,	30	Total net assets or fund balances (see instructions)		0	6,794,003	
₹	3/1	Total liabilities and net assets/fund balances (see				
ال		instructions)		· _ 0	6,794,003	
	Part I	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
1	Total	net assets or fund balances at beginning of year – Part II, column (a), lin	e 30 (r	nust agree with	_,.	
	end-d	of-year figure reported on prior year's return)			1	0
		r amount from Part I, line 27a	_		2	6,789,404
3	Othe	r increases not included in line 2 (itemize) ► SEE STATEMENT	2	•	3	4,599
4	Add I	lines 1, 2, and 3			_4_	6,794,003
		eases not included in line 2 (itemize) ▶		•	5_	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) – Part II,	columr	n (b), line 30	6	6,794,003

Part IV Capital Gains	and Losses for Tax on Invest	tment Income	· - · · · · · · · · · · · · · · · · · ·		
	the kind(s) of property sold (for example, real estatements, or common stock, 200 shs MLC Co)	te,	(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A					
_b					
<u>c</u>					
_ d					
_e					
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale					in or (loss) (f) minus (g))
a					
b					
_ c					
_ d					
<u>e</u>					
Complete only for assets show	ng gain in column (h) and owned by the	e foundation on 12/3	1/69		o! (h) gain minus
(ı) FMV as of 12/31/69	(J) Adjusted basis as of 12/31/69		s of col (i) (j), if any	1 ' ' '	ot less than -0-) or from col (h))
_a					
<u>b</u>		_			
<u>c</u>		1			
<u>d</u>					
е	L	<u> </u>			
2 Capital gain net income or (net	capital loss) If gain, also enter ii			2	
	oss) as defined in sections 1222(5) and				
_	8, column (c) See instructions If (loss)), enter -0- ın			
Part I, line 8				3	
	Inder Section 4940(e) for Red			ncome	
(For optional use by domestic private	te foundations subject to the section 49	940(a) tax on net inve	estment income)		
If section 4940(d)(2) applies, leave	this part blank.				N/A
Was the foundation liable for the se	ction 4942 tax on the distributable amo	unt of any year in the	e hase period?		Yes No
	lify under section 4940(e) Do not comp		e base periou		163 140
	each column for each year, see the in	•	king any entries		
(a)		Structions before ma			(d)
Base penod years Calendar year (or tax year beginning i	(b) Adjusted qualifying distribution	ns Net value	(c) of nonchantable-use asso		stribution ratio divided by col (c))
2017					•
2016					
2015					
2014					
2013					
2 Total of line 1 column (d)				2	
2 Total of line 1, column (d) 3 Average distribution ratio for the	e 5-year base period – divide the total o	on line 2 by 5.0, or by	,	-	
_	tion has been in existence if less than 5	• •	•	3	
the number of years the foundar	ion has been in existence inless than s	o years			
4 Enter the net value of noncharita	able-use assets for 2018 from Part X, I	ine 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment inco	ume (1% of Part L line 27h)			6	
	1116 (1 70 OI Fait I, IIII 6 2 7 O)				
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from	m Part XII, line 4			8	
If line 8 is equal to or greater that	an line 7, check the box in Part VI, line	1b, and complete tha	at part using a 1% ta		
Part VI instructions			_		5 000-DE (004)

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1,200 Form 990-PF (2018)

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Form **990-PF** (2018)

₽P.	art VII-A Statements Regarding Activities (continued)	•		
		3333	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	↓	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		İ	
	person had advisory privileges? If "Yes," attach statement See instructions	12	└	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	Ь.
	Website address ► N/A			
14	The books are in care of ▶ JESSICA OGLE Telephone no ▶ 260-	123-	.24]	L 4
	. 9921 DUPONT CIRCLE DRIVE WEST	_		
	Located at ▶ FORT WAYNE IN ZIP+4 ▶ 4682	2		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here		٠	> [
4.0	and enter the amount of tax-exempt interest received or accrued during the year			T No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	16	Yes	No.
	over a bank, securities, or other financial account in a foreign country?	10		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
N D	the foreign country ► art VII B Statements Regarding Activities for Which Form 4720 May Be Required	• percenting	Par Serdierde	1 323530
1942. I A	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)		300	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
•	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	3 55		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	n 20-20-cc	- 1960/1600
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018? N/A	1c		a territarii
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? Yes X No			
b	If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions) N/A	2b	APPEN SERVICE	
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				
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
•	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018) N/A	3b	<u> </u>	1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	- TAN 00.70	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		les :	

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

orn	n 990-PF (2018) THE HAUGHEY FA						Pa	ige 6
P	art VIIB Statements Regarding	Activities for Which Fo	rm 4720 May B	e Required (continued)	Section 20		
5a	During the year did the foundation pay or in-					26.00	Yes	No
	(1) Carry on propaganda, or otherwise atter				Yes X No			
	(2) Influence the outcome of any specific pu	iblic election (see section 4955),	or to carry on,		<u></u>			
	directly or indirectly, any voter registration	on drive?		. 📙	Yes X No			
	(3) Provide a grant to an individual for trave	l, study, or other similar purpose	s ⁷		Yes X No			
	(4) Provide a grant to an organization other	than a charitable, etc , organizat	ion described in					
	section 4945(d)(4)(A)? See instructions				Yes X No			
	(5) Provide for any purpose other than relig	ous, charitable, scientific, literary	, or educational		_			
	purposes, or for the prevention of cruelty	to children or animals?			Yes X No			
b	If any answer is "Yes" to 5a(1)-(5), did any	of the transactions fail to qualify i	under the exception	s described in				
	Regulations section 53 4945 or in a current	notice regarding disaster assista	nce? See instruction	ns	N/A	5b		
	Organizations relying on a current notice reg	garding disaster assistance, chec	k here		▶ □			
С	If the answer is "Yes" to question 5a(4), doe	s the foundation claim exemption	from the tax					
	because it maintained expenditure responsi			N/A	Yes No			
	If "Yes," attach the statement required by Re			_	_			
6a	Did the foundation, during the year, receive	· ·	o pay premiums					
	on a personal benefit contract?				Yes X No			
b	Did the foundation, during the year, pay pre-	miums, directly or indirectly, on a	personal benefit co	ontract?		6b		X
	If "Yes" to 6b, file Form 8870						988	2005
7a	At any time during the tax year, was the four	ndation a party to a prohibited ta	x shelter transaction	12	Yes X No			
b	If "Yes," did the foundation receive any proc	· · ·		_	N/A	7b		
8	Is the foundation subject to the section 4960	-		_	_			
	remuneration or excess parachute payment		. , .		Yes X No			
Pa	art VIII Information About Offic	ers. Directors. Trustees.	Foundation M	anagers, Hig	hly Paid Em	olove	es.	
					3····			
-	and Contractors			,	,, ,	,	,	
	and Contractors		compensation. Se	e instructions.	(d) Contributions to	<u> </u>		
	and Contractors	undation managers and their o	(b) Title, and average hours per week	e instructions. (c) Compensation (If not paid,	·	(e) Ex	pense ac	
	and Contractors _ist all officers, directors, trustees, and fo	undation managers and their o	(b) Title, and average	e instructions.	(d) Contributions to employee benefit	(e) Ex	pense ac	
1 1	and Contractors _ist all officers, directors, trustees, and fo	undation managers and their o	(b) Title, and average hours per week	e instructions. (c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense ac	
1 I	and Contractors List all officers, directors, trustees, and fo (a) Name and addres	undation managers and their o	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expothe	pense ac	
1 I	and Contractors List all officers, directors, trustees, and fo (a) Name and addres ARK WESTERHOUSEN	undation managers and their o	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expothe	pense ac	ices
М2 20 JE	and Contractors List all officers, directors, trustees, and fo (a) Name and addres ARK WESTERHOUSEN 00 E MAIN STREET, SUITE 1000	undation managers and their of s s FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exported	pense ac	ices
1 L 20 JE 20	and Contractors List all officers, directors, trustees, and fo (a) Name and addres ARK WESTERHOUSEN O E MAIN STREET, SUITE 1000 SSICA OGLE	undation managers and their of states of the	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exported	pense ac	o O
1 l	and Contractors List all officers, directors, trustees, and fo (a) Name and addres ARK WESTERHOUSEN (O E MAIN STREET, SUITE 1000 CSSICA OGLE (O E MAIN STREET, SUITE 1000	undation managers and their of states of the	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exported	pense ac	o O
1 l	and Contractors List all officers, directors, trustees, and fo (a) Name and addres ARK WESTERHOUSEN (D E MAIN STREET, SUITE 1000 CSSICA OGLE (D E MAIN STREET, SUITE 1000 CKE HORTON	undation managers and their of s FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE FORT WAYNE	(b) Tille, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exported	pense ac	o O
1 l	and Contractors List all officers, directors, trustees, and fo (a) Name and addres ARK WESTERHOUSEN (D E MAIN STREET, SUITE 1000 CSSICA OGLE (D E MAIN STREET, SUITE 1000 CKE HORTON	undation managers and their of s FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE FORT WAYNE	(b) Tille, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exported	pense ac	o O
1 l	and Contractors List all officers, directors, trustees, and fo (a) Name and addres LIRK WESTERHOUSEN (D) E MAIN STREET, SUITE 1000 LISSICA OGLE (D) E MAIN STREET, SUITE 1000 LIKE HORTON (D) E MAIN STREET, SUITE 1000 COMPENSATION of Five highest-paid employed	FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT 1.00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exported	pense ac	o O
1 l l 20 JE 20 MI 20	and Contractors List all officers, directors, trustees, and fo (a) Name and addres ARK WESTERHOUSEN (D) E MAIN STREET, SUITE 1000 ESSICA OGLE (D) E MAIN STREET, SUITE 1000 EKE HORTON (O) E MAIN STREET, SUITE 1000	FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT 1.00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exported	pense ac	o O
1 l l 20 JE 20 MI	and Contractors List all officers, directors, trustees, and fo (a) Name and addres ARK WESTERHOUSEN (b) E MAIN STREET, SUITE 1000 ESSICA OGLE (c) E MAIN STREET, SUITE 1000 EXE HORTON (d) E MAIN STREET, SUITE 1000 COMPENSATION OF EMAIN STREET, SUITE 1000 Compensation of five highest-paid emple "NONE."	FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT 1.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exposition of the	pense ac	0 0
1 l l 20 JE 20 MI 20	and Contractors List all officers, directors, trustees, and fo (a) Name and addres LIRK WESTERHOUSEN (D) E MAIN STREET, SUITE 1000 LISSICA OGLE (D) E MAIN STREET, SUITE 1000 LIKE HORTON (D) E MAIN STREET, SUITE 1000 COMPENSATION of Five highest-paid employed	FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT 1.00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation O O O Of none, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	0 0
1 l M20 JE 20 M1 20	and Contractors List all officers, directors, trustees, and fo (a) Name and address ARK WESTERHOUSEN (b) E MAIN STREET, SUITE 1000 ESSICA OGLE (c) E MAIN STREET, SUITE 1000 EXE HORTON (d) E MAIN STREET, SUITE 1000 Compensation of five highest-paid emple "NONE."	FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT 1.00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation O O O If none, enter (d) Contributions to employee benefit employee benefit	(e) Exp	pense ac	0 0
1 l M20 JE 20 M1 20	and Contractors List all officers, directors, trustees, and fo (a) Name and addres ARK WESTERHOUSEN (b) E MAIN STREET, SUITE 1000 ESSICA OGLE (c) E MAIN STREET, SUITE 1000 EXE HORTON (d) E MAIN STREET, SUITE 1000 COMPENSATION OF EMAIN STREET, SUITE 1000 Compensation of five highest-paid emple "NONE."	FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT 1.00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation O O O Of none, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	0 0
1 l M20 JE 20 M1 20	and Contractors List all officers, directors, trustees, and fo (a) Name and address ARK WESTERHOUSEN (b) E MAIN STREET, SUITE 1000 ESSICA OGLE (c) E MAIN STREET, SUITE 1000 EXE HORTON (d) E MAIN STREET, SUITE 1000 Compensation of five highest-paid emple "NONE."	FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT 1.00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation O O O Of none, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	0 0
1 l M20 JE 20 M1 20	and Contractors List all officers, directors, trustees, and fo (a) Name and address ARK WESTERHOUSEN (b) E MAIN STREET, SUITE 1000 ESSICA OGLE (c) E MAIN STREET, SUITE 1000 EXE HORTON (d) E MAIN STREET, SUITE 1000 Compensation of five highest-paid emple "NONE."	FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT 1.00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation O O O Of none, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	0 0
1 l M20 JE 20 M1 20	and Contractors List all officers, directors, trustees, and fo (a) Name and address ARK WESTERHOUSEN (b) E MAIN STREET, SUITE 1000 ESSICA OGLE (c) E MAIN STREET, SUITE 1000 EXE HORTON (d) E MAIN STREET, SUITE 1000 Compensation of five highest-paid emple "NONE."	FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT 1.00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation O O O Of none, enter (d) Contributions to employee benefit plans and deferred	(e) Expose	pense ac	0 0
1 l M20 JE 20 M1 20	and Contractors List all officers, directors, trustees, and fo (a) Name and address ARK WESTERHOUSEN (b) E MAIN STREET, SUITE 1000 ESSICA OGLE (c) E MAIN STREET, SUITE 1000 EXE HORTON (d) E MAIN STREET, SUITE 1000 Compensation of five highest-paid emple "NONE."	FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT 1.00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation O O O Of none, enter (d) Contributions to employee benefit plans and deferred	(e) Expose	pense ac	0 0
1 l M20 JE 20 M1 20	and Contractors List all officers, directors, trustees, and fo (a) Name and address ARK WESTERHOUSEN (b) E MAIN STREET, SUITE 1000 ESSICA OGLE (c) E MAIN STREET, SUITE 1000 EXE HORTON (d) E MAIN STREET, SUITE 1000 Compensation of five highest-paid emple "NONE."	FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802 FORT WAYNE IN 46802	(b) Title, and average hours per week devoted to position V PRES 1.00 SEC/TREAS 1.00 PRESIDENT 1.00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation O O O Of none, enter (d) Contributions to employee benefit plans and deferred	(e) Expose	pense ac	0 0

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

Form 990-PF (2018) THE HAUGHEY FAMILY FOUNDATION, INC.82-1123287		Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa and Contractors (continued)	id E	mployees, ·
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
4		
Part X B Summary of Program-Related Investments (see instructions)	1	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments See instructions 3		

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. For	reign	foundations,
	see instructions.)	-02:03:03-T	
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	5,406,960
b	Average of monthly cash balances	1b	243,486
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	5,650,446
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		_
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	5,650,446
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	84,757
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	<u>5,565,689</u>
6	Minimum investment return. Enter 5% of line 5	6	278,284
Pi	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operat	ing fo	undations
	and certain foreign organizations, check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	278,284
2a	Tax on investment income for 2018 from Part VI, line 5 2a 1,094		
b	Income tax for 2018 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	1,094 277,190
3	Distributable amount before adjustments Subtract line 2c from line 1	3	277,190
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	277,190
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	277,190
en:	Qualifying Dietyihutiana (aga instructions)		
S.F.	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	
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	
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	_ 0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	ındatıor	า
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2018)

1	Distributable amount for 2018 from Part	XI,	(a) Corpus	(b) Years pnor to 2017	(c) 2017	(d) 2018
	line 7					277,190
2	Undistributed income, if any, as of the ei	nd of 2018				
	Enter amount for 2017 only					
b	Total for prior years 20 , 20					
3	Excess distributions carryover, if any, to	2018				
_	From 2013					
	From 2014					
	From 2015					
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
4	Qualifying distributions for 2018 from Pa	rt XII,				
	line 4. ▶ \$					
	Applied to 2017, but not more than line 2					
b	Applied to undistributed income of prior	years				
	(Election required – see instructions)					
С	I reated as distributions out of corpus (E	lection		agagaga sa	nurummaannurvaalaarin maa ya	ar a ga control su co gran a granda de de proprio de constante
	required – see instructions)		N 10 4 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2			
	Applied to 2018 distributable amount					
е	Remaining amount distributed out of cor	•			vorus a stata società vivita	
5	Excess distributions carryover applied to		*****			
	(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:					
	Corpus Add lines 3f, 4c, and 4e Subtra			45 To 4 September 19 Committee of September 19	induction or transfer to	កែប្រែកពីក្រែកម្នាក់ក្រុមប្រែការបានប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រុក្សា
þ	Prior years' undistributed income Subtra	act				
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib					
	income for which a notice of deficiency h					
	been issued, or on which the section 494	42(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount – see instructions					
е	Undistributed income for 2017 Subtract	line				
	4a from line 2a. Taxable amount - see					
	instructions					
f	Undistributed income for 2018 Subtract					
	4d and 5 from line 1 This amount must	be				077 100
	distributed in 2019					277,190
7	Amounts treated as distributions out of o					
	to satisfy requirements imposed by secti					
	170(b)(1)(F) or 4942(g)(3) (Election may	be				
	required- see instructions)				CONTRACTOR OF THE STREET A	
8	Excess distributions carryover from 2013					
	applied on line 5 or line 7 (see instruction				CAGASACKAGA ZAPP	who white to the test of the
9	Excess distributions carryover to 201	19.				
	Subtract lines 7 and 8 from line 6a					
10	Analysis of line 9					
а	Excess from 2014					
h	Excess from 2015			(• joj pragojnostavija i j. j. n.		
Ċ	Excess from 2016		- Particular and the second se			
d	Excess from 2017				and the first of the second of	
е	Excess from 2018					

Form	990-PF (2018) THE HAUGHEY	FAMILY FOU	NDATION,	INC.82-11232	287	Page 10
Pa	Private Operating Fo	undations (see	instructions and	Part VII-A, questic	n 9)	
1a	If the foundation has received a ruling of	r determination letter	that it is a private op	perating		
	foundation, and the ruling is effective fo	r 2018, enter the date	of the ruling	_		
b	Check box to indicate whether the found	dation is a private ope	rating foundation de	escribed in section 49	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(6) (6.6)
	investment return from Part X for					1
	each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
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					
Pa	irt XV Supplementary Infor	mation (Comple	te this part onl	y if the foundation	n had \$5,000 or i	more in assets a
	any time during the	year – see instru	ıctions.)		1.00	
1	Information Regarding Foundation N					
а	List any managers of the foundation wh					
	before the close of any tax year (but on	ly if they have contribi	uted more than \$5,0	00) (See section 507(d)(2))	•
	N/A	<u></u> .				
b	List any managers of the foundation wh	o own 10% or more o	f the stock of a corp	oration (or an equally la	rge portion of the	
	ownership of a partnership or other enti-	ty) of which the found	ation has a 10% or g	greater interest.		
	N/A					
2	Information Regarding Contribution,	, Grant, Gift, Loan, S	cholarship, etc., P	rograms:		
	Check here ▶ ☐ If the foundation onl	y makes contributions	s to preselected char	ritable organizations and	d does not accept	
	unsolicited requests for funds If the fou	ndation makes gifts, g	grants, etc , to individ	duals or organizations u	nder other conditions	,
	complete items 2a, b, c, and d. See inst					
а	The name, address, and telephone num		of the person to who	om applications should	be addressed	
	MIKE HORTON 260-426					
	200 EAST MAIN ST, S	UITE 1000 1	FORT WAYNE	IN 46802		
b	The form in which applications should b	e submitted and infor	mation and material	s they should include		
	SEE STATEMENT 4					
С	Any submission deadlines					
	SEE STATEMENT 5			·		
d	Any restrictions or limitations on awards	s, such as by geograp	hical areas, charitab	le fields, kinds of institu	tions, or other	
	factors					
	SEE STATEMENT 6		 			

3 Grants and Contributions Paid During	the Year or Approved	for Future Payment	•	
	If recipient is an individual,	Foundation		
Recipient	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
N/A				
ı				
o				
,				
•				
,				
Total			▶ 3a	
b Approved for future payment				
N/A				
	•			
•				
Total		<u> </u>	▶ 3b	

Analysis of income-1 roddeing	Activities				
Enter gross amounts unless otherwise indicated		usiness income (b) Amount	(c) Exclusion code	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue			code		(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	54,675	
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					
7 Other investment income					
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					
с	_		<u> </u>		<u>-</u>
d	_				
e	_				
12 Subtotal Add columns (b), (d), and (e)	14.144.03	0		54,675	
13 Total. Add line 12, columns (b), (d), and (e)				13	54,675
See worksheet in line 13 instructions to verify calculations)	- <u>-</u> -			- <u> </u>	·
Part XVI:B Relationship of Activities to th					
Line No. Explain below how each activity for which incomplishment of the foundation's exempt p					
N/A			_		
					
			_		
					
					
				-	
				·-	
	-				
	 (<u> </u>			
	·				
			<u></u>		
					<u>-</u>

orm 990	• PF (20-	ia) THE HAUG	HEY FA	MILY FOUN	DATION,	INC.82-11	.23287		Page 13
Part)		Information Reg	jarding T	ransfers To a	nd Transacti	ons and Rela	tionships With N	Noncharitabl	e Exempt
ın s	the orga	Organizations anization directly or income of the organization directly or income of the organization of t		-		_			Yes No
a Tra (1)		om the reporting foun	dation to a r	noncharitable exer	mpt organization	of		1a(1) 1a(2)	X
(1) (2)	Purcha	f assets to a noncharr ses of assets from a n	oncharitable	e exempt organiza	tion			1b(1) 1b(2)	X
(4) (5)	Reimbu Loans d	of facilities, equipment irsement arrangement or loan guarantees nance of services or m	rs.		citations			1b(3) 1b(4) 1b(5) 1b(6)	X
c Sha	aring of f	facilities, equipment, ner to any of the above goods, other assets,	nailing lists, is "Yes," co	other assets, or particular or	aid employees ng schedule Colu			1c rket	X
valu (a) Lin		transaction or sharin		ent, show in colunt of noncharitable exem			assets, or services re		ments
des	cribed in	lation directly or indire a section 501(c) (other aplete the following so	than sectio	<u>-</u>	-	x-exempt organiza	ations	Y	es X No
N/F		Name of organization		(b) Type of o	rganization		(c) Description of relat	lionship	
Sign lere	correct, a	nalities of perjury, I declare the declaration of many lates and the declaration of the d	nat I have exampreparer (other	Inned this return, include than taxpayer) is base	ing accompanying solid on all information of	hedules and statements f which preparer has an	y knowledge M w Sc PRESIDEN	ay the IRS discuss this the preparer shown ee instructions	return
		pe preparer's name			Preparer's signatur	e	Title	Date	Check if self-employed

JESSICA R. OGLE, CPA

DULIN, WARD & DEWALD, INC.
9921 DUPONT CIRCLE DR W #300

IN

46825-1610

12/11/19

Firm's EIN ► 35-1344820

P00233727

260-423-2414

Paid

Preparer

Use Only

JESSICA R. OGLE, CPA

FORT WAYNE,

Firm's name

Firm's address ▶

Statement 1 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
AMERICAN AIRLS GROUP INCORPORATED		৵	57,909	COST	৵	47,716
DOWDUPONT			289,893	COST	•	220,658
GLASOSMITHKLINE PLCS			39,620	COST		38,210
JPMORGAN CHASE			1,292,525	COST		1,105,839
JOHNSON & JOHNSON			435,968	COST		412,960
LINCOLN NATL CORPORATION			527,120	COST		410,480
MARATHON PETE			168,050	COST		118,020
PPG INDUSTRIES			890,960	COST		817,840
PEPSICO			337,470	COST		331,440
PROCTOR & GAMBLE CO			646,600	COST		716,976
SOUTHWEST AIRLS COMPANY			1,344,503	COST		1,021,119
TRAVELERS COMPANIES INCORPORATED			398,250	COST		359,250
TOTAL	\$	တ	6,492,366	-	ဟ ျ	5,647,362
	•					

82-1123287 Federal Statements

12/11/2019 11.10 AIVI

82-1123287

FYE: 12/31/2018

Statement 2 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 Amount
COST BASIS ADJUSTMENT	\$ 4,599
TOTAL	\$ 4,599

Federal Statements

FYE: 12/31/2018 82-1123287

Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name

Address

City, State, Zip

KENNETH M HAUGHEY ESTATE 200 EAST MAIN ST, SUITE 1000

FORT WAYNE IN 46802

82-1123287.

Federal Statements

FYE: 12/31/2018

Statement 4 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

N/A. THE FOUNDATION'S BOARD OF DIRECTORS WILL DETERMINE THE RECEIPIENTS OF GRANTS BASED ON THE AREAS OF INTEREST INCLUDED IN AWARD RESTRICTIONS AND LIMITATIONS, LINE 2(D) BELOW.

Statement 5 - Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

N/A. THE FOUNDATION'S BOARD OF DIRECTORS WILL DETERMINE THE RECEIPIENTS OF GRANTS BASED ON THE AREAS OF INTEREST INCLUDED IN AWARD RESTRICTIONS AND LIMITATIONS, LINE 2 (D) BELOW.

Statement 6 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

THE FOUNDATION WAS FORMED PRIMARILY TO IDENTIFY ACTIVITIES OF WHICH THE HAUGHEY FAMILY HAVE HAD AN INTEREST AND CONCERN INCLUDING, WITHOUT LIMITING THE FOREGOING, EDUCATION, ANIMAL CARE AND RIGHTS, GOLF ORGANIZATIONS THAT INSTILL POSITIVE CHARACTER TRAITS IN DISADVANTAGED AND MINORITY YOUTH, AND THE CARE OF THE HOMELESS AND DISADVANTAGED, AND TO SUPPORT ANY SUCH ACTIVITIES THROUGH THE DISTRIBUTION OF GIFTS TO ENTITIES ASSOCIATED THEREWITH THAT QUALIFY AS EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO SECTION 501(C)(3) OF THE CODE. BEFORE MAKING ANY GRANTS, THE FOUNDATION WILL VERIFY THAT THE GRANTEE IS IDENTIFIED IN IRS PUBLICATION 78 AS EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO CODE SECTION 501(C)(3).

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2018

Name of the organization

THE HAUGHEY FAMILY FOUNDATION, INC. C/O BURT BLEE DIXON SUTTON & BLOOM

Employer identification number

82-1123287

Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of(1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions ▶ \$ totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

THE HAUGHEY FAMILY FOUNDATION, INC.

Employer identification number 82-1123287

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	KENNETHN M HAUGHEY ESTATE 200 E MAIN ST, STE 1000 FORT WAYNE IN 46802	\$ 6,734,728	Person X Payroll 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	
140.	Name, address, and 217 + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
110.	· ·	\$	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)	

THE HAUGHEY FAMILY FOUNDATION, INC.

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Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I **EQUITIES** 1 08/27/18 6,487,767 (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I \$ (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions) Part I \$ (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given Part I (See instructions) \$ (c) (a) No. (d) FMV (or estimate) from **Date received** Description of noncash property given (See instructions) Part I \$ (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I \$