2949105403820

## **Return of Private Foundation**

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

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.

Open to Public Inspection

F	or ca	alend	dar year 2018 or tax year beginning $07/24/18$ ,	and ending $12/3$	31/18				
	Name	of fou	undation 🗡			A Emp	loyer identification number		
			LA FAMILY CHARITABLE FOUNDAT	ION					
_		IN			<del></del>		-1402251		
			d street (or P O box number if mail is not delivered to street address) PALAIS CIRCLE	,   R	com/suite		phone number (see instruction	s)	
_			I, state or province, country, and ZIP or foreign postal code	l		31	7-557-5432		
_			ANAPOLIS IN 46278			C If exe	emption application is pending,	, check here	► X
G	Ch	eck a	all that apply X Initial return Initial retu	rn of a former public o	harity	D 1 F	oreign organizations, check he	are	▶ □
. 1			Final return Amended	return	•	2 F	oreign organizations meeting (	the	_
$\tilde{\mu}_0$			Address change Name cha	ange			5% test, check here and attack		<b>▶</b> □
€0-	Ch	eck t	type of organization X Section 501(c)(3) exempt private	e foundation		F If one	rate foundation status was tem	minated under	_
UR			——————————————————————————————————————	le private foundation			on 507(b)(1)(A), check here	minated arrace	<b>▶</b> □
100			ket value of all assets at J Accounting method		 crual	F If the	foundation is in a 60-month te	ermination	
	end	of y	ear (from Part II, col (c), Other (specify)			l	r section 507(b)(1)(B), check h		<b>▶</b> □
	line	16)	▶ \$ 14,035 (Part I, column (d) must	be on cash basis)					
	Par	t I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	restment	(c) Adjusted net	(d) Disbursemer for charitable	nts
	•		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	incor		income	purposes	
_		1	Contributions, gifts, grants, etc , received (attach schedule)	15,000				(cash basis only	<u>, , , , , , , , , , , , , , , , , , , </u>
		2	Check ► if the foundation is <b>not</b> required to attach Sch B	13,000					
		3	Interest on savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·				
2,9 2019,		4	Dividends and interest from securities						
		5a	Gross rents						
	a.	b	Net rental income or (loss)						
	Ž	6a	Net gain or (loss) from sale of assets not on line 10						
	<u> </u>	b	Gross sales price for all assets on line 6a			······································			
_ (	<b>8</b>	7	Capital gain net income (from Part IV, line 2)			0			
₫,		8	Net short-term capital gain				0		*******
20		9	Income modifications						
9	1	10a	Gross sales less returns and allowances						
		b	Less Cost of goods sold						
MAR		С	Gross profit or (loss) (attach schedule)						
Œ	1	11	Other income (attach schedule)					111	
		12	Total. Add lines 1 through 11	15,000		0	0		
CANNED	1 مِ	13	Compensation of officers, directors, trustees, etc	0					
Z	Sasuad	14	Other employee salaries and wages						
3	<u>ا</u> ا	15	Pension plans, employee benefits						
<i>'</i> ^ '	J 1	16a	Legal fees (attach schedule)		ļ				
	ן פ	b	Accounting fees (attach schedule)						
	<u> </u>	С	Other professional fees (attach schedule)						
į	<u> </u>	17		CEIVED					
	<u>"</u>   1	18	Taxes (attach schedule) (see instructions)	28	ļ				
ï	<b>■</b>   1	19	Depreciation (attach schedule) and depletion Occupancy	1 5 2019 S	ļ				
~		20	7 1					<del></del>	
7	2   2	21	Travel, conferences, and meetings		ļ			<del></del>	
	ē   2	22 23		DEN, UT	-				
	<u> </u>	:3 24	Other expenses (att sch.) STMT T  Total operating and administrative expenses.						
•	<u> </u>	.~	Add lines 13 through 23	600		0	o		0
Š	ן ב	25	Contributions, gifts, grants paid SEE STATEMENT 2	365					365
Č		:5 !6	Total expenses and disbursements. Add lines 24 and 25	965	<del></del>	0	0		365
_	_	. <del>0</del> 27	Subtract line 26 from line 12	203			0		
	*		Excess of revenue over expenses and disbursements	14,035					
			Net investment income (if negative, enter -0-)			0			
			Adjusted net income (if negative, enter -0-)				0		

Part I	-PF (2018) SHUKLA FAMILY CHARITABLE FOUNDA  Balance Sheets Attached schedules and amounts in the description column		DN 83-140225  Beginning of year	End of	year Page 2
r art r	should be for end-of-year amounts only (See instructions )		(a) Book Value	(b) Book Value	(c) Fair Market Value
٠,1	Cash – non-interest-bearing				
2	Savings and temporary cash investments	ſ		14,035	14,035
3	Accounts receivable ▶				
	Less allowance for doubtful accounts ▶	ĺ			
4	Pledges receivable ▶				
	Less allowance for doubtful accounts ▶				
5	Grants receivable	ſ			
6	Receivables due from officers, directors, trustees, and other	ſ			
	disqualified persons (attach schedule) (see				
	instructions)				
7	Other notes and loans receivable (att. schedule)				
	Less allowance for doubtful accounts ▶	0		ĺ	
8	Inventories for sale or use	Ī			· · · · · · · · · · · · · · · · · · ·
8	Drangid aynancas and deformed sharmes				

epaid expenses and deferred charges 10a Investments – U.S. and state government obligations (attach schedule) b Investments - corporate stock (attach schedule) 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 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 I) 14,035 14,035 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ) 0 Total liabilities (add lines 17 through 22) **▶** [X] Foundations that follow SFAS 117, check here Net Assets or Fund Balances and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted 14,035 25 Temporarily restricted Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) 14,035 31 Total liabilities and net assets/fund balances (see instructions) 14,035 Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 2 14,035 3 Other increases not included in line 2 (itemize) 3

Add lines 1, 2, and 3 4 Decreases 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, column (b), line 30

Form 990-PF (2018)

6

14,035

14,035

	FAMILY CHARITABLE FOR The Losses for Tax on Investment		83-1402251	<u> </u>	Page 3
(a) List and describe to	he kind(s) of property sold (for example, real estate, rehouse, or common stock, 200 shs MLC Co )		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a N/A					
<u>b</u>					
<u>c</u>					
<u>d</u>					<u> </u>
<u>e</u>		r	J		<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	l .=-	other basis		n or (loss) f) minus (g))
a					
b					
C					
d					
Complete and for a sector of a		dation on 10/21/6	20	<del> </del>	<del></del>
Complete only for assets showing	gain in column (h) and owned by the fo				(h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		t less than -0-) or rom col (h))
a			<del></del>		
b					<del></del>
<u>c</u>					
d			·····	<del></del>	····
e			····	<del> </del>	<del> </del>
2 Capital gain net income or (net ca	ipital loss) If gain, also enter in If (loss), enter -0- in	Part I, line /		_	
Not about torm conital cars or (lea	<del>_</del>			2	
• •	s) as defined in sections 1222(5) and (6	_			
Part I, line 8	column (c) See instructions If (loss), e	anter -0- m		] 3 ]	
	der Section 4940(e) for Reduc	ed Tax on Net	Investment Inco		
	foundations subject to the section 4940				<u> </u>
	•	(4)	,		/-
section 4940(d)(2) applies, leave thi	is part blank				N/A
	ion 4942 tax on the distributable amoun under section 4940(e) Do not complet	• •	pase period?		Yes No
<u></u>	each column for each year, see the instri		ng any entries	·	
(a)		delions before making			(d)
Base period years	(b) Adjusted qualifying distributions	Net value	(c) a of noncharitable-use asse		tribution ratio divided by col. (c))
Calendar year (or tax year beginning in) 2017	, , , , , , , , , , , , , , , , , , , ,			(60) (6)	divided by cor (c)/
2016					
2015					<del></del>
2014					
2013					<del></del>
			-		
? Total of line 1, column (d)				2	
	s-year base period – divide the total on li	ine 2 by 5 0, or by			
=	on has been in existence if less than 5 years.			3	
·	·				
Enter the net value of noncharitab	ole-use assets for 2018 from Part X, line	5		4	
Multiply line 4 by line 3				5	
Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	
Add lines 5 and 6				7	
Enter qualifying distributions from	Part XII. line 4			8	_
	line 7, check the box in Part VI, line 1b,	, and complete that	part using a 1% tax i		
Part VI instructions					

Form	990-PF (2018) SHUKLA FAMILY CHARITABLE FOUNDATION 83-1402251			Pa	<u>ige 4</u>
Pa	rt.VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			,	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	<u> </u>			<u> </u>
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				_0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				0
6	Credits/Payments				
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a				
b	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)  6c				
d	Backup withholding erroneously withheld 6d 6				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached	_			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 1	1			
Pa	rt VII-A Statements Regarding Activities			1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		-	Yes	No
	participate or intervene in any political campaign?		1a		<u> </u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		١ ا		32
	instructions for the definition	•	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				x
С	Did the foundation file Form 1120-POL for this year?		1c		<u>.</u>
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation > \$ (2) On foundation managers > \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
_	on foundation managers \$		2		X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		-		
•	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	ı	X
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
4a b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		<del></del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		x
3	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
•	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	V	7	х	
8а	Enter the states to which the foundation reports or with which it is registered. See instructions.				
J.	IN				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
-	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for Part XIV If "Yes,"		1		$\gamma$
	complete Part XIV		9		<u>x</u> /
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses STMT		10	х	
	,		orm 99	0-PF	(2018)

	T				47	135 Pg
For	n 990-PF (2018) SHUKLA FAMILY CHARITABLE FOUNDATION 83-140225	1			P	age (
_ <u>P</u>	art VII-A Statements Regarding Activities (continued)					
					Yes	No
11	. At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement. See instructions			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicately Website address > N/A	ation?		13	X	
14	The books are in care of ▶ CHETAN & LEENA SHUKLA Telep	hone no	<b>▶</b> 317-5	557 -	543	2
	7312 PALAIS CIRCLE	715.4	46071	0		
45	Located at Indianapolis in	ZIP+4	► 46278	3		. س
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here		1			▶ ∟
40	and enter the amount of tax-exempt interest received or accrued during the year	▶ [	15		T.,	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority			<del></del>	Yes	No
	over a bank, securities, or other financial account in a foreign country?			16	J	Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					
	the foreign country			<u> </u>		
	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			т		
4.	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)	Г .v	X No			
	(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	□ v	X No			
	disqualified person?	Yes	7			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	<del></del>			
	(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	□ v	X No			
	the benefit or use of a disqualified person)?	Yes	MO NO			
	(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	□ v	X No			
<b>h</b>	termination of government service, if terminating within 90 days )	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regular	uons	N/A	46		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here					
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		N/A	4.	1	
2	were not corrected before the first day of the tax year beginning in 2018?		M/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	Yes	X No			
	6e, Part XIII) for tax year(s) beginning before 2018?	res	X No			
h	If "Yes," list the years > 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		N/A	25		
_	all years listed, answer "No" and attach statement – see instructions.)		H/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
3a	▶ 20 , 20 , 20 , 20  Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
va	at any time during the year?	Yes	X No			

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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

foundation had excess business holdings in 2018)

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N/A

3b

4a

	1990-PF (2018) SHUKLA FAMILY CHARITABLE FOUNDA					Р	age <b>6</b>
_ <u>P</u> a	art VII-B Statements Regarding Activities for Which Form	4720 May Be F	Required (con	tinued)			
	During the year did the foundation pay or incur any amount to					Yes	No
	. (1) Carry on propaganda, or otherwise attempt to influence legislation (section			Yes X No			
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,	_	_			•
	directly or indirectly, any voter registration drive?			Yes X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in		_			
	section 4945(d)(4)(A)? See instructions			Yes X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, o	r 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 und	er the exceptions of	lescribed in				
	Regulations section 53 4945 or in a current notice regarding disaster assistance	? See instructions		N/A	5b		
	Organizations relying on a current notice regarding disaster assistance, check h	ere		▶ 🔲			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax		_			
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes 🗌 No			
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	ay premiums	_				
	on a personal benefit contract?			Yes X No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit conti	ract?		6b		X
	If "Yes" to 6b, file Form 8870		` _	_			
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?		Yes X No			
b	If "Yes," did the foundation receive any proceeds or have any net income attribu		ction?	N/A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1	,000,000 ın	<del></del> 1	<b></b>			
	remuneration or excess parachute payment(s) during the year?			Yes X No			
Pa	rt VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,		
<del></del> -	and Contractors						
<u>1 L</u>	ist all officers, directors, trustees, and foundation managers and their comp	pensation. See ins	structions.	<del></del>			
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	/=\ Ev	pense ac	oount.
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowar	
		Covered to position		compensation	├—		
SE	E STATEMENT 3				İ		
—		<del>                                     </del>			<del> </del>		
—				ļ — —	<del> </del>		
					├		
		ļ		}			
		1	<u> </u>	L	L		
2	Compensation of five highest-paid employees (other than those included of "NONE."	on line 1 – see ins	tructions). If nor	ie, enter			
—	NONE.			L an Control to the	г		
	(a) Name and address of each ampleuse and each thee 650 000	(b) Title, and average hours per week	(a) Componenting	(d) Contributions to employee benefit	(e) Exp	oense ac	count,
	(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	othe	r allowan	nces
	NA CONTRACTOR OF THE CONTRACTO			compensation	├		
NO	N£						
		<del>                                     </del>			-		
		1					
		<del> </del>	<del></del>	<del> </del>	<del> </del>		
		1		}	1		
		<del> </del>		<u> </u>	<del>                                     </del>		
				<del> </del>	├		
Total	number of other employees paid over \$50,000			<b>_</b>	<del> </del>		
· viai	number of other employees paid over \$50,000	···			00	0.PF	0
				Fo	orm <b>99</b>	ソーアア	(2018)

Form 990-PF (2018) SHUKLA FAMILY CHARITABLE FOU	NDATION 83-1402251		Page 7
Part VIII Information About Officers, Directors, Trustees		mplo	
and Contractors (continued)			
3 . Five highest-paid independent contractors for professional services.	See instructions. If none, enter "NONE."		<del> </del>
(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
NONE			
		- 1	
•			
Total and the of other control of the control of th			
Total number of others receiving over \$50,000 for professional services		<u> </u>	
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of		Expenses
		┿	
1 N/A		]	
		Ì	
		<del></del>	
2			
		İ	
3		<del>                                     </del>	
•		1	
		1	
4			
		1	
Part IX-B Summary of Program-Related Investments (se	e instructions)	·	
Describe the two largest program-related investments made by the foundation during the tax year on lines	3 1 and 2		Amount
1 N/A			
		Ì	
_ <del></del>	<del></del>	<del> </del>	··
2			
All other program-related investments. See instructions		<del>                                     </del>	
3			

Form 990-PF (2018)

Total Add lines 1 through 3

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

Р	age	8

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreig	n found	dations,
_	see instructions )		<del></del>
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	1	
_	purposes		^
a	Average monthly fair market value of securities	1a	0 4,739
b	Average of monthly cash balances	1b	4,739
C	Fair market value of all other assets (see instructions)	1c	4,739
d	Total (add lines 1a, b, and c)	1d	4,739
е	Reduction claimed for blockage or other factors reported on lines 1a and  1c (attach detailed explanation)  1e 0		
_	•		0
2	Acquisition indebtedness applicable to line 1 assets	2	4,739
3	Subtract line 2 from line 1d	3	4,/39
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		<b>5</b> 1
_	instructions)	4	71
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	_5	4,668
6	Minimum investment return. Enter 5% of line 5	6	103
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	tounda	itions
	and certain foreign organizations, check here ▶ and do not complete this part )		102
1	Minimum investment return from Part X, line 6	1	103
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI)	ļ	
С	Add lines 2a and 2b	_2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	103
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	103
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	103
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	365
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	365
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	365
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	tion	

Form 990-PF (2018)

<u>Fo</u> rm	990-PF (2018) SHUKLA FAMILY CHARITABL	E FOUNDATION	ON 83-14022	51	
	rt XIII Undistributed Income (see instructions)			·	· · · · · · · · · · · · · · · · · · ·
		(a)	(b)	(c)	(d)
1 .	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
	line 7				103
2	Undistributed income, if any, as of the end of 2018				
	Enter amount for 2017 only				
b	Total for prior years 20 , 20 , 20	······································			
3	Excess distributions carryover, if any, to 2018				
	From 2013				
	From 2014				
С	From 2015				
d	From 2016				
_	From 2017				
	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII, line 4 > \$ 365				
	Applied to 2017, but not more than line 2a				
D	Applied to undistributed income of prior years (Election required – see instructions)				
^	Treated as distributions out of corpus (Election				
	required – see instructions)	•			
d	Applied to 2018 distributable amount				103
	Remaining amount distributed out of corpus	262			
5	Excess distributions carryover applied to 2018				
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	262			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2017 Subtract line				
	4a from line 2a Taxable amount – see				
_	instructions				
T	Undistributed income for 2018 Subtract lines				
	4d and 5 from line 1. This amount must be				0
-	distributed in 2019 Amounts treated as distributions out of corpus				
7	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				
U	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2019.				
J	Subtract lines 7 and 8 from line 6a	262			
10	Analysis of line 9				
а	Excess from 2014				
b	Excess from 2015				
c	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018 262		<u>  </u>	<u> </u>	202.75
					Form 990-PF (2018)

Form 990-PF (2018) SHUKLA FAMILY CHA			ION 83-14022	15 I	Page 1
Part XV Supplementary Information (c	<u>onti</u>	nued)			
3 Grants and Contributions Paid During	<u>the</u>	Year or Approved for	<u>or Future Payment</u>		
Recipient		If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)		or substantial contributor	recipient		
a Paid during the year EKAL VIDYALAYA FOUNDATION 100 WEST OAKS MALL HOUSTON TX 77082	OF	USA	PUBLIC	CHARITABLE	365
·					
Total				<b>▶</b> 3a	365
b Approved for future payment					
N/A					
•					
	!			<b>N</b> 25	
T . 4 - 1				<u> </u>	

Enter	gross amounts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	rogram service revenue			<del>                                      </del>		
a				ļi		
b				<del> </del> -		
C				<u> </u>		
d		ļ		<del> </del>		
e				<del>                                     </del>		
f				<b></b>		
g	3			<del> </del>		
	embership dues and assessments			<del> </del> -	<u> </u>	
	terest on savings and temporary cash investments					
	ividends and interest from securities					· · · · · · · · · · · · · · · · · · ·
	et rental income or (loss) from real estate					
a	Debt-financed property					<del></del>
b			<del></del>	<del> </del> -		
	et rental income or (loss) from personal property		<del></del>	-		·
	ther investment income					
	ain or (loss) from sales of assets other than inventory	·				
	et income or (loss) from special events			ļ		
	ross profit or (loss) from sales of inventory			ļ — -		
11 ()	ther revenue a					<del> </del>
D				-		
		-				
				<del></del>		
e 12 C.	ubtatal Add calumna (b) (d) and (a)		0		0	0
	ubtotal Add columns (b), (d), and (e)			<u> </u>	13	
					13	
	otal. Add line 12, columns (b), (d), and (e)				_	
See \	worksheet in line 13 instructions to verify calculations)	complishm	ent of Exempt P	urpose		
See v	worksheet in line 13 instructions to verify calculations )  rt XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is	s reported in c	olumn (e) of Part XVI-	A contrib	es outed importantly to the	
See ( Pa	worksheet in line 13 instructions to verify calculations.)  TREAT INTERIOR TO THE ACT OF	s reported in c	olumn (e) of Part XVI-	A contrib	es outed importantly to the	
See v	worksheet in line 13 instructions to verify calculations )  rt XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is	s reported in c	olumn (e) of Part XVI-	A contrib	es outed importantly to the	
See v	worksheet in line 13 instructions to verify calculations.)  TREAT INTERIOR TO THE ACT OF	s reported in c	olumn (e) of Part XVI-	A contrib	es outed importantly to the	
See ( Pa	worksheet in line 13 instructions to verify calculations.)  TREAT INTERIOR TO THE ACT OF	s reported in c	olumn (e) of Part XVI-	A contrib	es outed importantly to the	
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See v	worksheet in line 13 instructions to verify calculations.)  TREAT INTERIOR TO THE ACT OF	s reported in c	olumn (e) of Part XVI-	A contrib	es outed importantly to the	

Form 990-F Part XV	PF (2018) SHUKLA F III Information Reg Organizations					.402251 onships With Nor	charitable Ex		ge 13 t
1 • Did th	ne organization directly or in	directly engag	e in any of the fo	llowing with any	other organization	described		Yes	No
	ction 501(c) (other than sec		<del>-</del>		<del>-</del>				
	nizations?		,	r					
a Trans	sfers from the reporting foun	dation to a no	ncharitable exem	npt organization o	f				
<ul> <li>a Transfers from the reporting foundation to a noncharitable exempt organization of</li> <li>(1) Cash</li> </ul>									X
(2) Other assets									X
b Other transactions									
(1) Sales of assets to a noncharitable exempt organization							1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization							1b(2)		X
(3) Rental of facilities, equipment, or other assets							1b(3)		X
(4) R	(4) Reimbursement arrangements								X
(5) Le	(5) Loans or loan guarantees								X
(6) P	erformance of services or n	nembership or	fundraising solic	citations			1b(6)		X
c Sharii	ng of facilities, equipment, r	nailing lists, ot	her assets, or pa	aid employees			1c		X
d If the	answer to any of the above	is "Yes," com	plete the followin	g schedule Colu	mn (b) should alwa	ays show the fair marke	t		
	of the goods, other assets, in any transaction or sharin	_	•	_					
(a) Line n			of noncharitable exer			otion of transfers, transactions,		nts	
N/A									
-		1							
		† · · · · · · · · · · · · · · · · · · ·				·			
	<del>-   </del>	<del>                                     </del>	<del></del>						
		<b>-</b>		<del></del>					
		<del> </del>							
						<del></del>			
		<del> </del>					<del></del>		
descr	foundation directly or indirectly or indirec	r than section			e-exempt organizat	ions	Ye	s X	. No
b if Yes	s," complete the following se	chedule	(h) Tura of			(a) December of role			
N/A	(a) Name of organization		(b) Type of	organization		(c) Description of rela	ionship		
IV/A	<del>-</del>								
Lin	nder penalties of perjury, I declare t	hat I have evamin	ad this return, include	a accompanying sch	adules and statements	and to the best of my knowled	doe and helief it is true		—
	Prect, and complete Declaration of					knowledge	<del></del>		$\overline{}$
0:							ay the IRS discuss this re oth the preparer shown be		
Sign	with the pre							Yes	No
Here	~ .D	<1. I-	1 -	ا کا	11.0	<u> </u>			
	<u> </u>	<u>Shuk</u>	19		11117	PRESIDEN	<u>T</u>		
	Signature of officer or trustee			Date		Title	<del></del>		
	Print/Type preparer's name			Preparer's signatu	re o		Date	Check	ıf
Paid M	IICHAEL A. RASOR			Michae	y alle	W	2/1/19	self-em	ployed
Preparer	Firm's name ▶ L. M	. HENDE	RSON & C	OMPANY,	L/LP	PTIN	P01244	705	,
Use Only		E 96TH		00	7	Firm's EI	N ► 20-552	061	2

Form 990-PF (2018)

317-566-1000

Phone no

INDIANAPOLIS, IN 46240

## Schedule B

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

Department of the Treasury Internal Revenue Service

INC.

SHUKLA FAMILY CHARITABLE FOUNDATION

**Schedule of Contributors** 

OMB No 1545-0047

83-1402251

2018

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

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

Name of the organization

Employer identification number

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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule |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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

PAGE 1 OF 1

Page 2

Name of organization
SHUKLA FAMILY CHARITABLE FOUNDATION

Employer identification number 83 - 1402251

Pårt 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	CHETAN & LEENA SHUKLA 7312 PALAIS CIRCLE INDIANAPOLIS IN 46278	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Name, address, and an 1-4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	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)				

- 47135 SHUKLA FAMILY 0 83-1402251 FYE: 12/31/2018			tements		Page 1				
Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses									
Description									
	Total		Net Investment	Adjusted Net	Charitable Purpose				
EXPENSES	\$	\$	• \$	\$					
IRS APPLICATION		<b></b>							
TOTAL	\$	600 600 \$	0 \$	0 \$	0				
Statement 2 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants									
Amount None Description 265		FMV planation	Book Value Amount	Book Value Explanation					
Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors									
Name			Address	6					
City, State, Zip									
CHEETAN & LEENA SHUKLA			ALAIS CIRCLE S IN 46278						
Statement 4 - Form 9	90-PF, Part VIII,	Line 1 -	List of Officers,	Directors, Trus	tees, Etc.				
Name and Address	d								
	Title	Average Hours	Compensation	Benefits	Expenses				
CHETAN SHUKLA 7312 PALAIS CIRCLE	PRESIDENT	1.00	0	0	0				
INDIANAPOLIS IN 46278									
LEENA SHUKLA 7312 PALAIS CIRCLE INDIANAPOLIS IN 46278	SECRETARY/TR	1.00	0	0	0				
JANKI SHUKLA	BOARD MEMBER	1.00	0	0	0				

47135 SHUKLA FAMILY CHARITABLE FOUNDATION. **Federal Statements** 83-1402251 Page 2 FYE: 12/31/2018 Statement 4 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued) Name and Address Average Title Hours Compensation Benefits Expenses 7312 PALAIS CIRCLE INDIANAPOLIS IN 46278 DEVKI SHUKLA 0 0 BOARD MEMBER 1.00 7312 PALAIS CIRCLE INDIANAPOLIS IN 46278 JAY SHUKLA 0 BOARD MEMBER 1.00 0 7312 PALAIS CIRCLE INDIANAPOLIS IN 46278 Form 990-PF, Part XV, Line 2b - Application Format and Required Contents Description NO SPECIFIC FORM EXCEPT REQUEST SHOULD BE WRITTEN Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

APPLICATIONS ARE ACCEPTED AT ANY TIME

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

Description

NONE