Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052 2018

Department of the Treasury Internal Revenue Service

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For	calend	dar year 2018 or tax year beginning $10/01/18$,	and ending 09/3	30/19				
	me of fou				A Emplo	oyer identification number		
		l Family Charitable						
_		dation Inc.				-2033546		
		d street (or P O box number if mail is not delivered to street address)	R	oom/suite		none number (see instructions)	1	
		Counselors Row RM/STE 150 state or province, country, and ZIP or foreign postal code			31	<u>7-575-8804</u>		=
		anapolis IN 46240			C If exer	mption application is pending, o	check here	\sqcup
			irn of a former public ch	arity	D 1 Fo	reign organizations, check her	e ▶	\Box
•	JIICCK E	Final return Amended	•	ant,		-	·	_
		Address change Name ch			i .	reign organizations meeting th % test, check here and attach	1	П
				. (-			
$\overline{}$		type of organization X Section 501(c)(3) exempt private		ρ_G	1	ite foundation status was term n 507(b)(1)(A), check here	inated under	П
			le private foundation Cash X Acc		1			
		rket value of all assets at J Accounting method	Cash X Acc	rual	1	oundation is in a 60-month ten section 507(b)(1)(B), check he	_	П
	•	ear (from Part II, col (c), 705, 906 (Part I, column (d) must	h h		unda.	300.001.007 (2)(1)(2); 0.1001.110		ш
	ne 16) l			1	<u> </u>		(d) Disbursements	—
	art I_	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net income	for chantable purposes	
		the amounts in column (a) (see instructions))	books	irico	IIId	mome	(cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	2,867			_		_{
堑	2	Check ▶ X if the foundation is not required to attach Sch B		_				
₹	3	Interest on savings and temporary cash investments	117		117			_1
数60 2	4	Dividends and interest from securities	23,087		23,087		<u>. </u>	
	5a	Gross rents						
Z •	b	Net rental income or (loss)						
SCANNED JUN Revenue	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	5,411					_!
	b	Gross sales price for all assets on line 6a 44,043	3					_!
	7	Capital gain net income (from Part IV, line 2)			9,043			_!
	8	Net short-term capital gain				0		
3	9	Income modifications					_	-#
Ď	10a	Gross sales less returns and allowances	 -	<u></u>				-}
	b	Less Cost of goods sold		 				{
	C	Gross profit or (loss) (attach schedule)		 			-	
	11	Other income (attach schedule)	31,482		32,247	0	· · · · · · · · · · · · · · · · ·	극
	12	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc	31,482	1	32,241			<u>–</u> '
es	14	Other employee salaries and wages		-				_
benses	15	Pension plans, employee benefits		-				_
be	16a	Legal fees (attach schedule) See Stmt 2	1,541					_
Щ	b	Accounting fees (attach schedule) Stmt 3	1,400					_
Š	C	Other professional fees (attach schedule)						_
₩.	17	Interest						_
<u>#</u>	18	Taxes (attach schedule) (see instructions) Stmt 4	703					_
8=	19	Depreciation (attach schedule) and depletion						_[
器	20	Occupancy						
₩	21	Travel, conferences, and meetings						
anc	22	Printing and publications						_
ַ סַ	23	Other expenses (att sch) Stmt 5	89	ļ	89			_
1 1	24	Total operating and administrative expenses.				_		_
, i		Add lines 13 through 23 RECEIVED	3,733		89	0		0
Po	25	Contributions, grits, grants pald	50,268	ļ			50,26	_
Operating and Administrative Ex	26	Total expenses and disbursements. Add lines 24 and 25	54,001		89	0	50,26	<u>ا مر</u>
ž	27	Subtract line 26 from line 12 EB 0 5 2020	20 510			-		
	a	Excess of revenue over expenses and disbursements	-22,519		22 150			
	b	Net investment income (if negative venter 101)		 	32,158	0		-
		Adjusted net income (if-negative; enter=0-)	<u> </u>	L				

Part II Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
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	409	196	401
2 Savings and temporary cash investments	38,731	35,250	35,250
3 Accounts receivable ▶			
Less allowance for doubtful accounts ▶			
4 Pledges receivable ▶		<u> </u>	
Less allowance for doubtful accounts ▶			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons (attach schedule) (see			
instructions)			
7 Other notes and loans receivable (att. schedule) ▶			
Less allowance for doubtful accounts ▶ 0			
8 Inventones for sale or use			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments – U S and state government obligations (attach schedule)			
10a Investments – U S and state government obligations (attach schedule)			
b Investments – corporate stock (attach schedule) See Stmt 6	580,874	562,049	670,255
c 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)	620,014	597,495	705,906
17 Accounts payable and accrued expenses			
18 Grants payable		_	1
19 Deferred revenue			
19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule)			
21 Mortgages and other notes payable (attach schedule)			
22 Other liabilities (describe >		_	
23 Total liabilities (add lines 17 through 22)	0	0	İ
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26, and lines 30 and 31.			<u>'</u>
24 Unrestricted			,
Temporarily restricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 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) Total liabilities and net assets/fund balances (see			İ
26 Permanently restricted			,
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds			
28 Paid-in or capital surplus, or land, bldg, and equipment fund			ł
29 Retained earnings, accumulated income, endowment, or other funds	620,014	597,495	
Total net assets or fund balances (see instructions)	620,014	597,495	
Total liabilities and net assets/fund balances (see		_	1
instructions)	620,014	597,495	
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 (mus	t agree with		
end-of-year figure reported on pnor year's return)		1	620,014
2 Enter amount from Part I, line 27a		2	-22,519
3 Other increases not included in line 2 (itemize) ▶		3	
4 Add lines 1, 2, and 3		4	597,495
5 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	6	597,495

Part I	V Capital Gains a	nd Losses for Tax on Investme	nt Income					
		e the kind(s) of property sold (for example, real estate, varehouse, or common stock, 200 shs MLC Co)			(b) How acquired P – Purchase D – Donation		Date acquired no , day, yr)	(d) Date sold (mo , day, yr)
1a F	ranklin Rising	Dividends						
b I	vy Asset Strat	egy						
	ransamerica Mu					_		
	empleton Globa		_,					
<u>e</u> F :	ranklin Temple	ton Growth						<u></u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		g) Cost or o plus expen	other basis se of sale			or (loss)) minus (g))
а	4,084							4,084
b	4,634							4,634
С								
d		<u> </u>						
e	325	<u> </u>						325
Comp	olete only for assets showing	gain in column (h) and owned by the four	ndation on 12/	31/69			(I) Gains (Col	(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col (less than -0-) or om col (h))
a					_			4,084
b								4,634
С_								<u> </u>
<u>d</u>								
<u>e</u>								325
•	al gain net income or (net ca	If (loss), enter -0- in I		}		2		9,043
If gair		is) as defined in sections 1222(5) and (6) column (c) See instructions. If (loss), enter the column (c) see instructions.	er -0- ın	}		3		
Part V		nder Section 4940(e) for Reduc	ed Tax on	Net In	vestment Incon	ne		
Was the f		is part blank ion 4942 tax on the distributable amount o vunder section 4940(e) Do not complete t		he base	period?			Yes X No
1 Enter	the appropriate amount in e	each column for each year, see the instruc	tions before m	naking a	ny entries			
Ci	(a) Base penod years alendar year (or tax year beginning in)			Net value	(c) of nonchantable-use assets	,		(d) nbution ratio divided by col (c))
	2017	52	,317		742,8	306		0.070432
	2016	38	,696		756,0	99		0.051178
	2015	43	,974		646,2			0.068041
	2014	43	,541	_	445,			0.097684
	2013	50	,041		886,0	035		<u>0.056477</u>
	of line 1, column (d)						2	0.343812
	_	5-year base period – divide the total on line on has been in existence if less than 5 yea		ру		-	3	0.068762
4 Enter	the net value of nonchantab	ple-use assets for 2018 from Part X, line 5				-	4	354,333
5 Multip	oly line 4 by line 3					-	5	24,365
6 Enter	1% of net investment incom	ne (1% of Part I, line 27b)				-	6	322
7 Add II	nes 5 and 6					-	7	24,687
	qualifying distributions from 8 is equal to or greater than	Part XII, line 4 line 7, check the box in Part VI, line 1b, a	nd complete th	hat part	using a 1% tax rate	See the	8	50,268
Part \	// instructions							

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Form	990-PF (2018) Steel Family Charitable 35-2033546			F	age 4
P.Pa	irt;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	_			322
	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-)		_		_ 0
3	Add lines 1 and 2				322
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	T			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	T			322
6	Credits/Payments				
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 352		•	•	1
b	Exempt foreign organizations – tax withheld at source			•	i i
С	Tax paid with application for extension of time to file (Form 8868)	1			- 1
d	Backup withholding erroneously withheld 6d	_			
7	Total credits and payments Add lines 6a through 6d				352
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				30
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 30 Refunded ▶ 11				
<u>LPa</u>	irt.VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	•		Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition		1b		_ X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	,			1 1
	published or distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				1 1
	(1) On the foundation > \$ (2) On foundation managers > \$				1 1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	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				لــــا
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		_4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				1.1
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?	N/A	6		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	 ,
8a	Enter the states to which the foundation reports or with which it is registered. See instructions 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				. لنــا
	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for Part XIV If "Yes,"	ľ			}
	complete Part XIV		9		X '
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X

Form 990-PF (2018)

l Pa	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 application?			13	X	
	Website address ▶ None					
14	The books are in care of ▶ G Donald Steel Telephoi	ne no 🕨	317-5	75-	880	4
	9265 Counselors Row					
	Located at ▶ Indianapolis IN	ZIP+4 ▶	46240)		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here					▶Ё
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 1	5			· L
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		<u> </u>		Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					
	the foreign country ▶					
l Pa	art VII-B. Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No		- 1	ı
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	•				
	disqualified person?	Yes	X No			i
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	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)?	Yes	X No			. 1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		_	Ì		. 1
	foundation agreed to make a grant to or to employ the official for a period after					. 1
	termination of government service, if terminating within 90 days)	Yes	X No		i	ı
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		_			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		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					
	were not corrected before the first day of the tax year beginning in 2018?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					. 1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			1	.	
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and		_		- 1	
	6e, Part XIII) for tax year(s) beginning before 2018?	Yes	X No		ĺ	. 1
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			-	{	.
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			:	.	-
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		/-			
	all years listed, answer "No" and attach statement – see instructions)		N/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					. 1
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ı				. 1
	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					. 1
	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		~ /-		<u>-</u>	
	foundation had excess business holdings in 2018)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					٠
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?			4b	O Pr	X
			F	om 99	V-F	(2018)

Pa	art VII-B Statements Rega	rding Activities for Which Fo	rm 4720 May Be Re	equired (contil	nued)			
5a	During the year did the foundation pay	or incur any amount to	<u> </u>				Yes	No
		e attempt to influence legislation (section	on 4945(e))?		res X No			
	(2) Influence the outcome of any spec	cific public election (see section 4955),	or to carry on,	_	_	-		-
	directly or indirectly, any voter reg			\ \ \	res 🗓 No			!
	(3) Provide a grant to an individual for	r travel, study, or other similar purposes	37	\\	res 🗓 No			
	(4) Provide a grant to an organization	other than a charitable, etc., organizati	on described in		_			
	section 4945(d)(4)(A)? See instru			<u> </u>	res 🕱 No		:	
	(5) Provide for any purpose other tha	n religious, chantable, scientific, literary	, or educational		_			,
	purposes, or for the prevention of	cruelty to children or animals?		\ \ \	res 🔀 No	٠.		i
b	If any answer is "Yes" to 5a(1)-(5), did	i any of the transactions fail to qualify u	nder the exceptions desc	nbed in	_			;
	Regulations section 53 4945 or in a cu	ırrent notice regarding disaster assistar	nce? See instructions		N/A	5b		
	Organizations relying on a current not	ce regarding disaster assistance, chec	k here		▶ 🗌			
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax		_			. 1
	because it maintained expenditure res	ponsibility for the grant?		N/A 📗 Y	/es 🗌 No			
	If "Yes," attach the statement required	by Regulations section 53 4945-5(d)						
6a	Did the foundation, during the year, re	ceive any funds, directly or indirectly, to	pay premiums	_	_			ļ
	on a personal benefit contract?			\ \	∕es X No			
b	Did the foundation, during the year, pa	y premiums, directly or indirectly, on a	personal benefit contract	7		6b		X
	If "Yes" to 6b, file Form 8870					•	2	
7a	At any time during the tax year, was the	ne foundation a party to a prohibited tax	shelter transaction?	\ \ \	res X No			
b		y proceeds or have any net income attri		12	N/A	7b_		
8	•	1 4960 tax on payment(s) of more than	\$1,000,000 in		res X No			
	remuneration or excess parachute par					L		
Pa		Officers, Directors, Trustees	, Foundation Mana	gers, riigniy r	aid Employe	es,		
4 1	and Contractors _ist all officers, directors, trustees, a	nd foundation managers and their o	omnoneation See inst	ructions				
<u> </u>	list all officers, directors, trustees, a	ilu loutiuation managers and their c	ompensation. See mst	uctions.		T		
					(d) Contributions to	1		
	(a) Name	and address	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit		pense ac	
	(a) Name a	and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred		pense ao er allowar	
			hours per week devoted to position	(If not paid,	employee benefit			
	Donald Steel	Indpls	hours per week devoted to position President	(If not paid,	employee benefit plans and deferred	othe		
92	Donald Steel		hours per week devoted to position President 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		ices
92 Jo	Donald Steel 265 Counselors Row Whn T Steel	Indpls IN 46240	hours per week devoted to position President	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		ices
92 Jo 93	Donald Steel	Indpls IN 46240 Noblesville	hours per week devoted to position President 0.00 Secy	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o O
92 Jo 93 Er	Donald Steel 65 Counselors Row Ohn T Steel 62 Rockwood Court	Indpls IN 46240 Noblesville IN 46060	hours per week devoted to position President 0.00 Secy 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o O
92 Jo 93 Er	Donald Steel 65 Counselors Row Ohn T Steel 62 Rockwood Court 11 C R Steel	Indpls IN 46240 Noblesville IN 46060 Carmel	hours per week devoted to position President 0.00 Secy 0.00 Director	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		0 0
92 Jo 93 Er	Donald Steel 65 Counselors Row Ohn T Steel 62 Rockwood Court 11 C R Steel	Indpls IN 46240 Noblesville IN 46060 Carmel	hours per week devoted to position President 0.00 Secy 0.00 Director	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		0 0
92 Jo 93 Er	Donald Steel 65 Counselors Row Ohn T Steel 662 Rockwood Court CC R Steel 18 Madeline Lane Compensation of five highest-paid	Indpls IN 46240 Noblesville IN 46060 Carmel	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00	(If not paid, enter -0-) 0	employee benefit plans and deferred compensation	othe		0 0
92 Jo 93 Er 39	Donald Steel 65 Counselors Row hn T Steel 62 Rockwood Court cic R Steel 18 Madeline Lane	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00	(If not paid, enter -0-) 0	employee benefit plans and deferred compensation	othe		0 0
92 Jo 93 Er 39	Donald Steel 65 Counselors Row chn T Steel 62 Rockwood Court cc R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 – see instru	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation	othe	er allowar	0 0
92 Jo 93 Er 39	Donald Steel 65 Counselors Row Ohn T Steel 662 Rockwood Court CC R Steel 18 Madeline Lane Compensation of five highest-paid	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 - see instru (b) Title, and average hours per week	(If not paid, enter -0-) 0	employee benefit plans and deferred compensation Compensa	othe		O O O O O O O O O O O O O O O O O O O
922 Jo 93 Er 39	Donald Steel 65 Counselors Row The T Steel 62 Rockwood Court The R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 – see instru	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation Compensation Compensation Compensation Compensation	othe	pense ac	O O O O O O O O O O O O O O O O O O O
922 Jo 93 Er 39	Donald Steel 65 Counselors Row chn T Steel 62 Rockwood Court cc R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 - see instru (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation Compensa	othe	pense ac	O O O O O O O O O O O O O O O O O O O
922 Jo 93 Er 39	Donald Steel 65 Counselors Row The T Steel 62 Rockwood Court The R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 - see instru (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation Compensa	othe	pense ac	O O O O O O O O O O O O O O O O O O O
922 Jo 93 Er 39	Donald Steel 65 Counselors Row The T Steel 62 Rockwood Court The R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 - see instru (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation Compensa	othe	pense ac	O O O O O O O O O O O O O O O O O O O
922 Jo 93 Er 39	Donald Steel 65 Counselors Row The T Steel 62 Rockwood Court The R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 - see instru (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation Compensa	othe	pense ac	O O O O O O O O O O O O O O O O O O O
922 Jo 93 Er 39	Donald Steel 65 Counselors Row The T Steel 62 Rockwood Court The R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 - see instru (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation Compensa	othe	pense ac	O O O O O O O O O O O O O O O O O O O
922 Jo 93 Er 39	Donald Steel 65 Counselors Row The T Steel 62 Rockwood Court The R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 - see instru (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation Compensa	othe	pense ac	O O O O O O O O O O O O O O O O O O O
922 Jo 93 Er 39	Donald Steel 65 Counselors Row The T Steel 62 Rockwood Court The R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 - see instru (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation Compensa	othe	pense ac	O O O O O O O O O O O O O O O O O O O
922 Jo 93 Er 39	Donald Steel 65 Counselors Row The T Steel 62 Rockwood Court The R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 - see instru (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation Compensa	othe	pense ac	O O O O O O O O O O O O O O O O O O O
922 Jo 93 Er 39	Donald Steel 65 Counselors Row The T Steel 62 Rockwood Court The R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those include	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 - see instru (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation Compensa	othe	pense ac	O O O O O O O O O O O O O O O O O O O
92 Jo 93 Er 39	Donald Steel 65 Counselors Row The T Steel 62 Rockwood Court The R Steel 18 Madeline Lane Compensation of five highest-paid "NONE."	Indpls IN 46240 Noblesville IN 46060 Carmel IN 46033 employees (other than those includes a paid more than \$50,000	hours per week devoted to position President 0.00 Secy 0.00 Director 0.00 ed on line 1 - see instru (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation Compensa	(e) Ex other	pense ac	O O O O O O O O O O O O O O O O O O O

Fom	n 990-PF (201	8) Steel ramily Charitable	35-2033546		Page /
∄P		Information About Officers, Directors, Trustees, Foundand Contractors (continued)	dation Managers, Highly Paid En	nploy	yees,
3	Five highes	t-paid independent contractors for professional services. See instr	uctions. If none, enter "NONE."		
	•	(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
N	ONE				
• • • • • • • • • • • • • • • • • • • •	0112				
					
	-			\longrightarrow	
Tota	I number of ot	thers receiving over \$50,000 for professional services		▶	0
۱Þ	artiX-A	Summary of Direct Charitable Activities			
		our largest direct chantable activities during the tax year. Include relevant statistical information su er beneficianes served, conferences convened, research papers produced, etc	ich as the number of		Expenses
1	N/A				-,
·					
2				—	
_					
٠,				+	
3					
				\vdash	
4					
<u> </u>		D 14 1144		١	· - · · · · · · · · · · · · · · · · · ·
	artiiX:B	Summary of Program-Related Investments (see instr	uctions)	Τ_	
		est program-related investments made by the foundation during the tax year on lines 1 and 2		+-	Amount
1	N/A				
				—	
2					
			- <u> </u>	↓	
Ail	other program-relat	ted investments. See instructions			
3					

Total. Add lines 1 through 3

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

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	dations,
	see instructions)	ГТ	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	1a	341,234
a	Average monthly fair market value of securities	1b	18,495
b	Average of monthly cash balances	1c	10,495
С.	Fair market value of all other assets (see instructions)	1d	359,729
d	Total (add lines 1a, b, and c)	10	339,129
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0		
_	To (attach detailed explanation)	2	0
2	Acquisition indebtedness applicable to line 1 assets	3	359,729
3	Subtract line 2 from line 1d	3	339,129
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		E 206
	instructions)	4	5,396 354,333
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	354,333 17,717
6	Minimum investment return. Enter 5% of line 5	6	
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	ounda	tions
	and certain foreign organizations, check here ▶ and do not complete this part)		17 717
1	Minimum investment return from Part X, line 6	1	17,717
2a	Tax on investment income for 2018 from Part VI, line 5		
þ	Income tax for 2018 (This does not include the tax from Part VI)		200
С	Add lines 2a and 2b	2c	322 17,395
3	Distributable amount before adjustments Subtract line 2c from line 1	3	17,395
4	Recoveries of amounts treated as qualifying distributions	4	15.005
5	Add lines 3 and 4	5	17,395
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,		4= 00=
	line 1	7	17,395
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	Т	
' a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	50,268
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.		
2	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
		3a	
a	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)	3b	
b 4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	50,268
4	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-	30,200
5		5	322
•	Enter 1% of Part I, line 27b See instructions Adjusted qualifying distributions. Subtract line 5 from line 4	6	49,946
6	Adjusted qualifying distributions. Subtract line 5 from line 4	ــــــــــــــــــــــــــــــــــــــ	-20,040

Form 990-PF (2018)

Pa	rt XIII Undistributed Income	(see instructions)			·	<u> </u>
	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part X	Ι, [Corpus	Years pnor to 2017	2017	2018
	line 7`					17,395
2	Undistributed income, if any, as of the end	l of 2018				
а	Enter amount for 2017 only					
b	Total for pnor years 20 , 20	, 20				
3	Excess distributions carryover, if any, to 2					
а	From 2013	6,157				
b	From 2014	21,940				
С	From 2015	12,232				ļ
d	From 2016	1,356				
e	From 2017	15,879	<u></u>			
f	Total of lines 3a through e	Į	57,564			
4	Qualifying distributions for 2018 from Part	XII,				
	line 4 ▶ \$50,268					
а	Applied to 2017, but not more than line 2a	·				
b	Applied to undistributed income of prior ye	ears				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Ele	ction			,	
	required – see instructions)					1
d	Applied to 2018 distributable amount					17,395
е	Remaining amount distributed out of corp	us	32 <u>,</u> 873			
5	Excess distributions carryover applied to 2	2018				
	(If an amount appears in column (d), the s	same				,]
	amount must be shown in column (a))					
6	Enter the net total of each column as				İ	
	indicated below:					Ì
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5	90, <u>4</u> 37			i
b	Prior years' undistributed income. Subtract	:t				
	line 4b from line 2b					[
С	Enter the amount of pnor years' undistribu	ited				
	income for which a notice of deficiency ha	s				
	been issued, or on which the section 4942	2(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions					
е	Undistributed income for 2017 Subtract li	ne				
	4a from line 2a Taxable amount - see		İ			
	instructions					
f	Undistributed income for 2018 Subtract li	nes				
	4d and 5 from line 1. This amount must be	e				
	distributed in 2019					0
7	Amounts treated as distributions out of co	rpus				
	to satisfy requirements imposed by section	n				
	170(b)(1)(F) or 4942(g)(3) (Election may I	oe e				
	required—see instructions)					
8	Excess distributions carryover from 2013	not				
	applied on line 5 or line 7 (see instructions	s)	6,157			
9	Excess distributions carryover to 2019).				
	Subtract lines 7 and 8 from line 6a		84,280			
10	Analysis of line 9		-			_ [
а	Excess from 2014	21,940		•]
b	Excess from 2015	12,232				
С	Excess from 2016	1,356				
d	Excess from 2017	15,879				
е	Excess from 2018	32,873				

	01/06/2020					
_	990-PF (2018) Steel Family			35-2033		Page 1
	art XIV Private Operating For		·		9)	
1a	If the foundation has received a ruling or of			ıg ►		
	foundation, and the ruling is effective for 2	· ·	~	ad in section	4942(J)(3) or 4949	42(J)(5)
b	Check box to indicate whether the founda	Tax year	T Touridation describe	Prior 3 years	4942([)(3) 01 1,494	+2(j)(5)
2a	Enter the lesser of the adjusted net	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	income from Part I or the minimum	(4) 2010	(5) 25 11	(0)	(-/	
	investment return from Part X for					
L	each year listed				 /	
b	85% of line 2a				 /	-
С	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			<i>/</i>		
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		X			
	investment income (interest, dividends, rents, payments on	/				
	secunties 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 irt XV_I Supplementary Inform	notion (Complete	this part only if	the foundation h	ad \$5,000 or more	in accete at
		•	•	the loundation is	au \$5,000 or more	ili assets at
_	any time during the ye		uons.j			
1	Information Regarding Foundation Ma List any managers of the foundation who	-	than 20/ of the total or	antabutions recoved by	u the foundation	
а						
	before the close of any tax year (but only N/A	ir triey have contributed	i more man \$5,000) (c	see section 507(d)(2))		
	List any managers of the foundation who	own 10% or more of th	e stock of a comporation	n (or an equally large r	nortion of the	<u> </u>
b	ownership of a partnership or other entity				ortion or the	
	N/A	or which the loundation	initias a 10 % of greate	ii iiileiesi		
	Information Regarding Contribution, G	Frant Gift Loon Soh	olambin etc. Progra	· · · · · · · · · · · · · · · · · · ·		
2	Check here X If the foundation only				an not appent	
	unsolicited requests for funds. If the found					
			its, etc., to individuals	or organizations under	other conditions,	
_	Complete items 2a, b, c, and d See instru		the person to whom or	anliantions should be a	ddsonod	 -
а	The name, address, and telephone numb N/A	er or email address of	the person to whom ap	oplications should be a	aaressea	
	N/A					
_	The form in which applications should be	aubmitted and informs	tion and materials they	a phould upoludo		
b	The form in which applications should be	submitted and informa	tion and materials they	snould include		
	N/A					
С	Any submission deadlines					
	N/A		al agency of the second second	da lundo afra de d		
d	Any restrictions or limitations on awards,	such as by geographic	ai areas, charitable fiel	as, kinas of institutions	s, or otner	
	factors					
	N/A					- 000 DE
DAA						Form 990-PF (20)

Part XV · | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year Salvation Army 501 (c) 3 3100 No Meridian Street Social services 20,000 Indianapolis IN 46208 Nation Fallen Firefighter 501 (c) 3 P O Drawer 498 Foundation 8,000 Emmitsburg MD 21727 Artic Exploration Foundat POF 530 West End Avenue New York NY 10024 Earth exploration Phoenix Society 1835 Berends Dr Sw POF Grand rapids MI 49519 Burn victim treatment Kiwanis Int'l 320 No Meridian St 501 (c) 3 2,025 Indianapolis IN 46204 Service organization St Marys Child Center 501 (c) 3 901 No MLK Blvd Social services 2,000 Indianapolis IN 46202 Sigma Chi Fndn 501 (c) (3) 1714 Hinman Avenue Leadership education & training 6,000 Evanston IL 60201 DFC Gerald W Nadeau Memorial Fund PO Box 51032 501 (c) (3) New Bedford MA 02741 Restore fire apparatus for use in fi Indianapolis Foundation EOF 615 No Alabama Educational Indianapolis IN 46204 SIFMA exempt 120 Broadway New York NY 10271 Educational 50,268 Total **b** Approved for future payment N/A ▶ 3b

Total

1 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment if recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year United Way of Central Indiana exempt 3901 No Meridian St Social Services Indianapolis IN 46208 Second Presbyterian Church 7700 No Meridan St Exempt Religious Indianapolis IN 46260 St Augustines 2345 West 86th Street Exempt Religious/podr relief Indianapolis IN 46260 Hamilton County Artists Association 195 So 5th Street 5011 (c) 3 Novlesville IN 46060 Arts & artist support The Millbury Foundation 501 (c) (3) 2364 Rte 66 Delmont PA 15626 Grant maker **Brookes Place** 50 E 91st Street Ste 103 6,000 Indianapolis IN 46240 Hamilton County Firefighters Fndn 399 So. 14th Street 1,300 Support families of fallen firefight Noblesville IN 46060 Childrens Miracle Network 205 W 700 South Social support for children Salt Lake City UT 84101 Holy Spirit Catholic Church NC 7243 East 10th Street Religious worship Indianapolis IN 46219 Shepherd Community Center NC 4107 East Washington Stre Community support Indianapolis IN 46201 Total b Approved for future payment N/A **▶** 3b Total

| Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year Kenneth Strain 2328 Foundation POF 625 Allister Dr Fire prevention/Control Charlotte NC 28227 Big Brothers Big Sisters Central IN NC 2960 No Meridian St Social support for children Indianapolis IN 46208 Indiana War Memorial Foundation 7399 No Shadeland Avenue EOF Maintnenance of war memorials Indianapolis IN 46250 1,000 Little Sisters of the Poor 2345 W 86th Street Social servicees 3,000 Indianapolis IN 46260 American Diabetes 2451 Crystal Drive Arlington VA 22202 943 ▶ 3a Total b Approved for future payment N/A ▶ 3b Total

	18) Steet Family Charles			203334	<u> </u>	rage 14
Part XVI-A	Analysis of Income-Producing A	ctivities			 	
Enter gross amou	unts unless otherwise indicated	Unrelated	buşiness income	Excluded by	section 512, 513, or 514	(2)
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program sen				+	-	
a		_				
b		_				
		_				
d						
f						
g Fees and	d contracts from government agencies					
	dues and assessments					
	avings and temporary cash investments	-				117
				14	23,087	
	d interest from securities			 * 	23,007	
	come or (loss) from real estate			+		
	inced property					
b Not debt	-financed property	<u> </u>		+		
6 Net rental inc	come or (loss) from personal property					
7 Other investr	nent income					
8 Gain or (loss) from sales of assets other than inventory					5,411
9 Net income of	or (loss) from special events					
10 Gross profit of	or (loss) from sales of inventory					
	ne a					
						-
		_				
e	d columns (b), (d), and (e)			0	23,087	5,528
		L		<u> </u>	13	28,615
	ne 12, columns (b), (d), and (e)					20,013
	Relationship of Activities to the	Assamplishma	nt of Evennt B			
Part XVI-B						
Line No.	Explain below how each activity for which incom					
¥/2	accomplishment of the foundation's exempt purp	poses (other than by	providing tunds for	such purpose	es) (See instructions)	
N/A						
				-		
				-		
	-					
					.	
			·			

<u>rart</u>	VAIII	Organizations	iruing ira	ilisieis To aliu	Transaction	is and Neiationships	With Nonchan	able LAC	mpt	
1 Di	d the ora	anization directly or indire	ectly engage	in any of the follow	ring with any other	er organization described		THE STREET	Yes	No
		501(c) (other than section						400 -1		<u> </u>
or	ganızatıo	ns?								,
a Tr	ansfers f	rom the reporting founda	tion to a none	charitable exempt	organization of			<u> - %</u>	<u> </u>	
(1) Cash							1a(1)		X
(2) Other	assets						1a(2)	77.	X
b O	ther trans	sactions						<u>138.7</u>	<u> </u>	
•	•	of assets to a nonchantal	•	-				1b(1)		X
•	•	ises of assets from a nor						1b(2)		X
•	•	of facilities, equipment, of	or other asse	ts				1b(3)		X
		ursement arrangements						1b(4) 1b(5)		X
-	•	or loan guarantees	mbarabia ar f	fundrajajna aaljajtat	iono			1b(6)		X
•	•	mance of services or mei facilities, equipment, mai	-					1c		X
						(b) should always show the	e fair market			
						foundation received less t				
						e goods, other assets, or se				
	ine no	(b) Amount involved		e of nonchantable exemp			nsfers, transactions, and sha	nng arrangemer	its	
A\N										
							<u> </u>			
		 								—
		 								—
			-	_						
					<u></u>					
		dation directly or indirectl	-			empt organizations		_		3
		in section 501(c) (other th		601(c)(3)) or in sect	ion 527?			∐ Y€	es X	No
b If	"Yes," co	mplete the following scho	edule) December of colotionship			
N/	' TA	(a) Name of organization		(b) Type of o	rganization	(0) Description of relationship			
N/	<u> </u>									
		· · · · · · · · · · · · · · · · · · ·								
						ules and statements, and to the be	st of my knowledge and be	lief, it is true,		
	Correct,	and complete Declaration of pr	reparer (outer tru	taxpayer) is based of		nich preparer has any knowledge		RS discuss this re		
Sign			// //		,		with the p See instru	reparer shown be	/ow? Yes ☐	□ No
lere	١,	h ()	1 / X		Δ , Δ	092020 N E		/5		
	• -				. ((2)		resident			
	Sig	nature of officer or trustee	(b.1	JUNUAU) 5	Date	Title		· ·		
	Print/	Type preparer's name			Preparer's signature	K. Lu		Date	Check	
Paid		-1 D M			Lue	up 10. M		1 /06/20	self-em	ployed
repare	št	yl R. Martz	. R Mar	tz, CPA	1	()		1/06/20 P0039 6	702	
Jse On	ly	name ► Daryl	ox 557					35-183		
	Firm's	*	napoli		205-5791			33 153 317-54		
	I	211/42/0				-	1 Frione no	Form 95		

Federal Statements

FYE: 9/30/2019 35-2033546

1334 Steel Family Charitable

		Statement 1 - I	Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets	t I, Line 6a - Sal	le of Assets		•
De	Description		How Received				
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
Ivy Asset Strategy Fund	und	11/14/18 \$	Purchase	14.636 \$		v.	5 -4.636
Franklin High Income Fund	Fund	8/28/19	Purchase	10.427		-	7-
Franklin Rising Dividend Fund Various	dend Fund Various	1/11/19	Purchase 15,000	13, 569			12,
Total		ا ۱	35,000 \$	38,632 \$	0	\$	\$ -3,632

38,632 \$

35,000 \$

	Charitable Purpose	S.	\$
yal Fees	Adjusted Net	w.	\$
- Form 990-PF, Part I, Line 16a - Legal	Net Investment	S	\$
- Form 990-PF	Total	1,541	1,541
Statement 2		w-	v.
	Description	Legal	Total

Charitable Purpose	S.	\$
Adjusted Net		0
	တ	ςς.
Net nvestment		0
Inve	\$	w
Total	1,400	1,400
	တ	w
Description	Accounting/tax prep	Total

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

1334 Steel Family Charitable 35-2033546 FYE: 9/30/2019	Federal Statements	tatements	40		1/6/2020
	Statement 4 - Form 990-F	- Form 990-PF, Part I, Line 18	le 18 - Taxes		·
Description income/excise tax al	Total	Net Investment	ent	Adjusted Net	Charitable Purpose
Sta	Statement 5 - Form 990-PF, Pa	Part I, Line 23	- Other Expenses	nses	
Description	Total	Net Investment	ent	Adjusted Net	Charitable Purpose
enses Bank charges Total	68 8	, w	6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	0	
Statement	Statement 6 - Form 990-PF, Part II, Lin	Line 10b - Cor	Corporate Stock	Stock Investments	
Description	Beginning of Year		End of Year	Basis of Valuation	Fair Market Value
Income Fund AGE High Income	\$ 181,570	φ. 10.00 m		Cost Cost Cost	
Franklin Resources Inc Federated Investors Inc Transamerica MultiMarket	64,680 15,364 10,603	O 44 &	64,680 15,364 10,643	Cost Cost Cost	
Templeton Global Franklin Rising Dividends Ivy Asset Strategy Franklin Growth C	48,877 94,580 39,556 21,417	L 0 9 L	50,319 85,591 29,877 21,742	Cost Cost Cost	42,337 112,558 22,063 31,591
	\$ 580,874	\ \tag{\frac{1}{2}}	562,049		\$ 670,255
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