

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation BECK FOUNDATION INC		A Employer identification number 35-2052617	
Number and street (or P.O. box number if mail is not delivered to street address) 6401 E 276TH ST		B Telephone number (see instructions) (317) 984-3508	
City or town, state or province, country, and ZIP or foreign postal code ATLANTA, IN 46031		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 1,633,852		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	427,654			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	6,198	6,198		
	4 Dividends and interest from securities . . . . .	18,425	18,425		
	5a Gross rents . . . . .	24,850			
	b Net rental income or (loss) 21,578				
	6a Net gain or (loss) from sale of assets not on line 10	106,343			
	b Gross sales price for all assets on line 6a 948,837				
	7 Capital gain net income (from Part IV, line 2) . . . . .		34,006		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	7,774		7,774	
	12 Total. Add lines 1 through 11 . . . . .	591,244	58,629	7,774	
	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	600		600	
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	3,272			
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	13,950	13,688	262	
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	17,822	13,688	862	0
	25 Contributions, gifts, grants paid . . . . .	225,600			225,600
	26 Total expenses and disbursements. Add lines 24 and 25	243,422	13,688	862	225,600
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	347,822			
	b Net investment income (if negative, enter -0-)		44,941		
				6,912	

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	234,474	199,582	199,582
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	62,193		
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ 939,380 Less: accumulated depreciation (attach schedule) ▶ _____	939,380	939,380	
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	936,268	1,352,325	1,434,270
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)		28,850		
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,172,315	2,520,137	1,633,852	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	2,172,315	2,520,137	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	2,172,315	2,520,137	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	2,172,315	2,520,137		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	2,172,315
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	347,822
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	2,520,137
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	2,520,137

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; 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.)
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	34,006
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	298,750	2,122,823	0.140732
2017	367,553	2,410,158	0.152502
2016	511,502	2,778,073	0.184121
2015	341,888	2,689,699	0.127110
2014	759,650	2,871,962	0.264506

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.868971
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.173794
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	2,332,434
<b>5</b> Multiply line 4 by line 3	<b>5</b>	405,363
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	449
<b>7</b> Add lines 5 and 6	<b>7</b>	405,812
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	225,600

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	899
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2.	<b>3</b>	899
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	899
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	1,000
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	1,000
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	<b>8</b>	1
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	100
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> 100 <b>Refunded</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>(2)</b> On foundation managers.		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i>		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	Yes	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> 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?	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>IN</b>		
<b>b</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? <i>If "No," attach explanation.</i>	Yes	
<b>9</b> 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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ▶ <u>SCOTT BECK</u> Telephone no. ▶ <u>(317) 984-3508</u>			

Located at ▶ 6767 E 276TH ST ATLANTA INZIP+4 ▶ 46031

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>			
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			


**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	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 2019? . . . . . <input type="checkbox"/>	<b>1c</b>	
<b>2</b>	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)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . . <input type="checkbox"/>	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . . <input type="checkbox"/>	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	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 2019?	<b>4b</b>	<b>No</b>

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

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . 	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			
	If "Yes" to 6b, file Form 8870.			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . . 				

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ▶		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . . ▶	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	1,061,563
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	267,010
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	1,039,380
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	2,367,953
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	2,367,953
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	35,519
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	2,332,434
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	116,622

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	116,622
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	899
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	899
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	115,723
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	115,723
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	115,723

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	225,600
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	225,600
<b>5</b>	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. . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	225,600

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				115,723
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . . 617,200				
<b>b</b> From 2015. . . . . 208,701				
<b>c</b> From 2016. . . . . 373,139				
<b>d</b> From 2017. . . . . 247,389				
<b>e</b> From 2018. . . . . 193,219				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	1,639,648			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 225,600				
<b>a</b> Applied to 2018, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2019 distributable amount. . . . .				115,723
<b>e</b> Remaining amount distributed out of corpus	109,877			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,749,525			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	617,200			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	1,132,325			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . . 208,701				
<b>b</b> Excess from 2016. . . . . 373,139				
<b>c</b> Excess from 2017. . . . . 247,389				
<b>d</b> Excess from 2018. . . . . 193,219				
<b>e</b> Excess from 2019. . . . . 109,877				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  
LAWRENCE BECK  
6401 E 276TH STREET  
ATLANTA, IN 46031  
(317) 984-3508

**b** The form in which applications should be submitted and information and materials they should include:  
LETTER EXPLAINING CHARITABLE PURPOSE AND A COPY OF IRS LETTER RECOGNIZING THE ORGANIZATION AS EXEMPT UNDER SECTION 501 (C)(3)

**c** Any submission deadlines:  
NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
NONE

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	225,600
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
<b>1</b> Program service revenue:						
<b>a</b> SWEEPSTAKES			1	7,774		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> _____						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments. . . . .						
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	6,198		
<b>4</b> Dividends and interest from securities. . . . .			14	18,425		
<b>5</b> Net rental income or (loss) from real estate:						
<b>a</b> Debt-financed property. . . . .						
<b>b</b> Not debt-financed property. . . . .	531190	21,578				
<b>6</b> Net rental income or (loss) from personal property						
<b>7</b> Other investment income. . . . .						
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	34,006		72,337
<b>9</b> Net income or (loss) from special events:						
<b>10</b> Gross profit or (loss) from sales of inventory						
<b>11</b> Other revenue: <b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal. Add columns (b), (d), and (e). . .		21,578		66,403		72,337
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>			<b>160,318</b>

[illegible]

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		<b>Yes</b>	<b>No</b>
--	--	------------	-----------

--	--	--

<b>1a(1)</b>		<b>No</b>
--------------	--	-----------

<b>1a(2)</b>		<b>No</b>
--------------	--	-----------

--	--	--

<b>1b(1)</b>	<b>No</b>
--------------	-----------

<b>1b(2)</b>		<b>No</b>
--------------	--	-----------

<b>1b(3)</b>		<b>No</b>
--------------	--	-----------

<b>1b(4)</b>		<b>No</b>
--------------	--	-----------

<b>1b(5)</b>		<b>No</b>
--------------	--	-----------

<b>1b(6)</b>		<b>No</b>
--------------	--	-----------

<b>1c</b>		<b>No</b>
-----------	--	-----------

value  
ue

[illegible]

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign  
Here**

\* \* \* \* \*

2020-11-12

\*\*\*\*\*

Signature of officer or trustee

Date \_\_\_\_\_

Title

May the IRS discuss this  
return  
with the preparer shown  
below

(see instr.) ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name  JOSHUA T SICKLER CPA	Preparer's Signature	Date  2020-11-16	Check if self-employed <input type="checkbox"/>	PTIN  P01588342
Firm's name ▶ PLATINUM ACCOUNTING LLC				Firm's EIN ▶ 81-3874203
Firm's address ▶ 400 B NOBLE CREEK DR NOBLESVILLE, IN 46060				Phone no. (317) 773-1897

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LAWRENCE BECK	DIRECTOR 000.00	0	0	0
6401 E 276TH STREET ATLANTA, IN 46031				
GLENDIA BECK	DIRECTOR 000.00	0	0	0
6401 E 276TH STREET ATLANTA, IN 46031				
SCOTT BECK	TREASURER 000.00	0	0	0
6645 E 276TH STREET ATLANTA, IN 46031				
KIMBERLY MARSCHAND	DIRECTOR 000.00	0	0	0
27745 WEBSTERS PIT ROAD ATLANTA, IN 46031				
TRACEY BECK	DIRECTOR 000.00	0	0	0
913 E 550 N ROAD ALLERTON, IL 61810				
TOM DAFNOS	DIRECTOR 000.00	0	0	0
11644 HORIZON COURT FISHERS, IN 46037				
MARK DORRELL	DIRECTOR 000.00	0	0	0
5930 PROVINCETOWN CIRCLE INDIANAPOLIS, IN 46250				
SHANTEL BECK	PRESIDENT 000.00	0	0	0
6645 E 276TH ST ATLANTA, IN 46031				
TODD MARSCHAND	DIRECTOR 000.00	0	0	0
27745 WEBSTERS PIT ROAD ATLANTA, IN 46031				
ANTHONY BECK	DIRECTOR 000.00	0	0	0
913 E 550 N ROAD ALLERTON, IL 61810				
AMY CLARK	SECRETARY 000.00	0	0	0
776 N 650 W ANDERSON, IN 46011				

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMER CENTER FOR LAW & JUS P O BOX 90555 WASHINGTON, DC 20090	NONE	PUBLIC	DEFEND CONSTITUTIONAL LIBERTIES	2,000
AMERICAN CANCER SOCIETY 5635 W 96TH ST INDIANAPOLIS, IN 46278	NONE	PUBLIC	SUPPORT FOR CANCER RESEARCH	1,000
ARCADIA CHRISTIAN CHURCH 108 S OLIVE ST ARCADIA, IN 46030	NONE	PUBLIC	RELIGIOUS PROGRAMMING	2,500
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ARK CHRISTIAN CHURCH MINISTRIES 3522 N 1000 W 27 CONVERSE, IN 46919	NONE	PUBLIC	RELIGIOUS PROGRAMMING	2,500
BOYS & GIRLS CLUB - TIPTON COUNTY 341 W JEFFERSON ST TIPTON, IN 46072	NONE	PUBLIC	PROMOTE YOUTH PROGRAMS	2,000
BRIDGES OUTREACH 208 N MAIN STREET KOKOMO, IN 46901	NONE	PUBLIC	PROVIDE PROGRAMS FOR AT-RISK YOUTH	2,500
<b>Total . . . . . ▶ 3a</b>				225,600



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FAMILY LIFE TODAY5800 RANCH DR LITTLE ROCK, AR 72223	NONE	PUBLIC	PROMOTE FAMILY ACTIVITIES	5,000
FARMHOUSE FOUNDATION 7306 NW TIFFANY SPRING PARKWAY SUITE 210 KANSAS CITY, MO 64153	NONE	PUBLIC	PROMOTE YOUTH FARMING	3,000
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	NONE	PUBLIC	PROVIDE CHRISTIAN YOUTH PROGRAMMING	1,000
<b>Total . . . . . ▶ 3a</b>				225,600

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOCUS ON THE FAMILY P O BOX 2816 OMAHA, NE 68103	NONE	PUBLIC	PROMOTE FAMILY ACTIVITIES	10,000
FREEDOM INTERNATIONAL MINISTRIES P O BOX 92 NOBLESVILLE, IN 46061	NONE	PUBLIC	RELIGIOUS PROGRAMMING FOR CHILDREN	7,000
HAMILTON CO 4-H COUNCIL 2003 E PLEASANT ST NOBLESVILLE, IN 46060	NONE	PUBLIC	PROMOTE YOUTH ACTIVITIES	550
<b>Total . . . . .</b> ▶ <b>3a</b>				225,600

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HAMILTON COUNTY COMMUNITY FOUND 515 E MAIN ST CARMEL, IN 46032	NONE	PUBLIC	COMMUNITY PROJECTS IN HAMILTON CO	16,500
HAMILTON HEIGHTS EDUCATIONAL FOUNDATION410 WEST MAIN STREET ARCADIA, IN 46030	NONE	PUBLIC	PROVIDE EDUCATIONAL ASSISTANCE	5,000
HANDS OF GRACEP O BOX 404 NOBLESVILLE, IN 46061	NONE	PUBLIC	PROVIDE ASSISTANCE TO NEEDY	2,500
<b>Total . . . . .</b> ► <b>3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOPE FAMILY CARE CENTER P O BOX 713 CICERO, IN 46034	NONE	PUBLIC	PROVIDE HEALTHCARE TO UNINSURED	5,000
INDIANA LANDMARKS1201 CENRAL AVE INDIANAPOLIS, IN 46202	NONE	PUBLIC	FOR COMMUNITY PROJECTS	1,000
K-LOVEP O BOX 2098 OMAHA, NE 68103	NONE	PUBLIC	RELIGIOUS PROGRAMMING	2,000
<b>Total . . . . . ▶ 3a</b>				225,600

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KAIROS PRISON MINISTRY 6903 UNIVERSITY BLVD WINTER PARK, FL 32792	NONE	PUBLIC	RELIGIOUS PROGRAMMING	250
KOKOMO RESCUE MISSION 321 W MULBERRY ST KOKOMO, IN 46901	NONE	PUBLIC	PROVIDE ASSISTANCE TO THE HOMELESS	7,000
LCMS WORLD MISSION 1333 S KIRKWOOD ROAD ST LOUIS, MO 63122	NONE	PUBLIC	RELIGIOUS PROGRAMMING	2,000
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LUTHERAN CHILD & FAMILY SERVICES 1525 N RITTER AVE INDIANAPOLIS, IN 46219	NONE	PUBLIC	FOR ASSISTANCE TO FAMILIES	20,000
LUTHERWOOD1525 N RITTER AVE INDIANAPOLIS, IN 46219	NONE	PUBLIC	MENTAL HEALTH CARE FOR CHILDREN	5,000
MILK AND HONEY OUTREACH MINISTRIES 31 E WRIGHT STREET PENSACOLA, FL 32501	NONE	PUBIC	PROMOTE RELIGIOUS YOUTH PROGRAMS	2,500
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MISSION GUATEMALA230 E SPRUCE ST PRINCETON, IN 47670	NONE	PUBLIC	IMPROVE QUALITY OF LIFE	1,000
MOODY BIBLE INSTITUTE 1920 W 53RD ST ANDERSON, IN 46013	NONE	PUBLIC	RELIGIOUS PROGRAMMING	8,000
NARROW GATE HORSE RANCH 13205 S 200 W KOKOMO, IN 46901	NONE	PUBLIC	PROVIDE RELIGIOUS PROGRAMS FOR YOUTH	2,500
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW LIFE CHRISTIAN CHURCH 2515 E 100 N ANDERSON, IN 46012	NONE	PUBLIC	RELIGIOUS PROGRAMMING	7,000
PATRICK HENRY COLLEGE TEN PATRICK HENRY CIRCLE PURCELLVILLE, VA 20132	NONE	PUBLIC	RELIGIOUS PROGRAMMING	2,000
PURDUE UNIVERSITYSCHLEMAN HALL WEST LAFAYETTE, IN 47907	NONE	PUBLIC	AGRONOMY AWARDS	6,000
<b>Total . . . . . ▶ 3a</b>				225,600



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RIVERVIEW HEALTH FOUNDATION 395 WESTFIELD RD NOBLESVILLE, IN 46060	NONE	PUBLIC	PROMOTE HEALTH IN HAMILTON COUNTY IN	2,000
SALEM 4 YOUTH15161 N 400 EAST RD FLANAGAN, IL 61740	NONE	PUBLIC	PROMOTE RELIGIOUS YOUTH PROGRAMMING	500
SAMARITAN'S PURSE(INTL) P O BOX 3000 BOONE, NC 28607	NONE	PUBLIC	RELIGIOUS PROGRAMMING	5,000
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHELTERING WINGSP O BOX 92 DANVILLE, IN 46122	NONE	PUBLIC	FOR ASSISTANCE TO WOMEN AND CHILDREN	1,000
THE CHERISH CENTER 493 WESTFIELD RD STE C NOBLESVILLE, IN 46060	NONE	PUBLIC	PROVIDE ASSISTANCE TO CHILDREN	500
TIKKUN OLAM WOMEN'S FOUNDATION 6101 EXECUTIVE BLVD NORTH ETHESDA, MD 20852	NONE	PUBLIC	FOR ASSISTANCE TO WOMEN	3,000
<b>Total . . . . . ▶ 3a</b>				225,600

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TRUTH AT WORK 9951 CROSSPOINT BLVD SUITE 30 INDIANAPOLIS, IN 46256	NONE	PUBLIC	RELIGIOUS PROGRAMMING	5,000
WHEELER MISSION205 E NEW YORK ST INDIANAPOLIS, IN 46204	NONE	PUBLIC	PROVIDE SUPPORT FOR THE HOMELESS	5,000
AGAPE THERAPEUTIC RIDING 24970 MT PLEASANT RD CICERO, IN 46034	NONE	PUBLIC	PROVIDE ASSISTANCE TO DISABLED	800
<b>Total . . . . . ▶ 3a</b>				225,600

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALLERTON LIONS CLUB 8780 PURDUE RD INDIANAPOLIS, IN 46268	NONE	PUBLIC	PROVIDE EYEGLASSES TO NEEDY	500
BLACKBIRD MISSIONPO BOX 7176 FISHERS, IN 46038	NONE	PUBLIC	RELIGIOUS PROGRAMMING	1,000
BROOKSIDE COMMUNITY CHURCH 1035 N OLNEY ST INDIANAPOLIS, IN 46201	NONE	PUBLIC	RELIGIOUS PROGRAMMING	8,000
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BUCKINGHAM FOUNDATION 941 N MERIDIAN STREET INDIANAPOLIS, IN 46204	NONE	PUBLIC	COMMUNITY PROJECTS	1,000
BUILD A HOME INC2215 EGYPT PIKE CHILLICOTHE, OH 45601	NONE	PUBLIC	COMMUNITY PROJECTS	750
CELEBRATE LIFE INTERNATIONAL 3104 CREEKSIDE VILLAGE DR KENNESAW, GA 30144	NONE	PUBLIC	YOUTH MENTORSHIP	500
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILD EVANGELISM FELLOWSHIP 3309 W 96TH STREET INDIANAPOLIS, IN 46268	NONE	PUBLIC	RELIGIOUS PROGRAMMING	3,500
COMPASS ROSE ACADEMY5233 S 50 E WABASH, IN 46992	NONE	PUBLIC	EDUCATIONAL PROGRAMS	5,000
CRONH'S & COLITIS FOUNDATION 733 THIRD AVE NEW YORK, NY 10017	NONE	PUBLIC	MEDICAL RESEARCH	500
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CROSS AMERICA INC 8811 WEST 500 NORTH KOKOMO, IN 46901	NONE	PUBLIC	RELIGIOUS PROGRAMMING	2,500
CROSSROADS COMMUNITY CHURCH 4254 S 00 EW KOKOMO, IN 46902	NONE	PUBLIC	RELIGIOUS PROGRAMMING	500
CULTIVATE FOOD RESCUE 1403 PRAIRIE AVE SOUTH BEND, IN 46613	NONE	PUBLIC	FOOD ASSISTANCE	500
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FINISHLINE MINISTRIES2090 ROUTE 68 ZELIENOPLE, PA 16063	NONE	PUBLIC	RELIGIOUS PROGRAMMING	3,000
HAVEN OF LIGHT MINISTRIES 10428 SADDLESTONE DR FISHERS, IN 46040	NONE	PUBLIC	RELIGIOUS PROGRAMMING	1,000
HEART CHANGE MINISTRIES INC 1405 N TUXEDO STREET INDIANAPOLIS, IN 46201	NONE	PUBLIC	FAMILY SERVICES	500
<b>Total . . . . . ▶ 3a</b>				225,600



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INDIANA FAMILY INSTITUTE 3600 W 96TH STREET INDIANAPOLIS, IN 46268	NONE	PUBLIC	FAMILY OUTREACH PROGRAMS	5,500
INDIANA STATE FAIR FOUNDATION 1202 E 38TH STREET INDIANAPOLIS, IN 46205	NONE	PUBLIC	PROMOTING AGRICULTURE PROGRAMS	1,000
MEALS ON WHEELS 395 WESTFIELD ROAD NOBLESVILLE, IN 46060	NONE	PUBLIC	PROVIDING SUPPORT TO ELDERLY	2,000
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PREVAIL1100 S 9TH STREET NOBLESVILLE, IN 46060	NONE	PUBLIC	HUMAN SERVICES	2,000
SELF-HELP INTERNATIONAL 207 20TH ST NW WAVERLY, IA 50677	NONE	PUBLIC	RELIEF SERVICES	1,000
SHEPHERD 20 PROJECT 4107 E WASHINGTON ST INDIANAPOLIS, IN 46201	NONE	PUBLIC	COMMUNITY AND YOUTH SUPPORT	2,000
<b>Total . . . . . ▶ 3a</b>				225,600

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
STUDENTS FUND OF HOPE 13051 RIVER GROVE DR COLUMBUS, IN 47203	NONE	PUBLIC	EDUCATIONAL STUDENT SERVICES	1,500
THE CHILDRENS THERAPLAY FOUNDATION 9919 TOWNE RD CARMEL, IN 46032	NONE	PUBLIC	REHABILITATIVE MEDICAL SERVICES	1,000
TURNING POINT SOC618 S MAIN ST KOKOMO, IN 46901	NONE	PUBLIC	PERSONAL SOCIAL SERVICES	250
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED LEUKODYSTROPHY FOUND 224 N SECOND ST DEKALB, IL 60115	NONE	PUBLIC	MEDICAL RESEARCH	1,000
VERMILION COUNTY 4-HPO BOX 250 NEWPORT, IN 47966	NONE	PUBLIC	PROMOTE YOUTH AGRICULTURE EDUCATION	2,000
WHITES RESIDENTIAL & FAMILY SERVICE 5233 S 50 E WABASH, IN 46992	NONE	PUBLIC	CHILDREN'S YOUTH SERVICES	2,000
<b>Total . . . . . ▶ 3a</b>				225,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WOMEN'S CARE CLINIC 200 W WILLIAMS DANVILLE, IL 61832	NONE	PUBLIC	TREATMENT SERVICES	16,500
WORLD MISSIONARY PRESS 19168 COUNTY ROAD 146 NEW PARIS, IN 46553	NONE	PUBLIC	SCRIPTURE BOOKLETS FOR THE WORLD	1,000
A FAMILY FOR EVERY ORPHAN PO BOX 34628 SEATTLE, WA 98124	NONE	PUBLIC	INTERNATIONAL CHILDREN RELIEF	1,000
<b>Total . . . . . ▶ 3a</b>				225,600

**TY 2019 Accounting Fees Schedule****Name:** BECK FOUNDATION INC**EIN:** 35-2052617

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	600		600	

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2019 Gain/Loss from Sale of Other Assets Schedule**

**Name:** BECK FOUNDATION INC

**EIN:** 35-2052617

**Gain Loss Sale Other Assets Schedule**

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
LINCOLN INVESTMENT		PURCHASE			914,831	842,494			72,337	

**TY 2019 Investments Corporate Stock Schedule****Name:** BECK FOUNDATION INC**EIN:** 35-2052617**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
CORPORATE STOCK		



## TY 2019 Investments - Land Schedule

**Name:** BECK FOUNDATION INC

**EIN:** 35-2052617

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FARM LAND	939,380		939,380	

## TY 2019 Investments - Other Schedule

**Name:** BECK FOUNDATION INC

**EIN:** 35-2052617

### Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	1,198,259	1,308,270
TRUST SHARES	FMV	54,066	26,000
EXCHANGE-TRADED PRODUCTS	FMV		
PROMISSORY NOTE	FMV	100,000	100,000

**TY 2019 Other Assets Schedule****Name:** BECK FOUNDATION INC**EIN:** 35-2052617**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
RENT RECEIVABLE		24,850	
INTEREST RECEIVABLE		4,000	

**TY 2019 Other Expenses Schedule****Name:** BECK FOUNDATION INC**EIN:** 35-2052617**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SWEEPSTAKES				
MERCHANT FEES	262		262	
EXPENSES				
INVESTMENT MANAGEMENT FEES	13,688	13,688		

# TY 2019 Other Income Schedule

**Name:** BECK FOUNDATION INC

**EIN:** 35-2052617

## Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SWEEPSTAKES	7,774		7,774

**TY 2019 Taxes Schedule****Name:** BECK FOUNDATION INC**EIN:** 35-2052617

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
GROUND RENT	3,272			

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491321062300	
<div>Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service</div>		<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</div>			<div>OMB No. 1545-0047</div> <div>2019</div>
Name of the organization BECK FOUNDATION INC				Employer identification number 35-2052617	
Organization type (check one):					
Filers of:                      Section:					
Form 990 or 990-EZ		<input type="checkbox"/> 501(c)( ) (enter number) organization			
		<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		<input type="checkbox"/> 527 political organization			
Form 990-PF		<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation			
		<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation			
		<input type="checkbox"/> 501(c)(3) taxable private foundation			
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .					
<b>Note:</b> 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					
<input checked="" type="checkbox"/> 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
<input type="checkbox"/> For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % 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.					
<input type="checkbox"/> 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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
<input type="checkbox"/> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$					
<b>Caution:</b> 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 <b>must</b> answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.		Cat. No. 30613X		Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	

Name of organization  
BECK FOUNDATION INCEmployer identification number  
35-2052617**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BECK'S SUPERIOR HYBRIDS INC 6767 E 276TH ST ATLANTA, IN 46031	\$ 400,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)



Name of organization BECK FOUNDATION INC	Employer identification number 35-2052617
---	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

35-2052617

Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)