

EXTENDED TO NOVEMBER 16, 2020
Return of Private Foundation

Form 990-PF

Department of the Treasury
Internal Revenue Service► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990PF for instructions and the latest information.

2949103012821 1

OMB No 1545-0047

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning

, and ending

Name of foundation

BMAM FOUNDATION INC.

Number and street (or P O box number if mail is not delivered to street address)

A Employer identification number

12047 SAIL PLACE DRIVE

35-2089228

B Telephone number
317-750-0810

City or town, state or province, country, and ZIP or foreign postal code

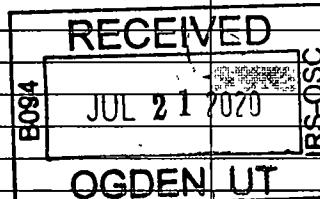
INDIANAPOLIS, IN 46256

C If exemption application is pending, check here ► 6G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name changeD 1 Foreign organizations, check here ► 2 Foreign organizations meeting the 85% test, check here and attach computation ► H Check type of organization: Section 501(c)(3) exempt private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ► Section 4947(a)(1) nonexempt charitable trust Other taxable private foundationF If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► I Fair market value of all assets at end of year J Accounting method: Cash Accrual

(from Part II, col. (c), line 16)

(Part I, column (d), must be on cash basis.)

| Part II | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------|---|------------------------------------|---------------------------|-------------------------|---|
| 1 | Contributions, gifts, grants, etc., received | 30,000. | | N/A | |
| 2 | Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | |
| 3 | Interest on savings and temporary cash investments | 35. | 35. | 35. | STATEMENT 1 |
| 4 | Dividends and interest from securities | | | | |
| 5a | Gross rents | | | | |
| b | Net rental income or (loss) | | | | |
| 6a | Net gain or (loss) from sale of assets not on line 10 | | | | |
| b | Gross sales price for all assets on line 6a | | | | |
| 7 | Capital gain net income (from Part IV, line 2) | | 0. | 0. | |
| 8 | Net short-term capital gain | | | | |
| 9 | Income modifications | | | | |
| 10a | Gross sales less returns and allowances | | | | |
| b | Less Cost of goods sold | | | | |
| c | Gross profit or, (loss) | | | | |
| 11 | Other income | | | | |
| 12 | Total Add lines 1 through 11 | 30,035. | 35. | 35. | |
| 13 | Compensation of officers, directors, trustees, etc | 0. | 0. | 0. | |
| 14 | Other employee salaries and wages | | | | |
| 15 | Pension plans, employee benefits | | | | |
| 16a | Legal fees | 1,345. | 0. | 0. | |
| b | Accounting fees | | | | |
| c | Other professional fees | | | | |
| 17 | Interest | | | | |
| 18 | Taxes | | | | |
| 19 | Depreciation and depletion | | | | |
| 20 | Occupancy | | | | |
| 21 | Travel, conferences, and meetings | | | | |
| 22 | Printing and publications | | | | |
| 23 | Other expenses | 540. | 0. | 0. | |
| 24 | Total operating and administrative expenses. Add lines 13 through 23 | 1,885. | 0. | 0. | |
| 25 | Contributions, gifts, grants paid | 22,248. | | | 22,248. |
| 26 | Total expenses and disbursements. Add lines 24 and 25 | 24,133. | 0. | 0. | 22,248. |
| 27 | Subtract line 26 from line 12: | 5,902. | | | |
| a | Excess of revenue over expenses and disbursements | | | | |
| b | Net investment income (if negative, enter -0-) | | 35. | | |
| c | Adjusted net income (if negative, enter -0-) | | | N/A | |



| Part II | | Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only | | |
|-----------------------------|-----|--|---|----------------|-----------------------|
| | | | Beginning of year | End of year | |
| Assets | 1 | Cash - non-interest-bearing | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 2 | Savings and temporary cash investments | 19,508. | 25,410. | 25,410. |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ► | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less: allowance for doubtful accounts ► | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 | Other notes and loans receivable ► | | | |
| | | Less: allowance for doubtful accounts ► | | | |
| | 8 | Inventories for sale or use | | | |
| | 9 | Prepaid expenses and deferred charges | | | |
| | 10a | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock | | | |
| | c | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis ► | | | |
| | | Less accumulated depreciation ► | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | Land, buildings, and equipment basis ► | | | |
| | | Less accumulated depreciation ► | | | |
| | 15 | Other assets (describe ►) | | | |
| | 16 | Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) · | 19,508. | 25,410. | 25,410. |
| Liabilities | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 | Mortgages and other notes payable | | | |
| | 22 | Other liabilities (describe ►) | | | |
| Net Assets or Fund Balances | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow FASB ASC 958, check here ► <input type="checkbox"/> | | | |
| | | and complete lines 24, 25, 29, and 30 | | | |
| | 24 | Net assets without donor restrictions | | | |
| | 25 | Net assets with donor restrictions | | | |
| | | Foundations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> | | | |
| | | and complete lines 26 through 30. | | | |
| | 26 | Capital stock, trust principal, or current funds | 0. | 0. | |
| | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| | 28 | Retained earnings, accumulated income, endowment, or other funds | 19,508. | 25,410. | |
| | 29 | Total net assets or fund balances | 19,508. | 25,410. | |
| | 30 | Total liabilities and net assets/fund balances | 19,508. | 25,410. | |

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 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 19,508. |
| 2 | Enter amount from Part I, line 27a | 2 | 5,902. |
| 3 | Other increases not included in line 2 (itemize) ► | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 25,410. |
| 5 | Decreases not included in line 2 (itemize) ► | 5 | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 25,410. |

Part IV Capital Gains and Losses for Tax on Investment Income

| | | | | | |
|---|---|--|--|---|----------------------------------|
| (a) List and describe the kind(s) of property sold (for example, 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.) |
| 1a | | | | | |
| b | NONE | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| | (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)) | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. | | | | (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) | |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | | 2 | |
| 3 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). If (loss), enter -0- in Part I, line 8 | { } | | | 3 | |

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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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 | 37,050. | 9,889. | 3.746587 |
| 2017 | 73,275. | 7,394. | 9.910062 |
| 2016 | 76,062. | 26,595. | 2.860011 |
| 2015 | 75,820. | 33,922. | 2.235128 |
| 2014 | 35,384. | 24,578. | 1.439661 |

2 Total of line 1, column (d)

2 20.191449

3 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

3 4.038290

4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5

4 16,382.

5 Multiply line 4 by line 3

5 66,155.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 0.

7 Add lines 5 and 6

7 66,155.

8 Enter qualifying distributions from Part XII, line 4

8 22,248.

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)1a Exempt operating foundations described in section 4940(d)(2), check here ► and enter "N/A" on line 1.

Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)

b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► and enter 1% of Part I, line 27b

c 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-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)

5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments:

a 2019 estimated tax payments and 2018 overpayment credited to 2019

6a 0.

b Exempt foreign organizations - tax withheld at source

6b 0.

c Tax paid with application for extension of time to file (Form 8868)

6c 0.

d Backup withholding erroneously withheld

6d 0.

7 Total credits and payments. Add lines 6a through 6d

7 0.

8 Enter any **penalty** for underpayment of estimated tax. Check here if Form 2220 is attached

8 0.

9 Tax due. If the total of lines 5 and 8 is more than line 7, enter **amount owed**

9 1.

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**

10

11 Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ►

Refunded ►

11

Part 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 participate or intervene in any political campaign?

 Yes No

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. 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.

 1a X

1c Did the foundation file Form 1120-POL for this year?

 1b X

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.

 1c X

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0.

 2 X

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

 3 X

If "Yes," attach a detailed description of the activities.

 4a X

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

 4b X

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

 5 X

b If "Yes," has it filed a tax return on Form 990-T for this year?

 6 X

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

 7 XIf "Yes," attach the statement required by *General Instruction T*

N/A

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

 8a X• 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? 8b X

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

 9 X

8a Enter the states to which the foundation reports or with which it is registered. See instructions. ►

 10 XIN
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 9 X

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

 10 X

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

5a During the year, did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

b If any answer is "Yes" to 5a(1)-(5), did any 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

N/A



Organizations relying on a current notice regarding disaster assistance, check here

c 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?

N/A

Yes No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

Yes No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

N/A

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

Yes No

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| ROBERT A. LUGINBILL 12047 SAIL PLACE DRIVE INDIANAPOLIS, IN 46256 | PRESIDENT, TREASURER, DIRE | | | |
| MARGARET A. LUGINBILL 12047 SAIL PLACE DRIVE INDIANAPOLIS, IN 46256 | SECRETARY, DIRECTOR | 1.00 0. | 0. | 0. |
| ANNE C. FRANK 7256 N. RITTER AVE. INDIANAPOLIS, IN 46250 | DIRECTOR | 1.00 0. | 0. | 0. |
| MICHAEL R. LUGINBILL 313A S. 17TH STREET NASHVILLE, TN 37206 | DIRECTOR | 0.10 0. | 0. | 0. |
| | | 0.10 0. | 0. | 0. |

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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



0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
3 Five highest-paid independent contractors for professional services. 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 ►

0

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

| | | |
|---|-----|--|
| 1 | N/A | |
| 2 | | |
| 3 | | |
| 4 | | |

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

| | | |
|---|-----|--|
| 1 | N/A | |
| 2 | | |

All other program-related investments. See instructions.

| | | |
|---|--|--|
| 3 | | |
| | | |
| | | |
| | | |
| | | |

Total. Add lines 1 through 3 ►

0.

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

| | | |
|---|----|---------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a Average monthly fair market value of securities | 1a | 0. |
| b Average of monthly cash balances | 1b | 16,631. |
| c Fair market value of all other assets | 1c | |
| d Total (add lines 1a, b, and c) | 1d | 16,631. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 16,631. |
| 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 249. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 16,382. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 819. |

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.)

| | | |
|---|----|------|
| 1 Minimum investment return from Part X, line 6 | 1 | 819. |
| 2a Tax on investment income for 2019 from Part VI, line 5 | 2a | 1. |
| b Income tax for 2019. (This does not include the tax from Part VI.) | 2b | |
| c Add lines 2a and 2b | 2c | 1. |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 818. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 Add lines 3 and 4 | 5 | 818. |
| 6 Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 818. |

Part XII Qualifying Distributions (see instructions)

| | | |
|---|----|---------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 22,248. |
| b Program-related investments - total from Part IX-B | 1b | 0. |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: | | |
| a Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3b | |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 22,248. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 22,248. |

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 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2019 from Part XI, line 7 | | | | 818. |
| 2 Undistributed income, if any, as of the end of 2018 | | | 0. | |
| a Enter amount for 2018 only | | | | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2019: | | | | |
| a From 2014 | 35,271. | | | |
| b From 2015 | 75,348. | | | |
| c From 2016 | 75,990. | | | |
| d From 2017 | 72,905. | | | |
| e From 2018 | 36,556. | | | |
| f Total of lines 3a through e | 296,070. | | | |
| 4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 22,248. | | | 0. | |
| a Applied to 2018, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2019 distributable amount | | | | 818. |
| e Remaining amount distributed out of corpus | 21,430. | | | |
| 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | 317,500. | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | 0. | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 | 35,271. | | | |
| 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a | 282,229. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2015 | 75,348. | | | |
| b Excess from 2016 | 75,990. | | | |
| c Excess from 2017 | 72,905. | | | |
| d Excess from 2018 | 36,556. | | | |
| e Excess from 2019 | 21,430. | | | |

Part XV: Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | 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 |
|--|--|--------------------------------------|--|--------------|
| a Paid during the year | | | | |
| FAMILY FIRST 5509 W. GRAY ST., STE 100 TAMPA, FL 33609 | | PUBLIC CHARITY | SUPPORT OF PROGRAM TO SUPPORT PARENTING, MARRIAGE AND RELATIONAL TRUTH THAT HELPS PEOPLE LOVE | 1,000. |
| GLOBAL AID NETWORK PO BOX 628232 ORLANDO, FL 32862 | | PUBLIC CHARITY | PROVIDE FOOD AND AGRICULTURE, CLEAN WATER, AND CRITICAL AID AS A WAY OF OPENING THE DOOR TO | 1,000. |
| INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON, DC 20090 | | PUBLIC CHARITY | ASSISTING EFFORTS TO RESCUE CHILDREN, WOMEN AND MEN FROM UNSPEAKABLE VIOLENCE AROUND THE WORLD | 1,490. |
| JOHN SCHINDLER MINISTRIES 2280 SHIAWASEE LANE STEVENSVILLE, MI 49127 | | PUBLIC CHARITY | SUPPORT THE MISSION TO BRING FOOD AND SHELTER TO THE HOMELESS OF CHICAGO | 200. |
| WHEELER MISSION 205 E. NEW YORK ST. INDIANAPOLIS, IN 46204 | | PUBLIC CHARITY | SUPPORT ASSISTANCE TO INDIGENT PERSONS | 2,000. |
| Total | SEE CONTINUATION SHEET(S) | | | ► 3a 22,248. |
| b Approved for future payment | | | | |
| NONE | | | | |
| Total | | | | ► 3b 0. |

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | 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 |
|--|--|--------------------------------------|---|----------------|
| WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063 | | PUBLIC CHARITY | SUPPORT THE MISSION OF CHRISTIANS WORKING TO HELP COMMUNITIES LIFT THEMSELVES OUT OF POVERTY FOR GOOD | 2,383. |
| YOUNG LIFE P.O. BOX 520 COLORADO SPRINGS, CO 80901 | | PUBLIC CHARITY | SUPPORT OF PROGRAM TO INTRODUCE ADOLESCENTS TO JESUS CHRIST AND HELP THEM GROW IN THEIR FAITH | 8,000. |
| GRACE CHURCH 5504 E. 146TH ST. NOBLESVILLE, IN 46062 | | PUBLIC CHARITY | SUPPORT OF RELIGIOUS INSTITUTION | 1,000. |
| GCC FOUNDATION 5504 E. 146TH ST. NOBLESVILLE, IN 46032 | | PUBLIC CHARITY | SUPPORT OF PROGRAM TO INSTILL HOPE, DIGNITY AND SUSTAINABLE CHANGE FOR ALL PEOPLE BY SERVING WITH LOVE. | 500. |
| FILTER OF HOPE P.O. BOX 48999 TUSCALOOSA, AL 35404 | | PUBLIC CHARITY | CHRISTIAN MINISTRY WITH MISSION TO PROVIDE CLEAN DRINKING WATER TO THOSE IN NEED AROUND THE WORLD. | 500. |
| FEEDING AMERICA 35 E. WACKER DR., #2000 CHICAGO, IL 60601 | | PUBLIC CHARITY | SUPPORT FOR GROUP WITH MISSION TO FEED THOSE WHO ARE HUNGRY IN AMERICA. | 1,000. |
| OUTRUN THE SUN, INC. 8435 KEYSTONE CROSSING, #175 INDIANAPOLIS, IN 46240 | | PUBLIC CHARITY | SUPPORT EFFORTS TO PROVIDE SKIN CANCER EDUCATION AND MELANOMA RESEARCH. | 500. |
| CRU, INC. P.O. BOX 628222 ORLANDO, FL 32862 | | PUBLIC CHARITY | SUPPORT MIDEAST BIBLE PROJECT BIBLE DISTRIBUTIONS AND WATER WELL OUTREACH TO PROVIDE LIFE SAVING | 1,675. |
| BARNABAS INTERNATIONAL PO BOX 708 ELKHORN, WI 53121 | | PUBLIC CHARITY | SUPPORT FOR ORGANIZATION THAT FOCUSSES ON THE SPIRITUAL AND EMOTIONAL HEALTH OF GOD'S GLOBAL | 500. |
| CHRISTIAN BUSINESS MEN'S CONNECTION P.O. BOX 8009 CHATTANOOGA, TN 37414 | | PUBLIC CHARITY | SUPPORT FOR ORGANIZATION SEEKING TO REACH BUSINESSMEN IN THE MARKETPLACE WITH THE GOSPEL OF | 500. |
| Total from continuation sheets | | | | 16,558. |

Part XV **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - FAMILY FIRSTSUPPORT OF PROGRAM TO SUPPORT PARENTING, MARRIAGE AND RELATIONAL TRUTHTHAT HELPS PEOPLE LOVE THEIR FAMILY WELLNAME OF RECIPIENT - GLOBAL AID NETWORKPROVIDE FOOD AND AGRICULTURE, CLEAN WATER, AND CRITICAL AID AS A WAY OFOPENING THE DOOR TO THE GOSPELNAME OF RECIPIENT - GCC FOUNDATIONSUPPORT OF PROGRAM TO INSTILL HOPE, DIGNITY AND SUSTAINABLE CHANGE FORALL PEOPLE BY SERVING WITH LOVE, KINDNESS AND PRACTICAL HELPNAME OF RECIPIENT - CRU, INC.SUPPORT MIDEAST BIBLE PROJECT BIBLE DISTRIBUTIONS AND WATER WELLOUTREACH TO PROVIDE LIFE SAVING WATER TO DESPERATE PEOPLE.NAME OF RECIPIENT - BARNABAS INTERNATIONALSUPPORT FOR ORGANIZATION THAT FOCUSES ON THE SPRITUAL AND EMOTIONALHEALTH OF GOD'S GLOBAL SERVANTSNAME OF RECIPIENT - CHRISTIAN BUSINESS MEN'S CONNECTIONSUPPORT FOR ORGANIZATION SEEKING TO REACH BUSINESSMEN IN THEMARKETPLACE WITH THE GOSPEL OF JESUS CHRIST

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | |
| 1 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 35. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 35. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |

Relationship of Activities to the Accomplishment of Exempt Purposes

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization

Employer identification number

BMAM FOUNDATION INC.**35-2089228**

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

BMAM FOUNDATION INC.

Employer identification number

35-2089228

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 | <u>ROBERT A. & MARGARET E. LUGINBILL</u> <u>12047 SAIL PLACE DRIVE</u> <u>INDIANAPOLIS, IN 46256</u> | \$ <u>30,000.</u> | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |

Name of organization

BMAM FOUNDATION INC.

Employer identification number

35-2089228

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

| (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 |
| | | \$ _____ | _____ |

Name of organization

Employer identification number

BMAM FOUNDATION INC.

35-2089228

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year (Enter this info once) ► \$ _____
Use duplicate copies of Part III if additional space is needed

FORM 990-PF · INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| COOKE FINANCIAL GROUP | 35. | 35. | |
| TOTAL TO PART I, LINE 3 | 35. | 35. | |

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|----------------------------|---|-----------------------------------|-------------------------------|-------------------------------|
| | HALL, RENDER, KILLIAN, HEATH & LYMAN | 1,345. | 0. | |
| TO FM 990-PF, PG 1, LN 16A | 1,345. | 0. | | 0. |

FORM 990-PF OTHER EXPENSES STATEMENT 3

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| NON-DEDUCTIBLE PORTION OF CONTRIBUTION | 415. | 0. | | 0. |
| ANNUAL BANK CHARGE | 125. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 540. | 0. | | 0. |

NAME OF MANAGER

ROBERT A. LUGINBILL
MARGARET A. LUGINBILL

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 5

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ROBERT A. LUGINBILL
12047 SAIL PLACE DRIVE
INDIANAPOLIS, IN 46256

TELEPHONE NUMBER

317-578-3333

FORM AND CONTENT OF APPLICATIONS

POTENTIAL RECIPIENTS OF FUNDS, WHICH ARE NOT PUBLIC CHARITIES, ARE REQUIRED TO SUBMIT AN APPLICATION FOR GRANT THAT DETAILS THE NEED, BACKGROUND, AND INTENDED USE FOR THE FUNDS.

ANY SUBMISSION DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS