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

2019

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

| | For cal | enda | year 2019 or tax | year beginning | | , 2019 | , and ending | | , in the state of | briddenich met roomsteren 1907 men 1903 |
|---------|---------------------------------|---|---|----------------------------------|--------|--|--|-------------|--|--|
| | - | | | | | MION THO | | Α | Employer identification nu | mber |
| | | E <u>J E FE</u> HSENFELD FAMILY FOUNDATION INC 00 WEST 86TH STREET | | | | | | В | 35-2091086 Telephone number (see ins | tructions) |
| | | | POLIS, IN 4 | | | | | | 317-695-8659 | |
| | | | | | | | | С | If exemption application is | pending, check here |
| | G Che | eck al | I that apply | Initial return | | Initial return of a forr | mer public charity | D | 1 Foreign organizations, che | ck here. |
| | | | <u> </u> | Final return | - | Amended return | 1.5 | | 2 Foreign organizations mee | |
| | II Oha | | | Address change | - E01 | Name change (c)(3) exempt private f | formation () | | here and attach computati | |
| į | H Che | | pe of organization ation 4947(a)(1) n | | | rust Other taxable | | E | If private foundation statu | s was terminated |
| • | l Fair | | value of all assets at | | | ounting method X C | | - | under section 507(b)(1)(A | |
| | (fror | | II, column (c), line 16 |) | | Other (specify) | ليبا | F | If the foundation is in a 60 | |
| , | ► \$ | 841 a | 1,372, | | art I, | column (d), must be on a | cash basis) | | under section 507(b)(1)(B |), check here |
| Į | Part I | | nalysis of Rev | renue and otal of amounts in | | (a) Revenue and (b) Net investment | | | (c) Adjusted net | (d) Disbursements |
| | | co ne | lumns (b), (c), an cessarily equal th umn (a) (see instri | nd (d) may not ne amounts in | ' | expenses per books | income | | income | for charitable purposes (cash basis only) |
| • | | 1 | | ctc , received (attach schedule |) | 554,183. | | W. 12 | | |
| | | 2 | Check ► if the found | lation is not required to attach | Sch, B | | Ze (Cora, co, anaka na assurandanan | 252 | | |
| | | 3 | Interest on savings and temp | porary cash investments | | 20,109. | 20,10 | 9 | 20,109. | |
| | | 4 | Dividends and interest | • | | 33,841. | 33,84 | | 33,841. | K(#8) X 25 (25 (27 (27) |
| | | | Gross rents Net rental income | | ĺ | (v) kei gesselli. Cagori loono el noo lootori estanti | Not the Property of the Proper | 6300 | - CONSIDERATION PROCESSOR CONTRACTOR AND ADDRESS AND A | |
| | | _ | or (loss) | 1 1 - 1 - 10 | | | ngapapananghininining asawa da ayang asawa 13 Cabahan asawa Cabahan ayang ayang | жорын | កាសមក្ខាយការការប្រជាជាប្រជាជាប្រជាជាក្នុងការប្រជាជាក្នុងការប្រជាជាក្នុងការប្រជាជាក្នុងការប្រជាជាក្នុងការប្រជាជ | inguighteen and a second of the contract of th |
| | Ω | | Not your or (loss) from solu Gross sales price for a | | • • • | | Patricular and the contract of | | | Carrena a rate d |
| | Revenue | 7 | assets on line 6a Capital gain net incom | ne (from Part IV, line 2) | | 3-3-3-3-3-5-2-3-3-3-3-3-3-3-3-3-3-3-3-3- | Secretar verse to modern secretaristics | | 4-45 CAR CAR CAR | |
| | ě | 8 | Net short-term capital | gain | | | en i Salanda en | | | CERTATION |
| | ~ | 9 10 a | Gross sales less | | | | | | | |
| | | | allowances | | | | | | | |
| | | b | Less Cost of goods sold | | | iginiya da karan kar Baran karan ka | | | 14:3 | |
| | | 11 | Gross profit or (loss) (attach Other income (attach: | | | | | dia. | | Section of the sectio |
| | | • • • | Other income (attach | schedule) | | | | | | |
| | | 12 | Total. Add lines 1 thro | ough 11 | | 608,133. | 53,95 | 0. | 53,950. | |
| | 5 | 13 | = | ers, directors, trustees, | etc | 0. | | | | |
| | penses | 14 15 | Other employee salari Pension plans, employ | - | | | | | | |
| | Æ | | Legal fees (attach sch | edule) | } | | | | | |
| | | b | Accounting fees (attac | | | 2,555. | | | | 2,555. |
| | Æ | | Other professional fees (att | _{lach sch)} SEE ST | ' 2 | 5,663. | | | | 5,663. |
| _ | ati | 17 18 | Interest Taxes (attach schedule)(see | instra) SEE STM | 1 3 | 1,252. | 7-7-6 | 1, | | 1 252 |
| S | str | 19 | Depreciation (attach | msus, ———————— | | 1,252. | 1 13 | 7 | CEIVED | 1,252. |
| SCANNIT | ij | 20 | schedule) and depletic | on | | | l | | | |
| S | ם | 20 21 | Occupancy Travel, conferences, a | and meetings | - | 51,584. | 33526 | W, | 4 2 û 2020 SI | 51,584. |
| 7 | ΑĖ | 22 | Printing and publication | ons | ŀ | 31,304. | | | 101 | |
| , | ane | 23 | Other expenses (attac | | , , | 007 | 10 |)(: | DEI: UT | 007 |
| · | Ð | 24 | Total operating and a | EE STATEMENT | 4 | 807. | | _ | DELCT | 807. |
| | Operating and Administrative Ex | | expenses Add lines 1 | 3 through 23 | ,, [| 61,861. | 15 | 1. | • | 61,861. |
| ı | ₽ | 25 | Contributions, gifts, grants p | | ^ V | 447,000. | Mark Mark | 46 3 | A STATE WAY STATE | 447,000. |
| | Ō | 26 | Total expenses and d Add lines 24 and 25 | Isbursements | | 508,861. | 15 | 1. | 0. | 508,861. |
| - | | 27 | Subtract line 26 from I | | | | | | | |
| | | а | Excess of revenue over and disbursements | er expenses | ľ | 99,272 | allagistis to 12. Philipper representations | | In compare exponent queono assert | and see of polaritimation of the second of t |
| | | b | Net investment incom | ne (if negative, enter -0 | , | | 53,79 | 9. | | Landard Parker Landard IV. |
| _ | | С | Adjusted net income | (if negative, enter -0) | | | NATURAL PROPERTY. | | 53,950. | |

Page 2

| Date | Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only | | Beginning of year | End o | of year | |
|-----------------------------|---|---|--------------------------|------------------|-----------------------|--|
| <u>rar</u> | | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| _ | 1 | Cash - non-interest-bearing | | | | |
| • | 2 | Savings and temporary cash investments | 2,473. | 24,684. | 24,683. | |
| | 3 | Accounts receivable | | | | |
| | | Less allowance for doubtful accounts ▶ | | | | |
| | 4 | Pledges receivable | | | | |
| | | Less allowance for doubtful accounts ▶ | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | | |
| | 7 | Other notes and loans receivable (attach sch) | | | | |
| | | Less allowance for doubtful accounts | | | | |
| | 8 | Inventories for sale or use | | | | |
| | 9 | Prepaid expenses and deferred charges | | | | |
| Assets | 10 a | Investments – U.S. and state government obligations (attach schedule) | | | | |
| SS | l t | nvestments – corporate stock (attach schedule) STATEMENT 5 | 308,523. | 308,523. | 557,466. | |
| ⋖ | | Investments — corporate bonds (attach schedule) STATEMENT 6 | 230,114. | 230,114. | 248,970. | |
| | 11 | Investments — land, buildings, and equipment basis | | | | |
| | | Less accumulated depreciation (attach schedule) | | | , , | |
| | 12 | Investments – mortgage loans. | | | | |
| | 13 | Investments – other (attach schedule) STATEMENT 7 | 464,122. | 541,183. | 541,183. | |
| | 14 | Land, buildings, and equipment basis ► | | | | |
| | | Less accumulated depreciation (attach schedule) | | | | |
| | 15 16 | Other assets (describe Total assets (to be completed by all filers — see the instructions Also, see page 1, item I) | 1,005,232. | 1,104,504. | 1,372,302. | |
| | 17 | Accounts payable and accrued expenses | 2,000,202. | 2/201/0011 | | |
| | 18 | Grants payable | | | | |
| X | 19 | Deferred revenue | | | 20 - 20 - 1 | |
| Ě | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | | | | |
| Ë | 22 | Other liabilities (describe►) | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | | |
| X3 | | Foundations that follow FASB ASC 958, check here ► | | | | |
| ance | 24 | and complete lines 24, 25, 29, and 30. Net assets without donor restrictions | | | | |
| Ba | | The assets without delicit restrictions | | | | |
| <u> </u> | 25 | Net assets with donor restrictions | | | | |
| Net Assets or Fund Balances | | Foundations that do not follow FASB ASC 958, check here X and complete lines 26 through 30. | | | | |
| Ō | 26 | Capital stock, trust principal, or current funds | 380,000. | 380,000. | | |
| 뜅 | 27 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | | |
| SS | 28 | Retained earnings, accumulated income, endowment, or other funds | 625,232. | 724,504. | | |
| t A | 29 | Total net assets or fund balances (see instructions) | 1,005,232. | 1,104,504. | | |
| | 30 | Total liabilities and net assets/fund balances (see instructions) | 1,005,232. | 1,104,504. | | |
| Par | | Analysis of Changes in Net Assets or Fund Balanc | es | | | |
| 1 | Total end- | l net assets or fund balances at beginning of year — Part II, coli of-year figure reported on prior year's return) | umn (a), line 29 (must a | igree with | 1,005,232. | |
| 2 | Ente | r amount from Part I, line 27a | | 2 | 99,272. | |
| 3 | Other | increases not included in line 2 (itemize) | | 3 | , | |
| 4 | Add | lines 1, 2, and 3 | | 4 | 1,104,504. | |
| | | ases not included in line 2 (itemize) | | 5 | | |
| 6 | Total | net assets or fund balances at end of year (line 4 minus line 5 |) – Part II, column (b), | line 29 6 | 1,104,504. | |

Page 3

| | e the kind(s) of property sold (for exampl warehouse, or common stock, 200 sha | MIC Co. | How acquired — Purchase — Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr |
|---|---|---|------------------------------------|--|--------------------------------|
| 1a N/A | | | Donation | - | <u>-</u> |
| b | | | - | | |
| c | | | | | |
| d i | | | | | |
| е | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or ((e) plus (f) m | |
| a | | - · · · · | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets show | ing gain in column (h) and owned by the | | | (I) Gains (Col | |
| (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 | | gain minus col (k), but not l than -0-) or Losses (from col | |
| a | | | | | |
| b | | | | <u></u> | |
| c | | | | | |
| d | | | | | |
| e | | | | | · |
| 2 Capital gain net income or (r | net capital loss) If gain, also | enter in Part I, line 7 er -0- in Part I, line 7 | 2 | | |
| 3 Net short-term capital gain o | r (loss) as defined in sections 1222(5) | and (6) | | | |
| lf gain, also enter in Part I, li in Part I, line 8 | ine 8, column (c) See instructions If | (loss), enter -0- | 3 | | |
| | section 4942 tax on the distributable as alify under section 4940(e) Do not cor | • • | e period? | Yes | X No |
| 1 Enter the appropriate amount in | n each column for each year, see the ins | tructions before making any en | tries | | • |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | 5 | (d) Distribution (col (b) divided | |
| 2018 | 526,000. | 799, | 479. | | 0.6579 |
| 2017 | 599,436. | 777,: | | | 0.7711 |
| 2016 | 696,518. | 730, | 598. | | 0.9533 |
| 2015 | 754,489. | 716, | 080. | | 1.0536 |
| 2014 | 647,062. | 728, | 709. | | 0.8879 |
| 2 Total of line 1, column (d) | | | 2 | | 4.3239 |
| Average distribution ratio for th number of years the foundation | e 5-year base period – divide the total o ion has been in existence if less than | n line 2 by 5 0, or by the 5 years | 3 | | 0.8647 |
| Enter the net value of nonch | arıtable-use assets for 2019 from Part | X, line 5 | 4 | | 813,87 |
| Multiply line 4 by line 3 | i, | | _ 5 | | 702 02 |
| | | | | 1 | 703,83 |
| 6 Enter 1% of net investment i | ncome (1% of Part I, line 27b) | | 6 | | <u>-</u> |
| | ncome (1% of Part I, line 27b) | | 7 | | 703,83 53 704,37 |
| | | | | | |

| | System (2015) THE U E PENSENTELD PARITE POUNDATION INC | | 2031 | | | _ |
|----------|--|--|------------------|---|-----------------------|---|
| <u> </u> | Excise Tax Based on Investment Income (Section 4940(a), 4940(| | e instru | ictions) | 291.515.713.818 | 25 Tal |
| | Exempt operating foundations described in section 4940(d)(2), check here | | | 150000000000000000000000000000000000000 | <u> </u> | |
| | Date of ruling or determination letter (attach copy of letter if necessary – so | ee instructions) | | | 1 076 | _ |
| | Domestic foundations that meet the section 4940(e) requirements in Part V, | | Di Charge | erda en | 1,076 |) . 1808 |
| | check here and enter 1% of Part I, line 27b | 10 (6) | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line | 12, col (b) | 147. 248. 7 | ***** | O PACIFICAÇÃO COMPACI | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | | | | |
| _ | foundations only, others, enter -0-) | | 3 | | 1,076 | <u>) .</u> |
| _ | Add lines 1 and 2. | anly others onter () | 4 | <u> </u> | 1,076 | |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations | | 5 | | 1,076 | |
| | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter | -0- | £3984X | SENE AND | |) . 6581 |
| | Credits/Payments | 6 a | | | | |
| | | 6 b | -37 | | | |
| | | 6 c | - | | | |
| | | 6 d | - | | | |
| | Total credits and payments Add lines 6a through 6d | ou | 7 | | <u> </u> |) 553 |
| | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 | Ω is attached | 8 | | 41 | • |
| | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | o is attached | . 9 | | 1,117 | |
| | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | • | 10 | | | · |
| | Enter the amount of line 10 to be Credited to 2020 estimated tax | Refunded • | 11 | | | _ |
| | VII A Statements Regarding Activities | Netallaca | <u> </u> | | | _ |
| | | | | | Yes No | _ |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or I participate or intervene in any political campaign? | local legislation or did it | | 1 a | 1- 1- | |
| Ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purpo See the instructions for the definition | oses? | | 1 b | x | <u> </u> |
| | If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of or distributed by the foundation in connection with the activities | any materials published | | | | |
| | Did the foundation file Form 1120-POL for this year? | | | 1 c | X | <u>, </u> |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed di | uring the year | | | | |
| | (1) On the foundation ►\$ 0. (2) On foundation manag Enter the reimbursement (if any) paid by the foundation during the year for political expen | | | 0. | | |
| | foundation managers \$ 0. | iaitare tax imposed on | | | | |
| | Has the foundation engaged in any activities that have not previously been reported | d to the IRS? | | 2 | X | <u>1986)</u> 1 |
| | If 'Yes,' attach a detailed description of the activities | | | | 9.88 | 77 |
| | | a instrument articles | | | 1.5 | |
| 1 | Has the foundation made any changes, not previously reported to the IRS, in its governing of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conforme | ed copy of the changes | | 3 | Х | |
| | Did the foundation have unrelated business gross income of \$1,000 or more during | the year? | | 4 a | · · · · | <u>. </u> |
| | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | | 4 b | N/A | _ |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | X | 5851 |
| | If 'Yes,' attach the statement required by General Instruction T | | | 3 | | |
| | Are the requirements of section 508(e) (relating to sections 4941 through 4945) sati | istied either | | | | |
| • | By language in the governing instrument, or | | | | | |
| • | By state legislation that effectively amends the governing instrument so that no mandate with the state law remain in the governing instrument? | ory directions that conflict | | 6 | X | 201 |
| | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col | | | 7 | Х | |
| 8 a | Enter the states to which the foundation reports or with which it is registered. See instructi | ions • | | | 拉那 赞 | |
| | IN | | | | | |
| | 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^2 If 'No,' attach explanation | l | | 8 b | X | 3 |
| 9 | Is the foundation claiming status as a private operating foundation within the meanifor calendar year 2019 or the tax year beginning in 2019? See the instructions for F | ing of section 4942(j)(3) o Part XIV If 'Yes,' complete | r 4942 e Part | (j)(5) XIV 9 | X | |
| | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a scl and addresses | hedule listing their names | | 10 | Х | _ |
| BAA | | - | | Form 99 | 0-PF (2019 | <u>) </u> |

| Pai | MIPA Statements Regarding Activities (continued) | | | | | |
|-----|---|-------------------|-------|----------------|--------|--------------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions | | | 11 | Yes | No X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person advisory privileges? If 'Yes,' attach statement See instructions | n had | | .12 | | х |
| 13 | -Did the foundation comply with the public inspection requirements for its annual returns and exemption | applicat | tion? | 13 | Х | |
| 1.4 | Website address N/A The books are in care of DERRA BAKER. SECRETARY Telephone of DERRA BAKER. | | 317-6 | 05-0 | | - |
| 14 | The books are in care of DEBRA_BAKER, SECRETARY Telephone in Located at 5400 WEST_86TH_STREET_INDIANAPOLIS_IN ZIP + 4 F | 462 | | 22 0 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here. | | | N/A | • | |
| | and enter the amount of tax-exempt interest received or accrued during the year | ١ | 15 | | Yes | N/A No |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority ov bank, securities, or other financial account in a foreign country? | er a | | 16 | 162 | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country | | | | | |
| Pai | tVII B Statements Regarding Activities for Which Form 4720 May Be Required | | | | | |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | | | Yes | No |
| 1 a | During the year, did the foundation (either directly or indirectly) | _ | _ | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | Yes | X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | Yes | X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes | XNo | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes | XNo | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | Yes | XNo | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) | Yes | XNo | | | |
| ŀ | If any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | | | 1 b | N | /A |
| | Organizations relying on a current notice regarding disaster assistance, check here | • | | | | |
| C | 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? | | | 1 c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | | |
| â | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? | Yes | X No | | | |
| | If 'Yes,' list the years ▶ 20 _ , 20 _ , 20 , 20 | | | | | |
| ł | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) all years listed, answer 'No' and attach statement — see instructions). | 1)(2) 1)(2) to | | 2 b | N | /A |
| • | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he 20 , 20 , 20 , 20 | ere | | | | |
| 3 : | Did the foundation hold more than a 2% direct or indirect interest in any business | | | | | |
| | enterprise at any time during the year? | Yes | X No | | * | |
| t | olf '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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019) | | | 3 b | N | /A |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | | 4 a | | Х |
| k | 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? | - <u> </u> | | 4 b | | X |
| BAA | | | Fo | rm 99 0 |)-PF (| 2019) |

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

0

All other program-related investments See instructions

3

Total. Add lines 1 through 3

BAA

Form 990-PF (2019)

Page 8

| | Minimum Investment Return (All domestic foundations must complete this part. For | reign | |
|--------------------|---|----------------|---------------|
| <u>ı</u> Ę(a | see instructions.) | neign | iouridations, |
| | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | 1 1 1 1 | |
| • | A Average monthly fair market value of securities. | 1 a | 795,606. |
| | Average of monthly cash balances | 1 b | 30,658. |
| | Fair market value of all other assets (see instructions) | 1 c | |
| | Total (add lines 1a, b, and c) | 1 d | 826,264. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | 22.0 | |
| | 1c (attach detailed explanation) 1 e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 826,264. |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 12,394. |
| _ | · · · | 5 | 813,870. |
| 6 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. Minimum investment return. Enter 5% of line 5. | 6 | |
| | | | 40,694. |
| ,F _e ai | TIXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations, check here ☐ and do not complete this part.) | iung i | ouridations |
| 1 | Minimum investment return from Part X, line 6 | 1 | 40,694. |
| 2 8 | Tax on investment income for 2019 from Part VI, line 5 2a 1,076. | | · |
| ı | Income tax for 2019 (This does not include the tax from Part VI) | | |
| (| Add lines 2a and 2b | 2с | 1,076. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 39,618. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 39,618. |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| _ 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 39,618. |
| Ŗãi | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| ٠, | Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 | 1 a | 508,861. |
| ŀ | Program-related investments — total from Part IX-B | 1 b | |
| 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 Suitability test (prior IRS approval required) | 3 a | |
| | Cash distribution test (attach the required schedule) | 3 b | |
| . ⊿ | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 508,861. |
| - | | | 300,001. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 508,861. |

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

Form 990-PF (2019)

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, | | The same around the same and th | la materia di Control di Pri | , |
| line 7 | | | | 39,618. |
| 2 Undistributed income, if any, as of the end of 2019 | | | | |
| a Enter amount for 2018 only | | | 0. | The state of the s |
| b Total for prior years 20, 20, 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2019 | | | | |
| a From 2014 611, 491. | | | | |
| b From 2015 719, 513. | | | | |
| c From 2016 660, 566. | | | | |
| d From 2017 561, 421. | | | S. Santa V. | |
| e From 2018 487, 098. | | | | |
| f Total of lines 3a through e | 3,040,089. | | | |
| 4 Qualifying distributions for 2019 from Part | A Company | | | |
| XII, line 4 \(\) | 1.00 | | | |
| a Applied to 2018, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | 0. | | |
| Treated as distributions out of corpus (Election required — see instructions) | 0. | man ham the property for the first open and the fir | | allon (protession) and the second |
| d Applied to 2019 distributable amount | | | | 39,618. |
| e Remaining amount distributed out of corpus | 469,243. | | | CARTA WAS CONTROL OF THE CARE |
| 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 | | mai vodenimamativ udbamav didamati | | |
| indicated helow: | ' | | | |
| a Corpus Add lines 3t, 4c, and 4e Subtract line 5 | 3,509,332. | | | |
| 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 instructions | | | 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 | The state of the s | in the state of th | Specialists of the control of the co |
| 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) | 611,491 | omphiling company of the company of | engge og park skrivet skrivetiske nik som skrivet | makananyanan si adalamahan alaway 9000 da Panga sagarahan alawa pangan da pangan Sagarahan alawa sagarahan alawa |
| 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a | 2,897,841. | produce a manage of the coulor fill to the coulor f | | reaching the supplemental and |
| 10 Analysis of line 9 | | | | |
| a Excess from 2015 719,513. | a sa | | Andrew Spiritage Control of the Cont | |
| b Excess from 2016. 660, 566 | | | | ning and Application of the Control |
| c Excess from 2017 561, 421. | | | | Company of the Compan |
| d Excess from 2018 487, 098. | | ation, may be a report of the state. Along the 1995 | | Sign (militar) and independent of the |
| e Excess from 2019 469, 243. | | | | |
| BAA | | | | Form 990-PF (2019) |

| Form 990 PF (2019) THE J E FEHSENFI | | | | 35-209108 | |
|--|---|---|---|------------------------|--------------------------|
| Part XIV Private Operating Founda | | | | | N/A |
| 1 a If the foundation has received a ruling or de is effective for 2019, enter the date of the | e ruling | it is a private opera | ing roundation, and the | The running | <u></u> |
| b Check box to indicate whether the found | ation is a private ope | erating 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 | Tax year | | Prior 3 years | | (e) Total |
| investment return from Part X for each year listed | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | <u> </u> |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4, for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | 12 | | | 7-2-7 | |
| a 'Assets' alternative test — enter | | | | | |
| (1) Value of all assets | • | | + | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of | | | | | |
| minimum investment return shown in Part X, line 6, for each year listed | | | | | |
| c 'Support' alternative test — enter | | } | | | |
| Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income Part XV Supplementary Information | | | | <u></u> | |
| assets at any time during t Information Regarding Foundation Mana a List any managers of the foundation who ha close of any tax year (but only if they hav NONE | he year — see in agers: ve contributed more the | structions.) nan 2% of the total of | contributions received | by the foundation be | |
| b List any managers of the foundation who ow a partnership or other entity) of which the NONE | n 10% or more of the e foundation has a 1 | stock of a corporati 0% or greater inte | on (or an equally larg rest | e portion of the owne | rship of |
| 2 Information Regarding Contribution, Grant, Check here ☐ If the foundation only m requests for funds If the foundation mak 2a, b, c, and d See instructions a The name, address, and telephone number | nakes contributions to les gifts, grants, etc | preselected charitat , to individuals or o | ole organizations and organizations under | other conditions, co | |
| | | | | | |
| SEE STATEMENT 9 | | | | | |
| b The form in which applications should be | submitted and infor | mation and materi | als they should inclu | ıde. | |
| SEE STATEMENT FOR LINE 2A | | | | | |
| c Any submission deadlines | | | | | |
| SEE STATEMENT FOR LINE 2A | | | | | |
| d Any restrictions or limitations on awards, | such as by geograp | hical areas, charit | able fields, kinds of | institutions, or other | factors |
| SEE STATEMENT FOR LINE 2A | | | | | |
| BAA | TE | EA0310L 08/22/19 | | - | orm 990-PF (2019) |

Page 11

| 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 | Purpose of grant or contribution | Amount | | | | | | | |
| Name and address (home or business) | or substantial contributor | recipient | | | | | | | | | |
| a Paid during the year | | | | | | | | | | | |
| SEE STATEMENT 10 | | | | | | | | | | | |
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| Total | | ļ | ► 3a | 447,000 | | | | | | | |
| b Approved for future payment | | | | 447,000 | | | | | | | |
| 2 / Approved you totallo page ment | | | | | | | | | | | |
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| Total | | | ► 3b | | | | | | | | |

| Enter gros | s amounts unless otherwise indicated | | | | d by section 512, 513, or 514 | (e) | |
|----------------|--|---------------------------------|---|-----------------------|---|--|--|
| 1 0 | | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | Related or exempt function income (See instructions) | |
| _ | ram service revenue | - | | code | | | |
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| e | | | | | | | |
| f | | | | | | | |
| g Fees | and contracts from government agencies | | | | | | |
| - | bership dues and assessments | | | | | | |
| 3 Interes | st on savings and temporary cash investments | | | 14 | 20,109. | | |
| 4 Divid | ends and interest from securities | | | 14 | 33,841. | | |
| 5 Net r | ental income or (loss) from real estate | animi reimining in | minima inimerala Dinamina aderesia | , projection of the | | (the manufact of machine at the original of the control of the co | |
| a Debt | financed property | | | | | | |
| b Not c | lebt-financed property | | | | - | | |
| 6 Net re | ntal income or (loss) from personal property | | | | | | |
| | r investment income | | | | | | |
| | r (loss) from sales of assets other than inventory | | | | | | |
| | ncome or (loss) from special events | | | | | | |
| | s profit or (loss) from sales of inventory | 11 00 Year N 1907 / 94 | - 2003 - 22 - 822 37 DA. 1 20 Sto. J. C. | 195wir - 695 h | W. PStall B. NW 1000-July 50 NW 100 | Ten - In . Second services and a second of | |
| | r revenue | vina et de la | | | in the Sail Affection of Sail | | |
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| b | | + | | ļ | | | |
| d | | + | | | | <u> </u> | |
| " | | | | ļ | | | |
| 12 Subto | otal Add columns (b), (d), and (e) | \$200 P. 15 | | 7 C W | 53,950. | | |
| | . Add line 12, columns (b), (d), and (e) | 1,031,034 N.Y. 193 | | R . Sec 1/27 | 13 | 53,950. | |
| | sheet in line 13 instructions to verify calculat | ions) | | | | | |
| Part XVI | By Relationship of Activities to th | e Accompl | ishment of Exemp | t Purp | oses | | |
| Line No. ▼ | Explain below how each activity for which accomplishment of the foundation's exemp | income is rep ot purposes (o | orted in column (e) of F other than by providing f | Part XVI funds for | A contributed important such purposes) (See | tly to the instructions) | |
| N/A | | | | | | | |
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Form 990 PF (2019) THE J E FEHSENFELD FAMILY FOUNDATION INC [Part)XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

| | | Exempt Organiz | | | | | | | | | | |
|--------------------|------------------|---|---|---|---|----------------------------|---|-----------------------------------|-------------------------------------|----------------------------------|-----------------|------------------------|
| de | escribe | organization directly d in section 501(c) (to political organizal | other than sec | ngage in any ction 501(c)(3 | of the follow) organization | ing with arns) or in se | ny other organ ection 527, | ızatıon | | | and throad - ay | Yes No |
| a Tr | ansfer | s from the reporting | foundation to | a noncharital | ble exempt o | rganızatıor | n of | | | | | |
| (1) |) Casl | n | | | | | | | | | 1 a (1) | X |
| (2) |) Othe | er assets | | | | | | | | | 1 a (2) | X |
| b O | ther tra | ansactions | | | | | | | | | | نظ کا |
| (1) |) Sale | s of assets to a non | icharitable exe | mpt organiza | tion | | | | | | 1 b (1) | X |
| (2) |) Purc | chases of assets from | m a noncharita | ible exempt o | rganization | | | | | | 1 b (2) | X |
| (3) |) Ren | tal of facilities, equip | oment, or othe | r assets | | | | | | | 1 b (3) | X |
| (4) |) Rein | nbursement arrange | ments | | | | | | | | 1 b (4) | X |
| • | • | ns or loan guarantee | | | | | | | | | 1 b (5) | X |
| • | - | ormance of services | | | | | | | | | 1 b (6) | X |
| c St | haring | of facilities, equipme | ent, mailing lis | sts, other ass | ets, or paid e | mployees | | | | | 1 c | X |
| d If the | the an e good | swer to any of the a s, other assets, or ser saction or sharing a | above is 'Yes,' rvices given by rrangement, s | complete the the reporting for the reporting for the column | following schoundation If the following school is the following school in the | hedule Co he foundation | lumn (b) shou on received les oods, other as | ld alway s than fa sets. or | s show the ir market services | ne fair n value in receive | narket valu | ue of |
| (a) Line | - - | (b) Amount involved | | of noncharitable e | _ | | (d) Description | | | | | gements |
| N/A | - | (2) / | (9) | | | | | | | | | |
| -11/ 11 | | | | • | | | | | | | | |
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| de | escribe | indation directly or ind d in section 501(c) (complete the followi | (other than sec | d with, or relate ction 501(c)(3 | ed to, one or r)) or in section | more tax-ex on 527? | empt organızat | tions | | | Yes | X No |
| | | Name of organizati | | (b) T | ype of organi | zation | | (c) D | escription | n of rela | tionship | |
| N/A | (0) | Traine or organizati | | (5) | ype or organi | | | (5) 5 | | | | ·· - · |
| 11/ A | | | • | | | | | | | | | |
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| | | | | | | | | | | | | |
| | Under p | enalties of perjury, I declar | re that I have exam | ined this return, in | ncluding accompa | nying schedul | les and statements | , and to the | e best of my | knowledg | e and belief, | it is true, |
| Sign | correct, | and complete Declaration | of preparer (other | than taxpayer) is | based on all infor | rmation of whi | ch preparer has ar | ny knowledo | ge | | May the I | DC discuss |
| Here | L 7 | 70 110 |) [- | | 1 .1 .1 | | | | | | this return | RS discuss with the |
| ileie | | 1797A H B | iater_ | | 5/15/ | <u> 2020</u> | <u> Secne</u> | Jary | | | . See instri | |
| | Signa | ture of officer or trustee | | In | Date | | Title | | \ | | | Yes No |
| | | Print/Type preparer's nar | | Prepare | er's signature |) , | Date | 1 | Check | ∐ if | PTIN | `` |
| Paid | | | ECK, CPA | _ j fele | NE 12 | KCI | PA 5-1 | 1-20 | self-emplo | - | P00263 | 149 |
| Prepar | | _ | PILE CPAS | - • | | _ | | Fır | m's EIN | 35-08 | 365680 | |
| Use O | nly | _ | NE INDIAN | | ITE 1200 | | | | | | _ | |
| | | <u> </u> | NDIANAPOL | IS, IN 4 | <u>6204-206</u> | 6 | | Ph | one no | (317) | | |
| BAA | | | | | | | | | | | Form 990 | D-PF (2019) |

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

THE J E FEHSENFELD FAMILY FOUNDATION INC 35-2091086 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)((enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** 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)

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

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

Employer identification number

| TUE | т | r | CENCEMBET D | CAMTIV | FOUNDATION | TNC |
|-----|---|---|-------------|--------|------------|------|
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35-2091086

| Part 12 | Contributors (see instructions) Use duplicate copies of Part I if additional s | space is needed | |
|--------------------|--|-------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | THE HERITAGE GROUP PO BOX 68123 INDIANAPOLIS, IN 46268 | \$ <u>554,183.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) N o. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash |
| PAA | | - C. h. d. l. D. (5 | (Complete Part II for noncash contributions) |

.

Name of organization

Employer identification number

THE J E FEHSENFELD FAMILY FOUNDATION INC

35-2091086

| | Noncash Property (see instructions) Use duplicate copies of Part II if additional sp | | |
|---------------------------|--|---|----------------------|
| (a) No. from Part I | (b) . Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | N/A | | |
| | <u> </u> | | |
| | | \$ | |
| (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 |
| | | | |
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| BAA | Sche | edule B (Form 990, 990-E2 | Z. or 990-PF) (201 |

Name of organization
THE J E FEHSENFELD FAMILY FOUNDATION INC
Part III. Exclusively religious, charitable, etc., cont

Employer identification number 35-2091086

| | or (10) that total more than \$1,000 for the following line entry. For organizations co-contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional states.) | e year from any one contribute mpleting Part III, enter the total o Enter this information once See space is needed | of <i>exclusively</i> religious, charitable, etc., instructions.) \$ |
|---------------------------|---|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | |
| | Transferee's name, address | s, and ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address | (e) Transfer of gift s, and ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | (e) Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address | (e) Transfer of gift | Relationship of transferor to transferee |
| | | | |

| 2019 | FEDERAL STATEMENTS | PAGE 1 |
|---|--|---|
| CLIENT 1703 THE | J E FEHSENFELD FAMILY FOUNDATION INC | 35-2091086 |
| STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES | | (7) |
| ACCOUNTING FEES | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 2,555. \$ 2,555. \$ 0. | (D) CHARITABLE PURPOSES \$ 2,555. \$ 2,555. |
| STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES | | |
| CONSULTING FEES | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 5,663. TOTAL \$ 5,663. \$ 0. \$ 0. | (D) CHARITABLE PURPOSES \$ 5,663. \$ 5,663. |
| STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES | | |
| FEDERAL TAX FOREIGN TAX | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME \$ 1,101. | (D) CHARITABLE PURPOSES \$ 1,101. |
| STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES | | |
| OFFICE EXPENSE | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 807. \$ 0. \$ 0. | (D) CHARITABLE PURPOSES \$ 807. \$ 807. |
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PAGE 2

CLIENT 1703

THE J E FEHSENFELD FAMILY FOUNDATION INC

35-2091086

STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

| CORPORATE STOCKS | VALUATION | BOOK | FAIR MARKET |
|---|-------------------------------------|--|---|
| | METHOD | VALUE | VALUE |
| VANGUARD STRATEGIC EQUITY FUND VANGUARD EXPLORER FUND TOTAL INTL STOCK IX ADMIRAL TOTAL STOCK MKT IDX ADM WINDSOR II FUND ADM VANGUARD US GROWTH FUND ADMIRAL | COST COST COST COST COST COST TOTAL | \$ 35,430. 27,418. 44,280. 57,062. 86,678. 57,655. \$ 308,523. | \$ 70,746. 44,385. 67,280. 154,289. 117,775. 102,991. \$ 557,466. |

STATEMENT 6 FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BONDS

| CORPORATE BONDS | VALUATION METHOD | BOOK VALUE | F/ | AIR MARKET VALUE |
|--|--------------------------------------|---|----|--|
| VANGUARD HIGH YIELD CORPORATE FUND VANGUARD LONG-TERM BOND INDEX FUND VANGUARD SHORT-TERM CORPORATE FUND INTER-TERM INVEST-GR ADM SHORT-TERM BOND INDEX FUND ADM | COST COST COST COST COST | \$ 38,557. 36,185. 41,765. 77,486. 36,121. 230,114. | \$ | 36,178. 50,044. 42,433. 81,748. 38,567. 248,970. |

STATEMENT 7 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

| OTHER INVESTMENTS | VALUATION <u>METHOD</u> | BOOK VALUE | FAIR MARKET VALUE |
|--|----------------------------|------------------------|------------------------|
| THE HERITAGE GROUP INVESTMENT CO., LLC FEDERAL MONEY MARKET FUND | COST COST | \$ 504,493. 36,690. | \$ 504,493. 36,690. |
| | TOTAL | \$ 541,183. | \$ 541,183. |

2019

FEDERAL STATEMENTS

PAGE 3

CLIENT 1703

THE JE FEHSENFELD FAMILY FOUNDATION INC

35-2091086

STATEMENT 8 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | | CONTRI- BUTION TO EBP & DC | ACCOUNT/ |
|--|--|-------------------|----|----------------------------------|--------------|
| SHANNON BURNS 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | PRESIDENT 0 | | | | \$ 0. |
| NANCY SMITH 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| DEBRA ANN BAKER 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | SECRETARY 0 | , | 0. | 0. | 0. |
| ROBIN FEHSENFELD 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| JUDEE FEHSENFELD 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | VICE PRESIDENT 0 | | 0. | 0. | 0. |
| STEVE STUK 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| ASHLEE FEHSENFELD 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| SARAH IMMEKUS 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| JASON IMMEKUS 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268 | DIRECTOR 0 | | 0. | 0. | 0. |
| | TOTAL | \$ | 0. | \$ 0. | <u>\$ 0.</u> |

STATEMENT 9 FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM:

N/A

THE J E FEHSENFELD FAMILY FOUNDATION INC NAME:

CARE OF: DEBRA BAKER

STREET ADDRESS: CITY, STATE, ZIP CODE: 5400 W 86TH STREET INDIANAPOLIS, IN 46268

TELEPHONE:

E-MAIL ADDRESS: FORM AND CONTENT:

NONE SUBMISSION DEADLINES: NONE

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PAGE 4

CLIENT 1703

THE JEFEHSENFELD FAMILY FOUNDATION INC

35-2091086

STATEMENT 9 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

RESTRICTIONS ON AWARDS:

NONE

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|---------------------|--------------|
| GLEANERS FOOD BANK 3737 WALDEMERE AVENUE INDIANAPOLIS IN 46241 | NONE | 501 (C) (3) | UNRESTRICTED | \$ 7,500. |
| CINCINNATI YOUTH COLABORATION 301 OAK STREET CINCINNATI OH 45219 | NONE | 501 (C) (3) | UNRESTRICTED | 8,000. |
| INDPLS ART CENTER 820 EAST 67TH STREET INDIANAPOLIS IN 46220 | NONE | 501 (C) (3) | UNRESTRICTED | 7,500. |
| AGAPE THERAP. RIDING CENTER 24950 MT. PLEASANT ROAD CICERO IN 24950 | NONE | 501 (C) (3) | UNRESTRICTED | 12,500. |
| DUCKS UNLIMITED 193 BUSINESS PARK DRIVE, SUITE E RIDGELAND MS 39157 | NONE | 501 (C) (3) | UNRESTRICTED | 8,500. |
| ST. ELIZABETH'S HOME 2500 CHURCHMAN AVENUE INDIANAPOLIS IN 46203 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| THE VILLAGES 3833 NORTH MERIDIAN STREET INDIANAPOLIS IN 46208 | NONE | 501 (C) (3) | UNRESTRICTED | 7,500. |
| TREEHOUSE 2100 24TH AVENUE S, SUITE 200 SEATTLE WA 98144 | NONE | 501 (C) (3) | UNRESTRICTED | 6,750. |
| WAYSIDE WAIFS 3901 MARTHA TRUMAN RD KANSAS CITY MO 64137 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| ANTHONY MUNOZ FOUNDATION 8919 ROSSASH ROAD CINCINNATI OH 45236 | NONE | 501 (C) (3) | UNRESTRICTED | 8,000. |

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PAGE 5

CLIENT 1703

THE JEFEHSENFELD FAMILY FOUNDATION INC

35-2091086

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|---------------------|--------------|
| YOUTHCARE 2598 NORTHEAST 54TH STREET SEATTLE WA 98105 | NONE | 501 (C) (3) | UNRESTRICTED | \$ 6,250. |
| BAXTER COMMUNITY CENTER 935 BAXTER STREET SE GRAND RAPIDS MI 59607 | NONE | 501 (C) (3) | UNRESTRICTED | 7,500. |
| MANNA FOOD BANK 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| PRO-BONE-O PO BOX 1823 EUGENE OR 97440 | NONE | 501 (C) (3) | UNRESTRICTED | 3,000. |
| DAYSPRING CENTER PO BOX 44105 INDIANAPOLIS IN 46244 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| RAINIER SCHOLARS 2100 24TH AVENUE, STE. 360 SEATTLE WA 98144 | NONE | 501 (C) (3) | UNRESTRICTED | 6,250. |
| ASK DR. BROWN MINISTRIES PO BOX 5546 CONCORD NC 28027 | NONE | 501 (C) (3) | UNRESTRICTED | 500. |
| CHILDREN'S BUREAU 1575 DR MARTIN LUTHER JR STREET INDIANAPOLIS IN 46202 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| CYSTIC FIBROSIS FOUNDATION 2701 NW VAUGHN STREET #203 PORTLAND OR 97210 | NONE | 501 (C) (3) | UNRESTRICTED | 9,000. |
| FEED NORTHLAND KIDS 1055 BROADWAY, SUITE 130 KANSAS CITY MO 64105 | NONE | 501 (C) (3) | UNRESTRICTED | 6,000. |
| FREEDOM INTERNATIONAL PO BOX 92 NOBLESVILLE IN 46061 | NONE | 501 (C) (3) | UNRESTRICTED | 5,000. |
| KIND 1201 THIRD AVENUE, SUITE 4900 SEATTLE WA 98101 | NONE | 501 (C) (3) | UNRESTRICTED | 7,500. |

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PAGE 6

CLIENT 1703

THE JEFEHSENFELD FAMILY FOUNDATION INC

35-2091086

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUN | Γ |
|--|-----------------------|---------------------------|------------------|-------|------|
| SECOND HELPINGS 1121 SOUTHEASTERN AVENUE INDIANAPOLIS IN 46205 | NONE | 501 (C) (3) | UNRESTRICTED | \$ 7, | 500. |
| SHELTERING WINDS PO BOX 92 DANVILLE IN 46122 | NONE | 501(C)(3) | UNRESTRICTED | 7, | 500. |
| INDY HUB FOUNDATION 212 WEST 10TH STREET, A-335 INDIANAPOLIS IN 46202 | NONE | 501 (C) (3) | UNRESTRICTED | 1, | 000. |
| SYNERGY SERVICES INC 400 E 6TH STREET PARKVILLE MO 64152 | NONE | 501 (C) (3) | UNRESTRICTED | 10, | 000. |
| GULB 340 E 400 S SALT LAKE CITY UT 84111 | NONE | 501 (C) (3) | UNRESTRICTED | 9, | 500. |
| LIGHTHOUSE MINISTRIES 401 E MCMILLAN STREET CINCINNATI OH 45206 | NONE | 501 (C) (3) | UNRESTRICTED | 9, | 000. |
| PAWS & THINK 1346 DELAWARE STREET INDIANAPOLIS IN 46202 | NONE | 501 (C) (3) | UNRESTRICTED | 12, | 500. |
| HERRON SCHOOL OF ART AND DESIGN 735 W NEW YORK ST INDIANAPOLIS IN 46202 | NONE | 501 (C) (3) | UNRESTRICTED | 7, | 500. |
| NOBLESVILLE YOUNG LIFE 4631 LISBON AVE CARMEL IN 46033 | NONE | 501(C)(3) | UNRESTRICTED | 4, | 000. |
| OPHELIA'S PLACE 1577 PEARL ST STE 100 EUGENE OR 97401 | NONE | 501(C)(3) | UNRESTRICTED | 10, | 000. |
| TOASTMASTERS 17011 BEACH BOULEVARD #230 HUNGINGTON BEACH CA 96248 | NONE | 501(C)(3) | UNRESTRICTED | 1, | 000. |
| CHILDREN'S HOME OF NORTHERN KENTUCKY 200 HOME ROAD, DEVOU PARK COVINGTON KY 41011 | NONE | 501 (C) (3) | UNRESTRICTED | 7, | 500. |

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PAGE 7

CLIENT 1703

THE JE FEHSENFELD FAMILY FOUNDATION INC

35-2091086

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT | |
|--|-----------------------|---------------------------|---------------------|--------|-----|
| FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS CO 80920 | NONE | - | UNRESTRICTED | \$ 1,0 | 00. |
| HUNTINGTON HARBOUR PHILHARMONIC 16889 ALGONQUIN ST HUNTINGTON BEACH CA 96249 | NONE | 501 (C) (3) | UNRESTRICTED | 21 | 00. |
| JUDI'S HOUSE 1741 GAYLORD STREET DENVER CO 80206 | NONE | 501 (C) (3) | UNRESTRICTED | 15,0 | 00. |
| JUST LIKE YOU 7301 MISSION ROAD, STE 321 PRAIRIE VILLAGE KS 66208 | NONE | 501 (C) (3) | UNRESTRICTED | 10,0 | 00. |
| OUTSIDE IN 1121 SE 13TH AVENUE PORTLAND OR 97205 | NONE | 501 (C) (3) | UNRESTRICTED | 27,0 | 00. |
| PLYMOUTH HEALING COMMUNIITIES 1217 6TH AVENUE - SEATTLE WA 98101 | NONE | 501 (C) (3) | UNRESTRICTED | 1,0 | 00. |
| YMCA INDIANAPOLIS FLAT ROCK RIVER CAMP 6981 W COUNTY ROAD 650 N ST. PAUL IN 47272 | NONE | 501 (C) (3) | UNRESTRICTED | 10,5 | 00. |
| AFRICA EXCHANGE 4511 ENO CEMETERY ROAD CEDAR GROVE NC 27231 | NONE | 501 (C) (3) | UNRESTRICTED | 7,5 | 00. |
| AIDEN BROWN FOUNDATION 497 BOLDERWOOD LANE CARMEL IN 46032 | NONE | 501 (C) (3) | UNRESTRICTED | 51 | 00. |
| ANTI-RECICIVISM COALITION 1320 3. 7TH STREET, STE 260 LOS ANGELES CA 90021 | NONE | 501 (C) (3) | UNRESTRICTED | 2,0 | 00. |
| ARBOR DAY FOUNDATION 211 N. 12TH STREET LINCOLN NE 68508 | NONE | 501 (C) (3) | UNRESTRICTED | 1,0 | 00. |
| BELLFOUND FARM PO BOX 1426 GREENWOOD IN 46142 | NONE | 501 (C) (3) | UNRESTRICTED | 7,5 | 00. |

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PAGE 8

CLIENT 1703

THE JE FEHSENFELD FAMILY FOUNDATION INC

35-2091086

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|---------------------|---------------|
| BROADWAY YOUTH CENTER 4025 N. SHERIDAN ROAD CHICAGO IL 60613 | NONE | 501 (C) (3) | UNRESTRICTED | \$ 25,000. |
| CASA OF LANE COUNTY 174 DEADMOND FERRY RD EUGENE OR 97401 | NONE | 501 (C) (3) | UNRESTRICTED | 5,000. |
| CASAS PRO CRISTO 7201 N. LOOP DRIVE EL PASO TX 79915 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| CHICAGO COMMUNITY BOND FUND 601 S. CALIFORNIA CHICAGO IL 60612 | NONE | 501 (C) (3) | UNRESTRICTED | 1,000. |
| CHILDREN'S ALLIANCE 718 6TH AVENUE S. SEATTLE WA 98104 | NONE | 501 (C) (3) | UNRESTRICTED | 2,000. |
| CITY YEAR KING COUNTY 2203 23RD AVENUE S. SEATTLE WA 98144 | NONE | 501 (C) (3) | UNRESTRICTED | 6,250. |
| CURE INTERNATIONAL 17011 HICKORY STREET SPRING LAKE MI 49456 | NONE | 501 (C) (3) | UNRESTRICTED | 2,000. |
| DOWN SYNDROME INDIANA 708 E. MICHIGAN INDIANAPOLIS IN 46202 | NONE | 501 (C) (3) | UNRESTRICTED | 500. |
| EMPOWERHER 137 WASHINGTON STREET NORWELL MA 02061 | NONE | 501 (C) (3) | UNRESTRICTED | 7,500. |
| FRED FEHSENFELD ENGINEERING SCHOLARSHIP 403 WEST WOOD STREET LAFAYETTE IN 47907 | NONE | 501 (C) (3) | UNRESTRICTED | 3,000. |
| GOES GLOBAL 2845 TRAVIS AVENUE FORT WORTH TX 76110 | NONE | 501 (C) (3) | UNRESTRICTED | 10,000. |
| GUATEMALA RELIEF & COMPASSION EFFORT PO BOX 223 GRAND BAY AL 36541 | NONE | 501 (C) (3) | UNRESTRICTED | 500. |

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PAGE 9

CLIENT 1703

THE JEFEHSENFELD FAMILY FOUNDATION INC

35-2091086

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMC | UNT |
|--|-----------------------|---------------------------|------------------|-----|---------|
| HOMEWARD BOUND 37 MONTFORD AVENUE ASHEVILLE NC 28801 | NONE | 501 (C) (3) | UNRESTRICTED | \$ | 2,000. |
| HIGHLAND LATIN SCHOOL INDY PO BOX 4462 CARMEL IN 46802 | NONE | 501(C)(3) | UNRESTRICTED | | 2,500. |
| ILLINOIS CHILDREN'S HEALTH FOUNDATION 1200 JORIE BLVD, SUITE 301 CHICAGO IL 60523 | NONE | 501 (C) (3) | UNRESTRICTED | | 1,000. |
| JAMES IRWIN CHARTER MIDDLE SCHOOL 5525 ASTROZON BLVD COLORADO SPRINGS CO 80916 | NONE | 501 (C) (3) | UNRESTRICTED | | 1,000. |
| LIFE, INC. 527 WING POINT COLDWATER MI 49036 | NONE | 501 (C) (3) | UNRESTRICTED | | 1,000. |
| MARTINDALE CENTER FOR PRIVATE ENTERPRISE 621 TAYLOR STREET BETHLEHEM PA 18015 | NONE | 501 (C) (3) | UNRESTRICTED | | 1,000. |
| MENTAL HEALTH CLINICIAN 4730 N. SHERIDAN RD CHICAGO IL 60640 | NONE | 501 (C) (3) | UNRESTRICTED | | 1,000. |
| MIKADO TOWNSHIP FIRE DEPARTMENT PO BOX 55 MIKADO MI 48745 | NONE | 501 (C) (3) | UNRESTRICTED | | 7,500. |
| NATIONAL ASSOCIATION OF SCHOLARS 420 MADISON AVENUE NEW YORK NY 10017 | NONE | 501 (C) (3) | UNRESTRICTED | | 1,000. |
| OHIO WILDERNESS BOYS CAMP 44641 ZERGER QUARRY ROAD SUMMERFIELD OH 43788 | NONE | 501(C)(3) | UNRESTRICTED | | 1,500. |
| RESET 9185 SIVERLINE DRIVE FAIRFAX STATION VA 22039 | NONE | 501 (C) (3) | UNRESTRICTED | 1 | .0,000. |

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PAGE 10

CLIENT 1703

THE J E FEHSENFELD FAMILY FOUNDATION INC

35-2091086

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | Al | MOUNT |
|--|-----------------------|---------------------------|---------------------|----|---------|
| ROCKY MOUNTAIN MICROFINANCE INSTITUTE 55 MADISON STREET, 8TH FLOOR DENVER CO 80206 | NONE | 501 (C) (3) | UNRESTRICTED | \$ | 1,000. |
| RONALD MCDONALD HOUSE 2502 CHERRY STREET KANSAS CITY MO 64108 | NONE | 501 (C) (3) | UNRESTRICTED | | 500. |
| SIDEKICK FOUNDATION 40000 W 106TH STREET, SUITE 125-238 CARMEL IN 46032 | NONE | 501 (C) (3) | UNRESTRICTED | | 9,500. |
| STOLTES MEMORIAL 1 LEAGUE #61674 IRVINE CA 92602 | NONE | 501 (C) (3) | UNRESTRICTED | | 800. |
| THRESHOLDS 4101 N. RAVENSWOOD AVENUE CHICAGO IL 60613 | NONE | 501 (C) (3) | UNRESTRICTED | | 1,000. |
| TRILOGY, INC 3737 W. LAWRENCE AVENUE CHICAGO IL 60625 | NONE · | 501 (C) (3) | UNRESTRICTED | | 1,000. |
| TRINITY HAVEN 3243 N MERIDIAN INDIANAPOLIS IN 46208 | NONE | 501 (C) (3) | UNRESTRICTED | | 1,000. |
| UNICEF 125 MAIDEN LANE NEW YORK NY 10017 | NONE | 501 (C) (3) | UNRESTRICTED | | 1,000. |
| UPADOWNA 335 MANITOU AVENUE #5 MANITOU SPRINGS CO 80829 | NONE | 501 (C) (3) | UNRESTRICTED | | 15,000. |
| WAGS INN 3190 CORTSVILLE ROAD SOUTH CHARLESTON OH 45368 | NONE | 501 (C) (3) | UNRESTRICTED . | | 1,000. |
| WHITE BIRD CLINIC 341 E 12TH AVENUE EUGENE OR 97401 | NONE | 501 (C) (3) | UNRESTRICTED | | 12,000. |
| YOUTH EMPOWERMENT PERFORMANCE PROJECT 835 W. ADDISON STREET CHICAGO IL 60613 | NONE | 501 (C) (3) | UNRESTRICTED | • | 7,500. |

FEDERAL STATEMENTS PAGE 11 2019 35-2091086 THE J E FEHSENFELD FAMILY FOUNDATION INC **CLIENT 1703** STATEMENT 10 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR FOUND-DONEE ATION PURPOSE OF RELATIONSHIP AMOUNT NAME AND ADDRESS_ GRANT STATUS YOUTH GUIDANCE NONE 501(C)(3) UNRESTRICTED \$ 1 NORTH LASALLE STREET, SUITE 900 CHICAGO IL 60602 TOTAL \$ 447,000.

1,000.