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2022

OMB No. 1545-0047

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public Inspection

| For | caler | ndar year 2022, or tax year beginning 01-01-20 | 22 , ar | nd ending | 12-31- | 2022 | |
|---------------------------------------|----------|---|------------------------------------|---------------------------|-----------|--|---|
| | | Indation CREDIT UNION FOUNDATION INC | | A Em | ployer id | entification numbe | r |
| | | N CREDIT UNION | | 45-38 | 14789 | | |
| Num | | street (or P.O. box number if mail is not delivered to street address) | Room/suite | B Tele | phone nu | mber (see instruction | ns) |
| P | O BOX C | 02/ | | (260) | 563-7443 | 3 | |
| | | , state or province, country, and ZIP or foreign postal code | | C If a | vemntion | application is pendin | a check here |
| | мэп, п | N 46992 | | | xempelon | application is penant | y, check here ▶ ∐ |
| G Cl | neck al | l that apply: \Box Initial return \Box Initial return of a | former public charity | D 1. F | oreign or | ganizations, check he | ere |
| | | Final return Amended return | | | | ganizations meeting k here and attach co | |
| | | ☐ Address change ☐ Name change | | | · | undation status was t | · |
| _ | | pe of organization: $lacksquare$ Section 501(c)(3) exempt private f | | | | n 507(b)(1)(A), chec | |
| | | n 4947(a)(1) nonexempt charitable trust U Other taxable | | | | | |
| of | year (f | xet value of all assets at end from Part II, col. (c), ▶\$ 484,616 J Accounting method: □ Other (specify) (Part I, column (d) must | | | | ation is in a 60-montl n 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Davanus and | | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | (a) Revenue and expenses per books | (b) Net inve inco | | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received (attach | | | | | (cash basis only) |
| | | schedule) | 100,000 | | | | |
| | 2 | Check ► ☐ if the foundation is not required to attach Sch. B | | | | | |
| | 3 | Interest on savings and temporary cash investments | 32 | | 32 | | |
| | 4 | Dividends and interest from securities | 9,087 | | 9,087 | | |
| | 5a | Gross rents | | | | | |
| | b | Net rental income or (loss) | | | | | |
| K | 6a | Net gain or (loss) from sale of assets not on line 10 | -6,534 | | | | |
| Revenue | b | Gross sales price for all assets on line 6a 330,647 | | | _ | | |
| ă | 7 | Capital gain net income (from Part IV, line 2) | | | 0 | | |
| | 8 | Net short-term capital gain | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | b | Less: Cost of goods sold | | | | | |
| | C | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 102,585 | | 9,119 | | |
| Se | 13 | Compensation of officers, directors, trustees, etc. | 0 | | | | |
| in St | 14 | Other employee salaries and wages | | | | | |
| × | 15 | Pension plans, employee benefits | | | | | |
| e E | 16a | Legal fees (attach schedule) | | | | | |
| ativ | b | Accounting fees (attach schedule) | | | | | |
| Str | C | Other professional fees (attach schedule) | 4,470 | | 4,470 | | |
| Operating and Administrative Expenses | 17 | Interest | 06-1 | | | | |
| 4dn | 18 | Taxes (attach schedule) (see instructions) | 9 538 | | 188 | | |
| ָם. | 19 | Depreciation (attach schedule) and depletion | | | | | |
| gal | 20 21 | Occupancy | | | | | |
| ītiņ | 22 | Printing and publications | | | | | |
| er a | 23 | Other expenses (attach schedule) | % 81 | | | | |
| 0 | 24 | Total operating and administrative expenses. | · | | | | |
| | | Add lines 13 through 23 | 5,089 | | 4,658 | | 0 |
| | 25 | Contributions, gifts, grants paid | 80,250 | | | | 80,250 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 85,339 | | 4,658 | | 80,250 |
| | 27 | Subtract line 26 from line 12: | 03,339 | | 1,000 | | 50,230 |
| | а | Excess of revenue over expenses and | | | | | |
| | ь | disbursements Net investment income (if negative, enter -0-) | 17,246 | | 1 161 | | |
| | C | Adjusted net income (if negative, enter -0-) | | | 4,461 | | |
| For | | work Reduction Act Notice, see instructions. | | L Cat. No | . 11289> | I 〈 For | m 990-PF (2022) |

| Form 990- | PF (2022) | | | Page 2 |
|--------------------|--|----------------------------------|-----------------|----------------------------------|
| Part II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | Beginning of year (a) Book Value | End o | of year (c) Fair Market Value |
| 1 | Cash—non-interest-bearing | (a) Book value | (b) Book Value | (c) Fall Market Value |
| 2 | Savings and temporary cash investments | 31,217 | 63,853 | 63,853 |
| 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 schedule) | | | |
| 1 | Less: allowance for doubtful accounts | | | |
| _ω 8 | Inventories for sale or use | | | |
| Assets 9 10a | Prepaid expenses and deferred charges | | | |
| SSI | Investments—U.S. and state government obligations (attach schedule) | 123,292 | € 85,956 | 84,591 |
| 1 | • | | | |
| b | Investments—corporate stock (attach schedule) | 164,751 | 189,839 | |
| C | Investments—corporate bonds (attach schedule) | 109,589 | 106,447 | 105,885 |
| 11 | Investments—land, buildings, and equipment: basis ▶ | | | |
| | Less: accumulated depreciation (attach schedule) ▶ | | | |
| 12 | Investments—mortgage loans | | | |
| 13 | Investments—other (attach schedule) | | | |
| 14 | Land, buildings, and equipment: basis > | | | |
| | Less: accumulated depreciation (attach schedule) ▶ | | | |
| 15 | Other assets (describe) | | | |
| 16 | Total assets (to be completed by all filers—see the | | | |
| | instructions. Also, see page 1, item I) | 428,849 | 446,095 | 484,616 |
| 17 | Accounts payable and accrued expenses | | | |
| 18 | Grants payable | | | |
| <u>9</u> 19 | Deferred revenue | | | |
| 19 20 21 21 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| [21 | Mortgages and other notes payable (attach schedule) | | | |
| ے ₂₂ | Other liabilities (describe) | | | |
| 23 | Total liabilities(add lines 17 through 22) | 0 | 0 | |
| <u> </u> | Foundations that follow FASB ASC 958, check here 🕨 🗌 | | | |
| e) | and complete lines 24, 25, 29 and 30. | | | |
| E 24 | Net assets without donor restrictions | | | |
| or Fund Balances | Net assets with donor restrictions | | | |
| 힏 | | | | |
| 悥 | Foundations that do not follow FASB ASC 958, check here | | | |
| 5 | and complete lines 26 through 30. | | | |
| | Capital stock, trust principal, or current funds | 428,849 | 446,095 | |
| Assets 28 28 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | Retained earnings, accumulated income, endowment, or other funds | | | |
| <u>29</u> | Total net assets or fund balances (see instructions) | 428,849 | 446,095 | |
| 30 | Total liabilities and net assets/fund balances (see instructions) . | 428,849 | 446,095 | |
| Part III | Analysis of Changes in Net Assets or Fund Balances | | | |
| | al net assets or fund balances at beginning of year—Part II, column (a), line | 29 (must agree with e | | |
| | rear figure reported on prior year's return) | | . 1 | 428,849 |
| 2 Ente | er amount from Part I, line 27a | | . 2 | 17,246 |

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize) ▶ _

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

446,095

3

4

5

6

Page **3**

| Part | Capital Gains and L | osses for Tax on Investmen | t Income | | | |
|------|---|---|---|---|------------------------------------|--|
| | | kind(s) of property sold (e.g., real e se; or common stock, 200 shs. MLC | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1 a | LONG TERM CAPITAL LOSS | | | | | |
| b | SHORT TERM CAPITAL LOSS | | | | | |
| С | | | | | | |
| d | | | | | | |
| е | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain d | h) or (loss) f) minus (g) |
| а | 207,425 | | | 211,069 | | -3,644 |
| b | 123,222 | | | 126,112 | | -2,890 |
| С | | | | | | |
| d | | | | | | |
| е | | | | | | |
| | Complete only for assets showi | ing gain in column (h) and owned b | y the foundation | on 12/31/69 | | (1) |
| | (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) of col. (i) . (j), if any | Gains (Col. (col. (k), but not | h) gain minus less than -0-) or om col.(h)) |
| a | | | | | | -3,644 |
| b | | | | | | -2,890 |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 2 | Capital gain net income or (ne | | n, also enter in P ss), enter -0- in F | | 2 | -6,534 |
| 3 | | (loss) as defined in sections 1222(| , , , | | | · |
| | If gain, also enter in Part I, lin in Part I, lin | ne 8, column (c) (see instructions). | If (loss), enter -0 | } | 3 | |

| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exem | ption application? | 13 | Yes |
|----|---|--------------------------------|--------|-----|
| | Website address ► | | | |
| 14 | The books are in care of ▶BEACON CREDIT UNION | Telephone no. ► <u>(260) 5</u> | 63-744 | 13_ |
| | Located at ►586 SOUTH WABASH STREET PO BOX 6 WABASH IN | ZIP+4 ▶ <u>469</u> | 92 | |

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here. . and enter the amount of tax-exempt interest received or accrued during the year

16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over Yes 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country > Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

No No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No **1a** During the year did the foundation (either directly or indirectly):

1a(1) (1) Engage in the sale or exchange, or leasing of property with a disqualified person?. No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) 1a(2) No

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?. 1a(3) No 1a(4) No (5) Transfer any income or assets to a disqualified person (or make any of either available 1a(5) No

(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.). 1a(6) No 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 c Organizations relying on a current notice regarding disaster assistance check here. d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, **1**d No 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):

a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d 2a No

b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) 2b No c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at 3a b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation

No or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? No 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 2022?.

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| Ja | During the year did the foundation p | day or incur any amount to. | | | | res | 140 |
|------------|---|---|---|---|-----------------------|------|-----|
| | (1) Carry on propaganda, or otherw | vise attempt to influence legisl | ation (section 4945(e))? | | 5a(1) | | No |
| | (2) Influence the outcome of any sp | pecific public election (see sec | tion 4955); or to carry | | | | |
| | on, directly or indirectly, any vo | ter registration drive? | | | 5a(2) | | No |
| | (3) Provide a grant to an individual | for travel, study, or other sim | ilar purposes? | | 5a(3) | | No |
| | (4) Provide a grant to an organizati | on other than a charitable, etc | c., organization described | d | | | |
| | in section 4945(d)(4)(A)? See ir | nstructions | | | . 5a(4) | | No |
| | (5) Provide for any purpose other th | | | | | | |
| | educational purposes, or for the | prevention of cruelty to child | ren or animals? | | 5a(5) | | No |
| b | If any answer is "Yes" to $5a(1)-(5)$, | did any of the transactions fa | ail to qualify under the ex | cceptions described in | | | |
| | Regulations section 53.4945 or in a | current notice regarding disas | ster assistance? See instr | uctions | . 5b | | |
| c | Organizations relying on a current n | otice regarding disaster assist | ance check | • 🗖 | | | |
| d | If the answer is "Yes" to question 5a | a(4), does the foundation clair | n exemption from the | Ш | | | |
| | tax because it maintained expenditu | • • • | • | | 5d | | |
| | If "Yes," attach the statement requir | · · · · · | | | | | |
| 6a | Did the foundation, during the year, | · - | | ims on | | | |
| o u | a personal benefit contract? | | | | 6a | | No |
| h | Did the foundation, during the year, | | | | 6b | | No |
| | If "Yes" to 6b, file Form 8870. | pay premiums, unectry or me | allectry, off a personal be | ment contract: | 05 | | 110 |
| 7- | At any time during the tax year, was | s the foundation a party to a | arabibitad tay shaltar tra | ncaction? | 7a | | No |
| 7a ե | • | | | | 7a 7b | | No |
| 8 B | If "Yes", did the foundation receive a Is the foundation subject to the sect | · · · | | | 76 | | NO |
| В | • | ' ' ' ' ' | | | | | No. |
| | excess parachute payment during th | | | | . 8 | | No |
| Pa | and Contractors | Officers, Directors, Trus | tees, Foundation Ma | anagers, Hignly Paid Em | ipioyees, | | |
| 1 | List all officers, directors, trustee | es, foundation managers ar | nd their compensation | . See instructions | | | |
| | (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) Expen | | |
| See | Additional Data Table | | | | | | |
| | |] | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| 2 | Compensation of five highest-pai | id employees (other than t | hose included on line | 1—see instructions). If non | e, enter " | NONE | ." |
| | · | | | (d) Contributions to | | | |
| | Name and address of each employee more than \$50,000 | paid (b) Title, and average hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | (e) Expense other all | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ota | I number of other employees paid over | er \$50,000. | | | | | |
| | ==: =: =::=: =:::p:0/555 paid 01. | -, | | | | | |

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|--|---|------------------|
| Part VII Information About Officers, Directors, Trustees and Contractors (continued) | s, Foundation Managers, Highly Paid E | mployees, |
| 3 Five highest-paid independent contractors for professional serv | rices (see instructions). If none, enter "NOI | NE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | |
| Part VIII-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers pro- | | Expenses |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| Part VIII-B Summary of Program-Related Investments (see | instructions) | |
| Describe the two largest program-related investments made by the foundation during 1 | the tax year on lines 1 and 2. | Amount |
| 2 | | |
| All other program-related investments. See instructions. | | |
| Total. Add lines 1 through 3 | | |
| | | 5 000 PE (2022) |

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455,178

448,350

22,418

22.418

22.356

22.356

22.356

80,250

80.250

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62

6,828

2

4

5

6

1

2c

3

4

5

6

7

1a

1b

2

3a

3h

Form 990-PF (2022)

2

3

4

5

1

2a

3

4

5

6

1

2

3

Part XI

Part X

| b | Average of monthly cash balances | 1b | 19,935 |
|---|--|----|---------|
| С | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 455,178 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

2a

2b

Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4......

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

organizations check here

and do not complete this part.)

Tax on investment income for 2022 from Part V, line 5.

Income tax for 2022. (This does not include the tax from Part V.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

22,356

22,356

Form **990-PF** (2022)

(d)

2022

| Form | 990-PF | (202 |
|------|--------|------|
| Pa | rt XII | |

| 90-PF (20 | 022) | |
|-----------|----------------------|--------------------|
| t XII | Undistributed Income | (see instructions) |

Distributable amount for 2022 from Part X, line 7

(a)

Corpus

228.807

57.894

286,701

16.305

270,396

16,305

49 659

100.950 61,893

49,659

100.950

61.893

57.894

(b)

Years prior to 2021

(c)

2021

- 2 Undistributed income, if any, as of the end of 2022:
- a Enter amount for 2021 only. **b** Total for prior years: 2020, 2019, 2018 Excess distributions carryover, if any, to 2022:

 - From 2017.
- **b** From 2018. c From 2019. . . . d From 2020. e From 2021.
- f Total of lines 3a through e 4 Qualifying distributions for 2022 from Part

XI, line 4: ▶ \$ a Applied to 2021, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2022 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2022. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2023.

Subtract lines 7 and 8 from line 6a

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract 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. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 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) 8 Excess distributions carryover from 2017 not

indicated below:

10 Analysis of line 9: a Excess from 2018. . .

b Excess from 2019. .

c Excess from 2020. . . .

d Excess from 2021. . .

e Excess from 2022. . .

A MINIMUM REQUEST OF \$250.00 WILL BE CONSIDERED.

| P | art XIII Private Operat | ing Founda | ations (see instr | uctions and Part \ | VI-A, question 9) | | |
|--------|--|-----------------|----------------------|------------------------|------------------------|---------------------|-------------------|
| 1a | If the foundation has received a foundation, and the ruling is eff | | | | | | _ |
| b | Check box to indicate whether t | he organizatio | on is a private oper | rating foundation de | scribed in section | ☐ 4942(j)(3) or ☐ | 4942(j)(5) |
| 2a | Enter the lesser of the adjusted | | Tax year | | Prior 3 years | | (e) Total |
| | income from Part I or the minir investment return from Part IX | | (a) 2022 | (b) 2021 | (c) 2020 | (d) 2019 | (e) Iotai |
| | year listed | | | | | | |
| b | 85% (0.85) of line 2a | | | | | | |
| С | Qualifying distributions from Par | rt XI, | | | | | |
| | line 4 for each year listed | F | | | | | |
| d | Amounts included in line 2c not directly for active conduct of ex activities | | | | | | |
| е | Qualifying distributions made di for active conduct of exempt ac Subtract line 2d from line 2c . | tivities. | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon: | | | | | | |
| а | "Assets" alternative test—enter | : | | | | | |
| | (1) Value of all assets(2) Value of assets qualifying | | | | | | |
| | under section 4942(j)(3)(B | /` / | | | | | |
| b | "Endowment" alternative test— of minimum investment return Part IX, line 6 for each year list | shown in | | | | | |
| С | "Support" alternative test—ente | F | | | | | |
| | (1) Total support other than g | ross | | | | | |
| | investment income (interes | | | | | | |
| | dividends, rents, payment on securities loans (section | | | | | | |
| | 512(a)(5)), or royalties). | | | | | | |
| | (2) Support from general publ | ic | | | | | |
| | and 5 or more exempt | | | | | | |
| | organizations as provided section 4942(j)(3)(B)(iii). | in | | | | | |
| | (3) Largest amount of support | | | | | | |
| | from an exempt organization | | | | | | |
| | (4) Gross investment income | | | | | | |
| Pa | rt XIV Supplementary In | formation | (Complete this | part only if the | foundation had | \$5,000 or more i | n |
| | assets at any time | | | tructions.) | | | |
| 1 a | Information Regarding Foun List any managers of the found before the close of any tax yea | ation who hav | e contributed more | | | | n |
| | BEACON CREDIT UNION | | | | | | |
| b | List any managers of the founda ownership of a partnership or o | | | | | arge portion of the | |
| 2 | Information Regarding Cont | ribution, Gra | ınt, Gift, Loan, Sc | cholarship, etc., Pr | ograms: | | |
| | Check here $ ightharpoonup \square$ if the foundat | ion only make | es contributions to | preselected charitab | le organizations and | does not accept | |
| | unsolicited requests for funds. | If the foundat | ion makes gifts, gr | ants, etc. to individu | | | |
| | other conditions, complete item | ns 2a, b, c, an | d d. See instructio | ns | | | |
| | | | | | · | | |
| а | The name, address, and telepho | one number o | r e-mail address of | f the person to whon | n applications should | be addressed: | |
| | BEACON CREDIT UNION | | | | | | |
| | PO BOX 627 | | | | | | |
| | WABASH, IN 46992 (260) 563-7443 | | | | | | |
| | The form in which applications : | should be sub | mitted and informa | ation and materials t | :hey should include: | | |
| | IT IS PREFERRED THAT ALL APP | PLICANTS UTI | LIZE A FORM PRO | /IDED BY THE FOUN | DATION TO MAKE A | PPLICATION FOR A G | RANT. A FINANCIAL |
| | NEEDS FORECAST WILL BE REC | QUIRED. GRAN | NT RECIPIENTS AG | REE TO PROVIDE A | NARRATIVE REPORT | | |
| | THE PROJECT AND THE FUNDIN | IG PROVIDED | UPON REQUEST FI | ROM THE FOUNDATI | ON. | | |
| C | Any submission deadlines: | | | | | | |
| | ALL COMPLETED APPLICATIONS | S ARE TO BE S | SUBMITTED TO THE | MARKETING DEPAR | RTMENT PERSONNEL | OF BEACON CREDI | |
| d | Any restrictions or limitations o | n awards suc | h as hy deodraphic | ral areas charitable | fields kinds of instit | utions or other | |

80,250

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

If recipient is an individual

| Recipient | show any relationship to | Foundation status of | Purpose of grant or |
|--|--|----------------------|---------------------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution |
| a Paid during the year | | | |
| SEE ATTACHMENT WITH BREAKDOWN OF ORGANIZATIONS | NONE | PC | SEE ATTACHMENT |
| PO BOX 627 WABASH, IN 46992 | | | |
| | | | |
| | | | |
| | | | |
| | | | |

b Approved for future payment









Form **990-PF** (2022)

Amount

| nter gross | amounts unless otherwise indicated. | Unrelated bu | ısiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|---|---|---|------------------------------------|---------------------------------------|----------------------|--|
| 1 Program | service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions.) |
| | | | | | | |
| | | | | | | |
| d | | | | | | |
| | | | | | | |
| | and contracts from government agencies | | | | | |
| _ | ship dues and assessments | | | | | |
| Interest investm | on savings and temporary cash | | | 14 | 32 | |
| | ds and interest from securities | | | 14 | 9,087 | |
| | tal income or (loss) from real estate: | | | | | |
| | inanced property | | | | | |
| Net ren | tal income or (loss) from personal property | | | | | |
| | vestment income (loss) from sales of assets other than | | | | | |
| invento | • | | | 18 | -6,534 | |
| Net inco | ome or (loss) from special events: | | | 10 | 3,501 | |
| | rofit or (loss) from sales of inventory | | | | | |
| . Other n | evenue: a | | | | | |
| | | | | | | |
| d | | | | | | |
| | | | | | | |
| е | | | | | | |
| e ! Subtota | ıl. Add columns (b), (d), and (e) | | | 13 | 2,585 | |
| e Subtota Total. / (See wo | I. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu | lations.) | | | 2,585 | |
| e Subtotal Total. / (See wo Part XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtota Total. / (See wo | I. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu Relationship of Activities to the | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtotal Total. / (See wo Part XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtota Total. / (See wo Part XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtota Total. / (See wo art XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtota Total. / (See wo Part XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | 2,585 |
| e Subtota Total. / (See wo Part XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtota Total. / (See wo Part XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| Subtota Total. / (See wo art XV- | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| Subtota Total. / (See wo art XV- | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtota Total. / (See wo art XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtota Total. / (See wo Part XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtota Total. / (See wo Part XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtota Total. / (See wo Part XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| Subtota Total. / (See wo art XV- | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| Subtota Total. / (See wo art XV- | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtota Total. / (See wo art XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| e Subtota Total. / (See wo art XV- ine No. | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| Subtota Total. / (See wo art XV- | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |
| Subtota Total. / (See wo art XV- | II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) le Accomplish income is reporte | ment of Exem ed in column (e) o | pt Purposes f Part XV-A contribute | ed importantly to | |

| Part XVI | Information Regarding Exempt Organizations | Transfers | To an | d Trar | ısacti | ons and I | Relation | ships | With | Nonchari | table | |
|----------|---|-----------|-------|--------|--------|-----------|----------|-------|------|----------|-------|---|
| | | _ | | | | | | | | | | T |

| FCIL | VAT | Exempt Organia | zations | | | | | | | | | | |
|---------------|---------------------|---|----------------------------------|--------------------|--|---|-----------------------------|--------------------------|---|---|----------|------------------|------|
| 1 Did (c) | the org (other t | anization directly or in than section 501(c)(3) | directly engag organizations) | e in ar) or in | ny of the section 5 | following with a 527, relating to p | ny other or olitical org | rganizatio Janization | n described in secti s? | ion 501 | | Yes | No |
| a Tran | nsfers f | rom the reporting foun | dation to a noi | nchari | table exe | empt organizatio | n of: | | | | | | |
| (1) | Cash. | | | | | | | | | . <u>1</u> a | (1) | | No |
| (2) | Other | assets | | | | | | | | . <u>1</u> a | (2) | | No |
| b Oth | er trans | sactions: | | | | | | | | | | | |
| | | of assets to a nonchari | • | - | | | | | | <u>11</u> | (1) | | No |
| (2) | Purch | ases of assets from a n | oncharitable e | exemp | t organiz | ation | | | | <u>11</u> | (2) | | No |
| (3) | Renta | l of facilities, equipmer | it, or other ass | sets. | | | | | | 1t | (3) | | No |
| (4) | Reimb | oursement arrangemen | ts | | | | | | | . <u>1</u> 1 | (4) | | No |
| (5) | Loans | or loan guarantees. | | | | | | | | . <u>1</u> 1 | (5) | | No |
| (6) | Perforr | mance of services or m | embership or f | fundra | ising soli | icitations | | | | . 1b | (6) | | No |
| c Sha | ring of | facilities, equipment, n | nailing lists, ot | her as | sets, or | paid employees. | | | | | Lc | | No |
| of th in a | ne good ny tran | er to any of the above is, other assets, or ser saction or sharing arra | vices given by ngement, shov | the rew | eporting following f | foundation. If the i) the value of th . | e foundatio e goods, o | n receive ther asse | d less than fair mar ts, or services recei | rket value ived. | | ngomon | tc. |
| (a) Line | INO. | (b) Amount involved | (c) Name of ne | oncnari | itable exer | mpt organization | (a) Des | scription or | transfers, transactions | s, and snaring | arra | ngemen | ts |
| | _ | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| desc | cribed i | dation directly or indirent of the section 501(c) (other | than section | | | • | | | | es 🗆 N | 0 | | |
| b If "Y | es," co | mplete the following so (a) Name of organization | | | (1 | . Y 6 | | 1 | (c) Description | | | | |
| REACON | CDED | (a) Name of organization | n | | 01(C)(14 |) Type of organizat | ion | COMMO | (c) Description | n of relationsr | ıp | | |
| DEACO | CKED | IT UNION | | - 13 | 01(0)(1- | +)(A) | | COMMO | N CONTROL | | | | |
| | | | | -+ | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | of my | r penalties of perjury, y knowledge and belief n preparer has any kno | , it is true, cor | | | | | | | ased on all | infor | mation | n of |
| Sign Here | | **** | | | | 2023-05-15 | | ***** | | May the IRS return with the pre below? | | | |
| | ' s | ignature of officer or t | rustee | | | Date | , . | Title | | See instruct No | ions. | □ Y ₀ | es 🗆 |
| Paid | | Print/Type preparer's | name F | Prepar | er's Sign | nature | Date | | Check if self- employed ▶ □ | PTIN PO | 1571 | .860 | |
| Prep Use (| | Firm's name ► FOR | /IS LLP | | | | | | | Firm's EIN | <u> </u> | | |
| | • | Firm's address ▶ 11 | 1 E Wayne St | Suite | 600 | | | | | | | | |
| | | Fo | rt Wayne, IN | 46802 | 2 | | | | | Phone no. (| 260 |) 460-4 | 4000 |
| | | | | | | | | | | | | <u> </u> | |

Form 990PF Part VII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation KENNETH DALE CHAIRMAN 0.25 PO BOX 627 WABASH, IN 46992 LINDSAY CULVER BOARD MEMBER 0.25 PO BOX 627 WABASH, IN 46992 JAMES YATES

BOARD MEMBER 0.25

PO BOX 627 WABASH, IN 46992 JOHN PETERS SECRETARY/TREASURER 0 0 0.25

WABASH, IN 46992 SARA DELBECO BOARD MEMBER 0.25 PO BOX 627

WABASH, IN 46992

ROGER BRAGG BOARD MEMBER 0 0.25 PO BOX 627 WABASH, IN 46992

PO BOX 627

WABASH, IN 46992

HERB HORROM VICE CHAIRMAN 0

0.25 PO BOX 627

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491130011113 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2022 Depreciation Schedule Name: BEACON CREDIT UNION FOUNDATION INC.

EIN: 45-3814789

| As Filed Data - | DLN: 93491130011113 |
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| ate Bonds Sche | dule |
| BEACON CREDIT | UNION FOUNDATION INC |
| 45-3814789 | |
| | ate Bonds Sche |

| EIN: 43-3014769 | | |
|--------------------------------------|---------------------------|----------------------------------|
| Investments Corporate Bonds Schedule | | |
| Name of Bond | End of Year Book Value | End of Year Fair Market Value |

INVESTMENTS

106,447

105,885

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491130011113 | | | | | |
|--|---|-------------------------|---------------------|--|--|--|--|--|
| TY 2022 Investments Govern | TY 2022 Investments Government Obligations Schedule | | | | | | | |
| | | | | | | | | |
| Name: | BEACON CRED | IT UNION FOUNDATION INC | | | | | | |
| EIN: | 45-3814789 | | | | | | | |
| US Government Securities - End of Year Book Value: | | 85,956 | | | | | | |
| US Government Securities - End of Year Fair Market Value: | | 84,591 | | | | | | |
| State & Local Government Securities - End of Year Book Value: | | | | | | | | |
| State & Local Government Securities - End of Year Fair Market Value: | | | | | | | | |

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|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|--|--|--|
| TY 2022 Other Expenses Schedule | | | | | | | | | |
| | | | | | | | | | |
| Name: | BEACON CREDI | T UNION FOUND | ATION INC | | | | | | |
| EIN: | 45-3814789 | | | | | | | | |
| Other Expenses Schedule | | | | , | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | | | |
| OTHER EXPENSES | 81 | | | | | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | N: 93491130011113 | | | | | | | |
|--|--|--------------------------|------------------------|---|--|--|--|--|--|--|--|
| TY 2022 Other Professional Fees Schedule | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Name: BEACON CREDIT UNION FOUNDATION INC EIN: 45-3814789 | | | | | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | | | | | |

4,470

4,470

AGENCY FEES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | C | DLN: 93491130011113 | | | | |
|--|-----------------|--|--------------------------------|---------------------|--|--|--|--|
| TY 2022 Substantial Contributors Schedule | | | | | | | | |
| Name: BEACON CREDIT UNION FOUNDATION INC EIN: 45-3814789 | | | | | | | | |
| Substantial Contributors Schedule | | | | | | | | |
| Name | | | Addre | ess | | | | |
| BEACON CREDIT UNION | | | PO BOX 627 WABASH, IN 46992 | | | | | |

| efile GRAPHIC print - DO NOT PR | OCESS As Filed Data | - | DL | N: 93491130011113 | | | | | |
|---------------------------------|------------------------|-------------------|--------------|----------------------------|--|--|--|--|--|
| TY 2022 Taxes Schedule | | | | | | | | | |
| | | | | | | | | | |
| | Name: BEACON CR | EDIT LINION FOLIN | DATION INC | | | | | | |
| | | | DATION INC | | | | | | |
| | EIN: 45-3814789 | J | | | | | | | |
| Taxes Schedule | | | | | | | | | |
| Category | Amount | Net Investment | Adjusted Net | Disbursements | | | | | |
| | | Income | Income | for Charitable Purposes | | | | | |
| FOREIGN TAXES | 188 | 188 | | | | | | | |
| TAXES | 350 | | | | | | | | |

| efile GRAPHIC print - [| OO NOT PROCESS As Filed Data - | | | DLN: 93491130011113 | | | |
|--|--|--|---|--|--|--|--|
| Schedule B | Schedule | of Contributors | | OMB No. 1545-0047 | | | |
| (Form 990) Department of the Treasury Internal Revenue Service | | n 990, 990-EZ, or 990-PF. <u>rm990</u> for the latest information. | | 2022 | | | |
| Name of the organization BEACON CREDIT UNION | | | | dentification number | | | |
| Organization type (che | eck one): | | 45-3814789 |) | | | |
| Filers of: | Section: | | | | | | |
| | oconom. | | | | | | |
| Form 990 or 990-EZ | ☐ 501(c)() (enter number) organ | ization | | | | | |
| | 4947(a)(1) nonexempt charitable | e trust not treated as a private fou | ındation | | | | |
| | ☐ 527 political organization | | | | | | |
| Form 990-PF | ☑ 501(c)(3) exempt private founda | tion | | | | | |
| | 4947(a)(1) nonexempt charitable | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | ☐ 501(c)(3) taxable private founda | tion | | | | | |
| | ation filing Form 990, 990-EZ, or 990-PF th r property) from any one contributor. Compl | | | | | | |
| Special Rules | | | | | | | |
| under sections 5 received from a | cion described in section 501(c)(3) filing For 509(a)(1) and 170(b)(1)(A)(vi), that checked by one contributor, during the year, total cor ne 1h, or (ii) Form 990-EZ, line 1. Complete | Schedule A (Form 990 or 990-E2 atributions of the greater of (1) \$5, | Z), Part II, line 13 | , 16a, or 16b, and that | | | |
| during the year, | tion described in section 501(c)(7), (8), or (7) total contributions of more than \$1,000 exc the prevention of cruelty to children or anim | <i>lusively</i> for religious, charitable, se | | | | | |
| during the year, If this box is che purpose. Don't o | tion described in section 501(c)(7), (8), or (7) contributions exclusively for religious, charicked, enter here the total contributions that complete any of the parts unless the General Section , contributions totaling \$5,000 or m | table, etc., purposes, but no such were received during the year for al Rule applies to this organizatio | contributions tota r an <i>exclusively</i> re n because it rece | aled more than \$1,000. eligious, charitable, etc., | | | |
| 990-EZ, or 990-PF), but | on that isn't covered by the General Rule an it must answer "No" on Part IV, line 2, of it lart I, line 2, to certify that it doesn't meet th | s Form 990; or check the box on | line H of its Form | | | | |
| For Paperwork Reduction A for Form 990, 990-EZ, or 99 | Act Notice, see the Instructions 0-PF. | Cat. No. 30613X | Sc | hedule B (Form 990) (2022) | | | |

Employer identification number

| BEACON CREDIT C | JNION FOUNDATION INC | 45-3814/89 | |
|------------------------|--|----------------------------|--|
| Part I Contributors | Contributors (see instructions). Use duplicate copies of Part I if additiona | I space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | BEACON CREDIT UNION PO BOX 627 WABASH, IN 46992 | \$ 100,000 | Noncasn (Complete Part II for noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | contributions.) (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| | | | Schedule B (Form 990) (2022) |

Schedule B (Form 990) (2022)

| | <u>Bea</u> | icon Credit Ur | non Found | lation Grants 202 | - | |
|----------------------|-------------------------------------|----------------|----------------|-------------------|-----------------------|------------------------------|
| | | | | | <u>Expenditure</u> | |
| | <u>Organization</u> | <u>Amount</u> | <u>501c(3)</u> | Charity Check | <u>Responsibility</u> | <u>Address</u> |
| | Community Harvest Food Bank of | | | | | 999 East Tillman Rd Ft. |
| January | Northeast Indiana, Inc. (CHFB) | \$ 5,000.00 | Yes | Done | N/A | Wayne, IN 46816 |
| | | | | | | 26 Oak Street Somerset, IN |
| | Blessings in a Backpack - Wabash | \$ 5,000.00 | Yes | Done | N/A | 46984 |
| | | | | | | 1511 N. Meridian Street |
| | Community & Family Services, Inc. | \$ 10,000.00 | Yes | Done | N/A | Portland, IN 47371 |
| | Culver Community Youth Center | | | | | |
| | Foundation, Inc. | \$ 5,000.00 | Yes | Done | N/A | P.O. Box 44 Culver, IN 46511 |
| | | | | | | 6945 North Jefferson Twelve |
| | Twelve Mile Community VFD | \$ 7,500.00 | Yes | Done | N/A | Mile, In 46988 |
| | | | | | | |
| | Christ Child Society of Fort Wayne, | | | | | 915 South Clinton Street Ft. |
| July | Inc. | \$ 5,000.00 | YES | Done | N/A | Wayne, In 46802 |
| | Marion Community School of the | | | | | 305 S Adams Street Marion, |
| | Arts | \$ 5,000.00 | YES | Done | N/A | IN 46952 |
| | | | | | | 270 W 15th Street Rushville, |
| | Rushville Police Department | \$ 15,000.00 | YES | Done | N/A | IN 46173 |
| | | | | | | |
| Project Spotlight | | | | | | 4022 Married Branc Sout |
| | | 4 4 000 00 | \/ " C | _ | | 4022 Mound Pass Fort |
| | Lost Dogs of Fort Wayne | \$ 1,000.00 | YES | Done | N/A | Wayne, IN 46809 |
| | F Pil II G III | ć 500.00 | | | N1 / A | P.O. Box 13064 Fort Wayne, |
| | Fort Wayne Pitbull Coalition | \$ 500.00 | | Done | N/A | IN 46867 |
| | N.C | 4 252.00 | \/ = 0 | _ | | 3478 Stellhorn Rd. Fort |
| | Willow Center for Healing | \$ 250.00 | YES | Done | N/A | Wayne, IN 46809 |
| | | 4 4 000 00 | | _ | | P.O. Box 31 Logansport, IN |
| | Civic Players of Logansport | \$ 1,000.00 | YES | Done | N/A | 46947 |
| | | 4 | \/ = 0 | _ | | P.O. Box 385 Walton, IN |
| | Lewis Cass Band Boosters | \$ 500.00 | YES | Done | N/A | 46994 |
| | | | | _ | | 1800 E Market Street |
| | One Warrior Foundation | \$ 250.00 | YES | Done | N/A | Logansport, IN 46947 |
| | | | | _ | | 901 East Quincy Street |
| | Alliance Industries, Inc. | \$ 1,000.00 | YES | Done | N/A | Garrett, IN 46738 |
| | | | | _ | | P.O. Box 806 Auburn, IN |
| | Dekalb County Humane Society | \$ 500.00 | YES | Done | N/A | 46706 |
| | Warm a Heart Community Outreach | 4 252.00 | | _ | | 3023 CR 41 Waterloo, IN |
| | Ministry | \$ 250.00 | YES | Done | N/A | 46793 |
| | | ć 1000 oo | \/FC | 5 | | P.O. Box 531 Rochester, IN |
| | United Ministries Outreach | \$ 1,000.00 | YES | Done | N/A | 46975 |
| | Fulkan Canada Habitat Faultumanita | ć F00.00 | VEC | D | N1 / A | P.O. Box 843 Rochester, IN |
| | Fulton County Habitat for Humanity | \$ 500.00 | YES | Done | N/A | 46975 |
| | Fulton County Parks and Recreation | ć 250.00 | VEC | D | N1 / A | P.O. Box 462 Rochester, IN |
| | Department | \$ 250.00 | YES | Done | N/A | 46975 |
| | Manian Count County C | ć 1000.00 | VEC | D | 81 / A | 503 South Gallatin Street |
| | Marion-Grant County Senior Center | \$ 1,000.00 | YES | Done | N/A | Marion, IN 46953 |
| | Services for the Visually & Hearing | ć 500.00 | VEC | D | B1 / A | 2301 South Adams Street |
| | Impaired | \$ 500.00 | YES | Done | N/A | Marion, IN 46953 |
| | Callening Creathy Inc. | ć 350.00 | VEC | Dana | N1 / A | 9164 E 825 S Upland, IN |
| | Galloping Greatly, Inc. | \$ 250.00 | YES | Done | N/A | 46989 |
| | Halaina Davis Datition | ć 4.000.00 | VEC | D | 81/8 | 2242 S Marion Road |
| | Helping Paws Pet Haven, Inc. | \$ 1,000.00 | YES | Done | N/A | Huntington, IN 46750 |
| | Humbin stan County House County | ć =00.00 | \/E6 | 5 | A1 / A | P.O. Box 366 Huntinton, IN |
| | Huntington County Humane Society | \$ 500.00 | YES | Done | N/A | 46750 |
| | 115-4 | ć 250.00 | VEC | 5 | N1 / A | P.O. Box 477 Warren, IN |
| | Historic Warren Main Street | \$ 250.00 | YES | Done | N/A | 46792 |
| | | | | | | |

| | | | | | | P.O. Box 471 Seymour, In |
|--|----|----------|------|------|-------|--------------------------------------|
| Arc of Jackson County | \$ | 1,000.00 | YES | Done | N/A | 47274 |
| | | | | | | P.O. Box 766 Seymour, IN |
| Anchor House | \$ | 500.00 | YES | Done | N/A | 47274 |
| Mental Health America Jackson | | | | | | P.O. Box 51 Seymour, In |
| County | \$ | 250.00 | YES | Done | N/A | 47274 |
| | | | | | | P.O. Box 76 Warsaw, In |
| One Dog at a T ime Rescue | \$ | 1,000.00 | YES | Done | N/A | 46580 |
| • | | | | | | 1520 E Winona Ave Warsaw, |
| Fellowship Missions | \$ | 500.00 | YES | Done | N/A | In 46580 |
| · | | | | | • | 1195 Mariners Drive Warsaw, |
| Combined Community Services | \$ | 250.00 | YES | Done | N/A | In 46580 |
| , | | | | | , | 18260 4B Walkerton, In |
| Tyner I.O.O.F Lodge #821 | \$ | 1,000.00 | YES | Done | N/A | 46574 |
| 14110 | * | 1,000 | | 232 | ••,•• | 1650 North Oak Drive |
| Crossroads Church - Kids Hope | \$ | 500.00 | YES | Done | N/A | Plymouth, IN 46563 |
| Clossiduas charen Mas Heps | Y | 300.00 | I LO | Done | 14//1 | rymouth, it rosss |
| Blessings in a Backpack - Plymouth | | | | | | 9663 Meadow Lane |
| Community School Corp. | \$ | 250.00 | YES | Done | N/A | Plymouth, In 46563 |
| community school corp. | ڔ | 230.00 | TES | Done | IN/A | · · · · · · |
| Dem. Circus Fostival Dand | ċ | 1 000 00 | YES | Dono | NI/A | 31 West 7th Street Peru, In 46970 |
| Peru Circus Festival Band | \$ | 1,000.00 | YE2 | Done | N/A | 46970 |
| Day Conselvations MED | ۲ | 500.00 | VEC | Dana | N1/A | 5 O B 307 Bom. In 46070 |
| Pipe Creek Twp. VFD | \$ | 500.00 | YES | Done | N/A | P.O. Box 297 Peru, In 46970 |
| | | 250.00 | | _ | /- | 56 South Wabash Street |
| Lily's House | \$ | 250.00 | YES | Done | N/A | Peru, In 46970 |
| | | | | | | P.O. Box 27 Wabash, IN |
| 85 Hope Free Medical Clinic | \$ | 1,000.00 | YES | Done | N/A | 46992 |
| | | | | | | P.O. Box 272 North |
| Learn More Center | \$ | 500.00 | YES | Done | N/A | Manchester, IN 46962 |
| | | | | | | |
| Manchester Recreation Asociation | | | | | | 1302 North Market Street |
| MRA | \$ | 250.00 | YES | Done | N/A | North Manchester, IN 46962 |
| | | | | | | |
| East Central Indiana Critical Incident | | | | | | P.O. Box 215 Rushville, IN |
| Stress Management Team (CISM) | \$ | 1,000.00 | YES | Done | N/A | 46173 |
| | | | | | | 310 Julian Street Rushville, IN |
| Changing Footprints, Inc | \$ | 500.00 | YES | Done | N/A | 46173 |
| | | | | | | P.O. Box 214 Rushville, IN |
| M.o.R.E. for Kids of Rush County | \$ | 250.00 | YES | Done | N/A | 46173 |
| Lagro Canal Foundation | \$ | 1,000.00 | YES | Done | N/A | P.O. Box 3 Lagro, IN 46941 |
| | | , | | | • | 489 Bond Street Wabash, IN |
| LIFE Center | \$ | 500.00 | YES | Done | N/A | 46992 |
| Ell E GoG. | * | 500.00 | | 50 | , | 595 South Miami Street |
| Arc of Wabash County, Inc. | \$ | 250.00 | YES | Done | N/A | Wabash, Indiana 46992 |
| The of Wabash Country, me. | Y | 250.00 | 123 | Done | Nyrs | wasasii, iiialana 40332 |

\$ 80,250.00