

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2024

Name of filer

HEALTHCARE INITIATIVES, INC.

EIN or SSN

35-1392974

Name and title of officer or person subject to tax

HALEY GILROY

PRESIDENT/EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	☐	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	☒	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b 22,854.
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize BARNES, DENNIG & CO., LTD to enter my PIN 92974
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31023711111

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

08/19/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2024)

Form
(Worksheet)**990-W****Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) FORM 990-PF

2025

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1	2	
3	Alternative minimum tax for trusts	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits	5	
6	Subtract line 5 from line 4	6	
7	Other taxes	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a	
b	Enter the tax shown on the 2024 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	22,854.
c	2025 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	23,200.

		(a)	(b)	(c)	(d)
11	Installment due dates	11		09/15/25	12/15/25
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12		5,800.	5,800.
13	2024 Overpayment	13			
14	Payment due (Subtract line 13 from line 12)	14		5,800.	5,800.

Form **990-W**

ESTIMATED TAX	23,200.
AMOUNT PAID	11,600.
AMOUNT DUE	11,600.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. HEALTHCARE INITIATIVES, INC.	Taxpayer identification number (TIN) 35-1392974
	Number, street, and room or suite no. If a P.O. box, see instructions. 9465 COUNSELORS ROW, 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46240	

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **HALEY GILROY**
9465 COUNSELORS ROW, 200 - INDIANAPOLIS, IN 46240

Telephone No. **317-805-4869** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **24** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	22,854.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	13,100.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	9,754.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

Return of Private Foundation

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 www.irs.gov/Form990PF for instructions and the latest information.

2024

Open to Public Inspection

For calendar year 2024 or tax year beginning , and ending

Name of foundation HEALTHCARE INITIATIVES, INC.		A Employer identification number 35-1392974
Number and street (or P.O. box number if mail is not delivered to street address) 9465 COUNSELORS ROW	Room/suite 200	B Telephone number 317-805-4869
City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46240		C If exemption application is pending, check here ... ☐
G Check all that that apply: ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 19,863,641.	J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received				
	2 Check ☒ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,777.	1,777.	1,777.	STATEMENT 1
	4 Dividends and interest from securities	317,610.	317,610.	317,610.	STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,494,439.			
	b Gross sales price for all assets on line 6a	4,251,349.			
	7 Capital gain net income (from Part IV, line 2)		1,494,439.		
	8 Net short-term capital gain			N/A	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold ...					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	1,813,826.	1,813,826.	319,387.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	236,500.	39,980.	0.	196,520.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 3	1,672.	0.	0.	1,672.
	b Accounting fees STMT 4	22,903.	6,871.	0.	16,032.
	c Other professional fees STMT 5	14,000.	700.	0.	13,300.
	17 Interest				
	18 Taxes STMT 6	33,113.	24,390.	0.	8,723.
	19 Depreciation and depletion				
	20 Occupancy	23,228.	2,324.	0.	20,914.
	21 Travel, conferences, and meetings	14,443.	1,445.	0.	12,998.
	22 Printing and publications				
	23 Other expenses STMT 7	117,167.	93,944.	0.	23,223.
	24 Total operating and administrative expenses. Add lines 13 through 23	463,026.	169,654.	0.	293,382.
	25 Contributions, gifts, grants paid	664,500.			664,500.
26 Total expenses and disbursements. Add lines 24 and 25	1,127,526.	169,654.	0.	957,882.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	686,300.				
b Net investment income (if negative, enter -0-)		1,644,172.			
c Adjusted net income (if negative, enter -0-)			319,387.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	72,202.	27,688.	27,688.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable 216,325.			
	Less: allowance for doubtful accounts 210,000.	55,000.	6,325.	0.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	2,819.	12,268.	
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 8	19,508,487.	19,835,953.	19,835,953.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Liabilities	Less: accumulated depreciation			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis			
	Less: accumulated depreciation			
	15 Other assets (describe STATEMENT 9)	53,994.	26,884.	0.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	19,692,502.	19,909,118.	19,863,641.
	17 Accounts payable and accrued expenses	20,951.	19,661.	
	18 Grants payable			
	19 Deferred revenue			
Net Assets or Fund Balances	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe STATEMENT 10)	23,660.	16,236.	
	23 Total liabilities (add lines 17 through 22)	44,611.	35,897.	
	Foundations that follow FASB ASC 958, check here ☒ and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	19,647,891.	19,873,221.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds ...			
	29 Total net assets or fund balances	19,647,891.	19,873,221.	
	30 Total liabilities and net assets/fund balances	19,692,502.	19,909,118.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	19,647,891.
2 Enter amount from Part I, line 27a	2	686,300.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	20,334,191.
5 Decreases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS	5	460,970.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	19,873,221.

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

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e 4,251,349.		2,756,910.	1,494,439.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			1,494,439.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	1,494,439.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	49,664.

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	22,854.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	22,854.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	22,854.
6 Credits/Payments:			
a 2024 estimated tax payments and 2023 overpayment credited to 2024	6a 13,100.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 9,754.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	22,854.
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2025 estimated tax Refunded		11	

Form 990-PF (2024)

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>IN</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>WWW.HEALTHCAREINITIATIVESINC.ORG</u>	X	
14 The books are in care of <u>HALEY GILROY</u> Telephone no. <u>317-805-4869</u> Located at <u>9465 COUNSELORS ROW, 200, INDIANAPOLIS, IN</u> ZIP+4 <u>46240</u>		
15 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 15 N/A		
16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

Form **990-PF** (2024)

Part VI-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.

1a During the year, did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person?

1a(1)

Yes No
X

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?

1a(2)

X

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?

1a(3)

X

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?

1a(4)

X

(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)?

1a(5)

X

(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)

X

b If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions

1b

X

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, that were not corrected before the first day of the tax year beginning in 2024?

1d

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)):**a** At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024?

2a

X

If "Yes," list the years _____, _____, _____, _____

b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.)

N/A

2b

c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. _____, _____, _____, _____**3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

3a

X

b If "Yes," did it have excess business holdings in 2024 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 2024.)

N/A

3b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

4a

X

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024?

4b

X

Form 990-PF (2024)

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions**c** Organizations relying on a current notice regarding disaster assistance, check here**d** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

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

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

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

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?**Yes****No**

5a(1)

X

5a(2)

X

5a(3)

X

5a(4)

X

5a(5)

X

5b

5d

6a

X

6b

X

7a

X

7b

8

X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		236,500.	0.	0.

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

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

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

0

Form 990-PF (2024)

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
	0.
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

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

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Form 990-PF (2024)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	19,999,632.
b	Average of monthly cash balances	1b	161,504.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	20,161,136.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	20,161,136.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	302,417.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	19,858,719.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	992,936.

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

1	Minimum investment return from Part IX, line 6	1	992,936.
2a	Tax on investment income for 2024 from Part V, line 5	2a	22,854.
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	22,854.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	970,082.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	970,082.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	970,082.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	957,882.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	957,882.

Form 990-PF (2024)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				970,082.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				17,361.
d From 2022				
e From 2023				45,270.
f Total of lines 3a through e	62,631.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$ 957,882.				
a Applied to 2023, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2024 distributable amount				957,882.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)	12,200.			12,200.
6 Enter the net total of each column as indicated below:	50,431.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2023. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2019 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a	50,431.			
10 Analysis of line 9:				
a Excess from 2020 ...				
b Excess from 2021 ...				5,161.
c Excess from 2022 ...				
d Excess from 2023 ...				45,270.
e Excess from 2024 ...				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling

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

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

Tax year	Prior 3 years			(e) Total
	(a) 2024	(b) 2023	(c) 2022	(d) 2021
b 85% (0.85) of line 2a				
c Qualifying distributions from Part XI, line 4, for each year listed				
d Amounts included in line 2c not used directly for active conduct of exempt activities				
e 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:				
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 IX, line 6, for each year listed				
c "Support" alternative test - enter:				
(1) 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 XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
A KID AGAIN 8275 ALLISON POINTE TRAIL, SUITE 220 INDIANAPOLIS, IN 46250	N/A	PC	MEDICAL EDUCATION AND ADVOCACY	25,000.
AMERICAN ACADEMY OF DERMATOLOGY 9500 W. BRYN MAWR AVENUE, SUITE 500 ROSEMONT, IL 60018	N/A	PC	CAMP DISCOVERY	2,500.
BOYS AND GIRLS CLUB OF BOONE COUNTY 1575 MULBERRY STREET ZIONSVILLE, IN 46077	N/A	PC	GENERAL SUPPORT	2,500.
CHILDREN'S THERAPLAY FOUNDATION 9919 TOWNE ROAD CARMEL, IN 46032	N/A	PC	GENERAL SUPPORT	10,000.
COBURN PLACE 604 E 38TH STREET INDIANAPOLIS, IN 46205	N/A	PC	GENERAL SUPPORT	2,500.
Total SEE CONTINUATION SHEET(S)				3a 664,500.
b Approved for future payment				
NONE				
Total				3b 0.

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below? See instr. ☒ Yes ☐ No
	_____ Signature of officer or trustee	_____ Date	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	JOHN W. KELLER, CPA		08/19/25		P01329619
	Firm's name BARNES, DENNIG & CO., LTD				Firm's EIN 31-1119890
	Firm's address 5342 W VERMONT ST INDIANAPOLIS, IN 46224			Phone no. 317-241-2999	

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	FIDELITY EVOKE - LT COVERED - 5851	P	01/01/24	12/31/24
b	FIDELITY EVOKE - LT NONCOVERED - 5851	P	01/01/24	12/31/24
c	FIDELITY EVOKE - ST COVERED - 5852	P	01/01/24	12/31/24
d	FIDELITY EVOKE - LT COVERED - 5852	P	01/01/24	12/31/24
e	FIDELITY EVOKE - ST COVERED - 5853	P	01/01/24	12/31/24
f	FIDELITY EVOKE - LT COVERED - 5853	P	01/01/24	12/31/24
g	CAPITAL GAINS DIVIDENDS			
h				
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,701,953.		928,977.	772,976.
b 200,573.		39,916.	160,657.
c 646,106.		595,580.	50,526.
d 746,108.		497,455.	248,653.
e 53,470.		54,332.	-862.
f 726,656.		640,650.	86,006.
g 176,483.			176,483.
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			772,976.
b			160,657.
c			** 50,526.
d			248,653.
e			** -862.
f			86,006.
g			176,483.
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	1,494,439.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	49,664.

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DIABETES YOUTH FOUNDATION OF INDIANA 5050 E 211TH STREET NOBLESVILLE, IN 46062	N/A	PC	GENERAL SUPPORT	5,000.
DOUBLE H RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	N/A	PC	GENERAL SUPPORT	2,500.
DYSLEXIA INSTITUTE OF INDIANA 8395 KEYSTONE CROSSING, SUITE 110 INDIANAPOLIS, IN 46240	N/A	PC	MUTZ SCHOLARSHIP FUND	2,500.
GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVENUE INDIANAPOLIS, IN 46241	N/A	PC	RESOURCE CENTER, IN PARTNERSHIP WITH GENESSARET	25,000.
			PROFESSIONALISM/MEDIC	
HOPE ACADEMY RECOVERY HIGH SCHOOL 3919 MADISON AVE, SUITE 100 INDIANAPOLIS, IN 46227	N/A	PC	EDUCATIONAL A L SUPPORT	50,000.
INDIANA BLIND CHILDREN'S FOUNDATION 7725 N. COLLEGE AVE INDIANAPOLIS, IN 46240	N/A	PC	ADAPTIVE KITCHEN	30,000.
INDIANA CENTER FOR YOUTH ABUSE & SUICIDE 4607 E 106TH STREET CARMEL, IN 46033	N/A	PC	CENTER GROVE COMMUNITY SCHOOLS AND DIGITAL SAFETY PROGRAMMING	25,000.
IU SCHOOL OF MEDICINE 340 W. 10TH STREET INDIANAPOLIS, IN 46202	N/A	PC	IU SCHOOL OF MEDICINE - VONDEILEN CURTIS FELLOWSHIP	5,000.
IU SCHOOL OF MEDICINE 340 W. 10TH STREET INDIANAPOLIS, IN 46202	N/A	PC	PANCREATIC CYST/CANCER CENTER	2,500.
Total from continuation sheets				622,000.

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BREAKTHROUGH T1D - INDIANA CHAPTER 225 S. EAST ST., SUITE 280 INDIANAPOLIS, IN 46202	N/A	PC	SUPPORT INDIANA STATE CHAPTER	5,000.
JOSEPH MALEY FOUNDATION PO BOX 681010 INDIANAPOLIS, IN 46268	N/A	PC	GENERAL SUPPORT	10,000.
JOY'S HOUSE (TMP ENTERPRISES, INC.) 2028 BROAD RIPPLE AVENUE INDIANAPOLIS, IN 46220	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
KIDS DANCE OUTREACH 456 N. MERIDIAN ST. INDIANAPOLIS, IN 46244	N/A	PC	GENERAL SUPPORT	2,500.
MLK CENTER 40 WEST 40TH STREET INDIANAPOLIS, IN 46208	N/A	PC	HOUSING/UTILITY BARRIER BUSTING FUND AND GENERAL SUPPORT	50,000.
PURDUE UNIVERSITY FOUNDATION 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	N/A	PC	INSTITUTE FOR DRUG DISCOVERY	2,500.
RACHAEL'S FIRST WEEK PO BOX 556 ZIONSVILLE, IN 46077	N/A	PC	GENERAL SUPPORT	2,500.
REHABILITATION HOSPITAL OF INDIANA 4141 SHORE DRIVE INDIANAPOLIS, IN 46254	N/A	PC	PHYSICAL MEDICINE AND REHAB RESIDENT SUPPORT	25,000.
REINS AND RAINBOWS 1132 E 250 S WABASH, IN 46992	N/A	PC	GENERAL SUPPORT	5,000.
JAMES WHITCOMB RILEY MEMORIAL ASSOCIATION 30 S. MERIDIAN STREET, SUITE 200 INDIANAPOLIS, IN 46204	N/A	PC	CAMP ABOUT FACE	5,000.
Total from continuation sheets				

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SALVATION ARMY INDIANA DIVISION 6060 CASTLEWAY WEST DRIVE INDIANAPOLIS, IN 46250	N/A	PC	HURRICANE RELIEF - ASHEVILLE, NC	10,000.
ST. VINCENT HOSPITAL FOUNDATION 250 W 96TH STREET, SUITE 470 INDIANAPOLIS, IN 46260	N/A	PC	ONCOLOGY PATIENT SUPPORT	2,500.
THE VILLAGE OF MERICI, INC. 5707 LAWTON LOOP E. DR. OFC 22 INDIANAPOLIS, IN 46216	N/A	PC	TECHNOLOGY SUPPORT	25,000.
TRUSTEES OF INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 48278	N/A	PC	HERRON SCHOOL OR ART & DESIGN, VETERAN ART THERAPY	25,000.
BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE, INC. 8935 N MERIDIAN STREET, SUITE 200 INDIANAPOLIS, IN 46260	N/A	PC	GRIEF SUPPORT PROGRAM	25,000.
GENNESARET FREE CLINICS 615 N ALABAMA ST, SUITE 136 INDIANAPOLIS, IN 46204	N/A	PC	FREE CLINIC INSIDE GLEANERS FOOD BANK RESOURCE CENTER	25,000.
LIFESMART YOUTH (SOCIAL HEALTH ASSOCIATION) 615 N ALABAMA STREET, SUITE 228 INDIANAPOLIS, IN 46204	N/A	PC	MENTAL HEALTH, HUMAN GROWTH AND DEVELOPMENT AND OPERATING SUPPORT	50,000.
SAFE HAVEN BABY BOXES, INC. P.O. BOX 185 WOODBURN, IN 46797	N/A	PC	EDUCATIONAL MATERIALS/MARKETING & PEDIATRIC RESPONSE EMERGENCY KITS	25,000.
THE ARC OF INDIANA FOUNDATION 143 W MARKET STREET, SUITE 200 INDIANAPOLIS, IN 46204	N/A	PC	ERSKINE GREEN TRAINING INSTITUTE	25,000.
WHEELER MISSION 205 E NEW YORK STREET INDIANAPOLIS, IN 46204	N/A	PC	WINTER CONTINGENCY PROGRAM	25,000.
Total from continuation sheets				

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
IVY TECH FOUNDATION 50 W FALL CREEK PKWY NORTH DRIVE INDIANAPOLIS, IN 46208	N/A	PC	VIRTUAL REALITY SIMULATION CENTER	25,000.
ALZHEIMER'S ASSOCIATION - GREATER INDIANA 50 E 91ST STREET, SUITE 100 INDIANAPOLIS, IN 46240	N/A	PC	GENERAL SUPPORT	7,000.
AMERICAN HEART ASSOCIATION - INDIANA 8720 CASTLE CREEK PKWY E DR #100 INDIANAPOLIS, IN 46250	N/A	PC	STEM GOES RED PROGRAM	2,500.
CHILD NEUROLOGY FOUNDATION 601 W SHORT STREET LEXINGTON, KY 40508	N/A	PC	GENERAL SUPPORT	2,500.
FELEGE HIYWOT CENTER 1648 SHELDON STREET INDIANAPOLIS, IN 46218	N/A	PC	GENERAL SUPPORT	2,500.
HEAR INDIANA, INC. 4740 KINGSWAY DR #33 INDIANAPOLIS, IN 46205	N/A	PC	GENERAL SUPPORT	2,500.
INDIANA CANINE ASSISTANT NETWORK 5100 CHARLES CT, SUITE 100 ZIONSVILLE, IN 46077	N/A	PC	GENERAL SUPPORT	2,500.
LEUKEMIA & LYMPHOMA SOCIETY 11550 N MERIDIAN ST CARMEL, IN 46032	N/A	PC	GENERAL SUPPORT	10,000.
LITTLE RED DOOR CANCER AGENCY 1801 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46202	N/A	PC	GENERAL SUPPORT	2,500.
PHILLIPS TEMPLE CME CHURCH 210 E 34TH STREET INDIANAPOLIS, IN 46205	N/A	PC	GENERAL SUPPORT, PLANTING SEEDS OF HOPE COMMUNITY INITIATIVE	10,000.
Total from continuation sheets				

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PROJECT PERIOD 8048 HOOVER LANE INDIANAPOLIS, IN 46260	N/A	PC	GENERAL SUPPORT	5,000.
REGENSTRIEF INSTITUTE 1101 WEST 10TH STREET INDIANAPOLIS, IN 46202	N/A	PC	WECARE PROGRAM	2,500.
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	N/A	PC	HURRICANE RELIEF - FLORIDA	5,000.
SCHOOLS CARE INCORPORATED 116 EAST BERRY STREET, SUITE 1300 FORT WAYNE, IN 46802	N/A	PC	GENERAL SUPPORT	10,000.
SERVANTS AT WORK, INC. 8427 ZIONSVILLE ROAD INDIANAPOLIS, IN 46268	N/A	PC	GENERAL SUPPORT	2,500.
SUMMER STOCK STAGE PO BOX 55012 INDIANAPOLIS, IN 46205	N/A	PC	HIV/AIDS EDUCATION FOR RENT PRODUCTION	2,500.
THE JULIAN CENTER 2011 N MERIDIAN ST INDIANAPOLIS, IN 46202	N/A	PC	GENERAL SUPPORT	2,500.
TRUSTED MENTORS 546 E 17TH STREET, SUITE 102 INDIANAPOLIS, IN 46202	N/A	PC	GENERAL SUPPORT	2,500.
WOUNDED WARRIOR PROJECT P.O. BOX 758516 TOPEKA, KS 66675	N/A	PC	GENERAL SUPPORT	5,000.
Total from continuation sheets				

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NATIONAL BANK OF INDIANAPOLIS	1,777.	1,777.	1,777.
TOTAL TO PART I, LINE 3	1,777.	1,777.	1,777.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
EVOKE # 155851	51,047.	0.	51,047.	51,047.	51,047.
EVOKE # 155852	797.	0.	797.	797.	797.
EVOKE # 155853	420,711.	176,483.	244,228.	244,228.	244,228.
EVOKE # 155854	21,538.	0.	21,538.	21,538.	21,538.
TO PART I, LINE 4	494,093.	176,483.	317,610.	317,610.	317,610.

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	1,672.	0.	0.	1,672.
TO FM 990-PF, PG 1, LN 16A	1,672.	0.	0.	1,672.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	22,903.	6,871.	0.	16,032.
TO FORM 990-PF, PG 1, LN 16B	22,903.	6,871.	0.	16,032.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MEDICAL ADVISORY PANEL FEES	10,500.	0.	0.	10,500.
CONSULTING	3,500.	700.	0.	2,800.
TO FORM 990-PF, PG 1, LN 16C	14,000.	700.	0.	13,300.

FORM 990-PF

TAXES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES	18,882.	18,882.	0.	0.
PAYROLL TAXES	9,692.	969.	0.	8,723.
FOREIGN TAXES	4,539.	4,539.	0.	0.
TO FORM 990-PF, PG 1, LN 18	33,113.	24,390.	0.	8,723.

FORM 990-PF

OTHER EXPENSES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	90,053.	90,053.	0.	0.
COMPUTER AND SOFTWARE	4,182.	418.	0.	3,764.
OFFICE SUPPLIES	2,404.	240.	0.	2,164.
INSURANCE	12,677.	1,268.	0.	11,409.
PROFESSIONAL DEVELOPMENT	2,080.	0.	0.	2,080.
BANK CHARGES	385.	39.	0.	346.
MISCELLANEOUS EXPENSES	3,697.	237.	0.	3,460.
PAYROLL FEES	1,689.	1,689.	0.	0.
TO FORM 990-PF, PG 1, LN 23	117,167.	93,944.	0.	23,223.

FORM 990-PF	CORPORATE STOCK	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EVOKE ADVISORS - FIDELITY INVESTMENTS	19,835,953.	19,835,953.
TOTAL TO FORM 990-PF, PART II, LINE 10B	19,835,953.	19,835,953.

FORM 990-PF	OTHER ASSETS		STATEMENT 9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
OFFICE DEPOSIT	2,052.	2,052.	0.
ROU ASSET	37,939.	24,832.	0.
EXCESS TAX REFUND	14,003.	0.	0.
TO FORM 990-PF, PART II, LINE 15	53,994.	26,884.	0.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
LEASE LIABILITY	23,660.	10,436.
INCOME TAX PAYABLE	0.	5,800.
TOTAL TO FORM 990-PF, PART II, LINE 22	23,660.	16,236.

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KENNETH L SONNER 9465 COUNSELORS ROW, 200 INDIANAPOLIS, IN 46240	VICE CHAIRMAN/TREASURER 3.00	25,000.	0.	0.
TIMOTHY HARDEN 9465 COUNSELORS ROW, 200 INDIANAPOLIS, IN 46240	SECRETARY 1.00	22,000.	0.	0.
EDWARD R SCHMIDT 9465 COUNSELORS ROW, 200 INDIANAPOLIS, IN 46240	CHAIRMAN 3.00	28,000.	0.	0.
W. JASON DEPPEN 9465 COUNSELORS ROW, 200 INDIANAPOLIS, IN 46240	DIRECTOR 1.00	0.	0.	0.
PATRICIA ROE 9465 COUNSELORS ROW, 200 INDIANAPOLIS, IN 46240	DIRECTOR 1.00	22,000.	0.	0.
HALEY GILROY 9465 COUNSELORS ROW, 200 INDIANAPOLIS, IN 46240	PRESIDENT/EXECUTIVE DIRECTOR 30.00	117,500.	0.	0.
TIMOTHY ROBINSON 9465 COUNSELORS ROW, 200 INDIANAPOLIS, IN 46240	DIRECTOR 1.00	22,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		236,500.	0.	0.